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Dependent Care Contract

This is not a claim form. You will still need to submit an online or paper claim to request reimbursement for services. This contract will serve as your ongoing receipt for the dates specified below.

Employer:		Date:	
Employee Name:		SSN:	

Dependents for whom care will be provided (list name and current age of dependents)

Name of Dependent	Age

Provider information:

This provider charges a set amount of	\$	Per	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Hour	<input type="checkbox"/> Other:	
Rates are effective for:	/	/	to	/	/
Provider Name:				Tax ID:	#
Provider Signature:					

Set up a recurring claim amount* of <i>*for current plan year only</i>	\$	Each	<input type="checkbox"/> Week	<input type="checkbox"/> Bi-Week	<input type="checkbox"/> Month
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Once HRPro has your Dependent Care Contract Form on file, you will not need to continue submitting daycare receipts with your claim submission (if the recurring claim box is checked above). Simply provide the information in your online claim or on a claim form, indicating the dates of service, name of the dependent, and amount paid. Also, please indicate in your claim submission that you have a contract on file.

<p>Some examples of ELIGIBLE expenses:</p> <ul style="list-style-type: none"> • Day Care Centers • Elder Care • Family Child Care • Day Camps • Preschool • After School Care • Nanny / Au Pair 	<p>Some examples of INELIGIBLE expenses:</p> <ul style="list-style-type: none"> • Transportation Fees • Meals • Overnight Camps • Diapers • Educational expenses, including Kindergarten • Incidental fees: such as activity fees and field trips
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