Cafeteria Plan
Continuous Pay Daycare Form

Participant Name:	S.S.# ___ - __ - ____
Address:	City: St: Zip:
Day Phone:	Employer:

HOW CONTINUOUS PAY WORKS

This system is designed to allow you to automatically be reimbursed for Daycare Services each Pay Period by submitting receipts on a Quarterly basis. All services must be documented with a receipt at the end of each quarter. Any overpayments will be netted against your balance. You must notify Ben-X, LLC immediately if changes in service occur.

Child's Name Or Dependent Adult Or Child over 13 with Qualifying Restrictions	Age	**Annual Elected Amt.**	**Election Per Pay Period**
▶		$	$
▶		$	$

Provider Information	
Provider's Name:	Phone Number:
Address	
City State Zip	
Tax ID/SSN:	

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

PARTICIPANT AGREEMENT

I certify that this information is correct, that I understand my responsibilities and agree to notify Ben-X, LLC of any changes immediately. Failure to do so could result in additional taxes for which I am solely responsible. I further agree to submit the actual receipts with a completed Daycare Claim Form before the end of each Quarter.

Sign Here

_____ **Plan Participant** _____ **Date**

Ben-X, LLC
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Rev 10.01