Health Choices, FSA
1605 Associates Drive
Dubuque, IA 52002
Phone: (563) 584-4783
Toll-free: 866-390-3872
Fax: (563) 556-5134
FlexProcessing@mahealthcare.com

MyFlex Dependent Care Information

Employer	Date:
Employee Name:	Employee SSN#
Dependents for whom care will be provided:____	
The provider charges a set amount of $____________________ per: ___ Week ___ Bi-weekly ___ Monthly ___Hour ___ Other ___________________________	
Rates are effective for _____ / _____ / _____ to _____ / _____ / _____	
Provider's Name	Tax ID#
Provider's Signature:	

Once Health Choices has your **Dependent Care Information** sheet on file you will not need to continue submitting day care receipts.

Some examples of **ELIGIBLE expenses:**	Some examples of **INELIGIBLE expenses:**
• Day Care Centers • Elder Care • Family Child Care • Day Camps • Preschool • After School Care • Nanny/Au Pair	• Transportation fees • Meals • Overnight camps • Diapers • Educational expenses, including Kindergarten • Incidental fees, such as activity fees and field trips