

Flexible Spending Dependent Care Contract

This form is being submitted to establish that a contract for services exists between me and the individual/entity who has signed below in which I have agreed to purchase dependent care services for the period indicated. A new contract is required each year.

Participant Information

Employee Name: _____ SSN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Care Contract

My Contract Year will begin on _____, and will end on _____.

Provider's Name: _____

I/We agree to provide day care services for the above mentioned employee. This service will be provided on the following basis:

Time Period	Frequency	Rate of Pay
_____ AM	Daily	\$ _____ Hourly
To	Weekly	\$ _____ Daily
_____ PM	Monthly	\$ _____ Weekly

Based on the above schedule, it is anticipated that the above mentioned employee will incur fees which will total, during the period stated above, a minimum of: \$ _____ (per year)

Provider's Signature _____ Date _____

Title _____

Provider's SSN# OR EIN# _____

If the terms of this contract were to change at any time, you will need to contact us.

Mail: Flexible Spending Dept., SISCO, P.O. Box 1542, Dubuque, IA 52004
Fax: 563-207-7300 Email: RAServices@siscobenefits.com