



# Benefit Elect of Texas

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## **ACKNOWLEDGEMENT OF FIXED DEPENDENT CARE PAYMENTS**

I, \_\_\_\_\_, hereby certify that, \_\_\_\_\_  
Dependent Care Provider Employee

is paying \$ \_\_\_\_\_ per year for dependent care services for the period beginning,  
\_\_\_\_\_ and ending, \_\_\_\_\_.

\_\_\_\_\_  
Provider Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tax ID or SS Number

\_\_\_\_\_  
Date