

WILMINGTON UNIVERSITY
DEPENDENT CARE BENEFIT REQUEST FORM
Please return to Human Resources

- New Enrollment (Month That Benefit Is To Begin:** _____)
- Change To Current Enrollment (Effective:** _____)
- Cancellation (Month That Benefit Is To End:** _____)

New Enrollments and Changes: Please complete the following information and a W-9 Form

Cancellations: Please provide the employee's name only. All benefits will be cancelled as of the date indicated above.

EMPLOYEE NAME:	
DEPENDENT INFORMATION (use additional paper if more space is required):	
NAME	
DATE OF BIRTH	
NAME	
DATE OF BIRTH	
NAME	
DATE OF BIRTH	
NAME	
DATE OF BIRTH	
DEPENDENT CARE PROVIDER INFORMATION:	
NAME OF PROVIDER	
PAYMENT ADDRESS	

- Each care provider **MUST** have a valid tax identification number on file in the Accounts Payable Officer before payment can be made.
- Complete (or have your provider complete) the attached W-9 Form. Return the form to Human Resources with the application for benefit.
- Dependent Care provider checks are mailed out to the provider on the first Friday of each month.

Note: Adult and minor dependents are defined by IRS regulations. Please consult with your tax accountant to determine if your child/parent qualifies as a "dependent". This benefit stops for a dependent child when the child reaches 13 years of age or begins High School, whichever is earlier.

 Employee Signature

 Date

The information contained above is true and correct and does not contain any false or misleading statements. (See employee handbook.)