

Employer's Resource Group, Inc.

3120 W. Britton Road, Suite B - Oklahoma City, OK 73120
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DEPENDENT CARE ASSISTANCE AGREEMENT SECTION 125 CAFETERIA PLAN

PLAN YEAR: JANUARY 1, _____ THRU DECEMBER 31, _____

EMPLOYER: _____

EMPLOYEE: _____

NAMES OF DEPENDENTS: _____
: _____

A. DEPENDENT CARE PROVIDER INFORMATION:

I CERTIFY THAT THE ABOVE NAMED DEPENDENT(S) IS/ARE UNDER MY CARE AT THE ADDRESS SHOWN BELOW. I AM / AM NOT LICENSED BY THE STATE OF OKLAHOMA.

NAME OF DEPENDENT CARE PROVIDER: _____

ADDRESS OF FACILITY: _____

PHONE: () - _____ S/S NO. OR TAX I.D.# _____

PROVIDER SIGNATURE _____ DATE _____

B. PAYMENT INFORMATION:

ANNUAL ELECTION \$ _____

PAYMENTS WILL BE MADE **W/BI/SM/M** DIRECTLY TO THE EMPLOYEE IN THE AMOUNT OF \$ _____

C. I VERIFY THAT ALL THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT, AND GIVE MY PERMISSION TO ASI TO PAY BENEFITS TO ME. IF MARRIED, I FURTHER VERIFY THAT THE ANNUAL ELECTION STATED ABOVE IS LESS THAN MY SPOUSE'S ANNUAL INCOME.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE SS# _____

MAIL /OR FAX COMPLETED FORMS TO:
ERG: ADMINISTRATIVE SERVICES, INC.
3120 W. BRITTON ROAD, SUITE B, OKLA. CITY, OK 73120