



Cafeteria Plan Dependent Daycare Receipt

Parent's Name _____

Child's Name	Age	DATE OF SERVICE		FEE for Service
		From:	To:	
1				\$
2				\$
3				\$
4				\$
5				\$

Total: \$ _____

Name of Dependent Adult or Child over 13 with qualifying restrictions	DATE OF SERVICE		FEE for Service
	From:	To:	
1			\$

Provider Information		
Provider's Name:		
Address		
City	State	Zip
Telephone Number:		
Tax ID/SSN:		
 _____ Daycare Provider		

		Date

Notice to Cafeteria Plan Participant: No payment may be made under the plan if the service provider is your dependent for federal income tax purpose, or is your child or stepchild and is under age 19. The dependent you are claiming must be under age 13 or have qualifying restrictions.

ATTACH THIS RECEIPT TO A COMPLETED CAFETERIA PLAN CLAIM FORM

Ben-X, LLC
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