Mandatory Statement for Dependent Care

FLEX ADMINISTRATORS, INC
77 Monroe Center NW • Suite 1100
Grand Rapids, Michigan • 49503-2911

In order to participate in the Dependent Care Flexible Spending Account you will need to complete and return this form once per Plan Year. Reimbursement cannot take place from the account unless this form is on file. If your provider changes mid-year a new form will also be required.

Employer Name:_____

Employee Name:_____Plan Year:_____

DEPENDENT CARE PROVIDER INFORMATION:

Provider Name:_____

Provider Address:_____

Tax ID Number or Social Security Number:_____

(Please note: You must provide the above information to the IRS by completing Form 2441 on your Federal income tax return.)

DEPENDENT INFORMATION:

Name:	Age	Relationship to You	Does dependent live with you?	Is the dependent disabled?

Is the person who provided the dependent care a relative of yours? ☐ Yes ☐ No

If yes, please answer the following questions:

1. How is the person related to you?_____
2. If the person is your child, how old is he or she?_____
3. Is the person your dependent for income tax purposes? ☐ Yes ☐ No

Dependent care will be provided in: ☐ Your Home ☐ A Qualified Day Care Center ☐ Other_____
If care is provided at a Qualified Day Care Center, does the Day Care Center provide care for more than six people, and comply with all applicable state and local laws and regulations? ☐ Yes ☐ No

Are you married? ☐ Yes ☐ No
If yes, please answer the following questions:

1. Does your spouse's annual earned income exceed the amount of the dependent care expenses elected? ☐ Yes ☐ No If no, please state your spouse's annual earned income _____
2. Is your spouse a full time student? ☐ Yes ☐ No
3. Does your spouse have a total disability which makes your spouse unable to care for himself/herself? ☐ Yes ☐ No

I certify that the information provided above is true and accurate to the best of my information, knowledge, and belief, and further certify that I will notify my employer if any of the above information changes during the current plan year.

Signed:_____ Date:_____