



DEPENDENT CARE AUTHORIZATION FORM

Participant's Name: _____ SS#: - -

Employer's Name: _____

SERVICES ARE PROVIDED FOR:

Dependent's Name: _____

Relationship to Participant: _____

If Dependent is a Child, Give Age: _____

SERVICES PROVIDED:

Nature of Services: _____

Cost of Services: _____

Date(s) Services Are Provided: _____

Services Are Provided By: _____

Provider's Tax ID# or SSN: _____

Location at Which Services Are Performed: _____

STATEMENTS:

If any of the services are performed outside the participant's house, does the dependent(s) named above spend at least eight (8) hours a day in the participant's household? YES NO

If any of the services are performed in a Qualified Day Care Center, does the day care center (1) comply with all applicable laws and regulations of the participant's state of residence and (2) provide care for more than six (6) individuals (other than individuals residing at the center)? YES NO

I understand that I may only take advantage of **The Choice Account** Dependent Assistance Account or the Federal Tax Credit for Dependent Care Expenses if my dependent care expenses are being incurred so that I can go to work. YES NO

If the participant is married, the spouse is not employed, and such spouse is a full-time student attending an Educational Institution, list the name of the institution and the months during the year which such spouse will attend the institution:

- Name of Institution: _____
- Dates of Attendance During the Year: _____

If the participant is married and the spouse is not employed, is such spouse incapacitated? YES NO

I have reviewed the option of taking Credit for Child and Dependent Care Expenses (IRS Form 2441). YES NO

PARTICIPANT'S SIGNATURE:

DATE: / /