

Dependent Care Acknowledgement



A new Dependent Care Acknowledgement form needs to be completed each plan year, or when your form ends, on the date shown below. **Incomplete forms will not be processed.**

Employer: _____

Employee Name: _____

Social Security #: _____ Birthdate: _____

(1) Dependent Name: _____ Birthdate: _____

(2) Dependent Name: _____ Birthdate: _____

(3) Dependent Name: _____ Birthdate: _____

(4) Dependent Name: _____ Birthdate: _____

Daycare/Private Sitter Information *(to be completed by your Daycare provider/Private sitter)*

Service Start Date: _____ Service End Date: _____

Amount received or will receive: \$ _____ (Weekly - Bi-weekly - Monthly)

Private Sitter Social Security or tax Id: _____

Private Sitter Signature: _____

Date: _____

Daycare Name: _____

Daycare Tax ID: _____

Dependent Care Representative Signature: _____

Date: _____

Employee Signature: _____ Date: _____

If you have questions, feel free to call **Febco, Inc.** toll-free 1-800-489-1539.

Customer Service is available to assist you, Monday through Friday, 8:00 A.M. until 4:30 P.M., Eastern Time.

Please fax this form to: 502-695-9692