

2016 | Employee Reimbursement Account Participation Manual

FLEX SPENDING ACCOUNTS

Health Care | Limited Purpose Health Care | Dependent Day Care | Parking & Transit



EMPLOYEE RESOURCES

TASC

Customer Care Center

PHONE: 844-786-3947 or 608-316-2408

HOURS: Monday-Friday, 8 am to 5 pm in all time zones

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Madison, WI 53707

FAX: 877-231-1287

EMAIL: 1customercare@tasconline.com

ONLINE: <https://partners.tasconline.com/ETFEmployee>

State of Wisconsin Department of Employee Trust Funds

ETF WEBSITE: <http://etf.wi.gov>

The ETF website provides a link to the ERA program information and forms, along with access to your personal account information. Click on the "members" tab at the top of the page, then select "Employee Reimbursement Accounts Program" from the menu.

**Keep this booklet for your reference
throughout the plan year.**

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General Information

The Employee Reimbursement Accounts (ERA) program is an optional benefit established for eligible state employees. Also referred to as "Flex Spending Accounts," or FSAs. The ERA Program is authorized under Sections [125](#), [105](#), and [129](#) of the Internal Revenue Code and Wisconsin Statutes [§40.85-§40.875](#). The ERA Program allows you to pay for eligible expenses using your pretax income rather than after tax income.

The Flex Spending Account is offered through your employer (State of Wisconsin) and administered by TASC.

The plan year begins on January 1. After that, you may change enrollment elections only if a change of status qualifying event affects your eligibility to participate in the Flex Spending Account. Submit any change of status qualifying event information to your Payroll/Benefits Office for approval.

For more about change of status qualifying events and how to request a change, refer to the [Change of Status](#) section.

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TERMINOLOGY

- The Employee Reimbursement Account (ERA) and Flex Spending Account (FSA) terms can be used interchangeably.
- This guide uses Flex Spending Account (FSA) terminology only.

Types of Accounts

The Employee Reimbursement Accounts (ERA) program has three pretax benefit account options:

- **The Health Care Flex Spending Account** is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by your medical, dental, or vision care insurance plan. See [Health Care Flex Spending Account](#) section for more information.
- **The Limited Purpose Health Care Flex Spending Account** is a pretax benefit account if you are enrolled in the HDHP health insurance plan used for eligible dental and vision care expenses. See [Limited Purpose Health Care Flex Spending Account](#) Section for more information.

REDUCE YOUR TAXES

The more you contribute to these accounts, the more you reduce your taxable gross salary.

- **The Dependent Day Care Flex Spending Account** is a pretax benefit account for dependent day care expenses incurred for the care of your eligible dependents under age 13, or a spouse or other tax dependent who is physically or mentally incapable of caring for him/herself, so that you can work. See [Dependent Day Care Flex Spending Account](#) section for more information. **NOTE: This account is for day care for your dependents, NOT for health care expenses for dependents.**
- **The Parking & Transit Account** covers eligible parking and/or transit expenses incurred for travel to and from your place of employment. See [Parking & Transit Account](#) section for more information. **Use this account for parking and transit expenses only, not for dependent commuter expenses.**

Contributions

When you enroll in a TASC Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, and/or Parking & Transit Account, you determine how much to contribute to each account. The dollar amount is based on your estimated expenses for the upcoming plan year. Your contributions deduct in equal amounts from each paycheck, pretax, throughout the plan year.

WHAT'S MY BUDGET?

Determine how much money you need to set aside. Plan carefully.

Limits

Each year, the IRS establishes ERA contribution dollar limits. The most up-to-date information regarding limits per plan is below. Meanwhile, there is no minimum ERA election amount.

	2017	2016	2015
ERAs			
Health Care Max Election	TBD	\$2,550	\$2,500
Health Care Rollover Max	\$500	\$500	N/A
Dependent Care Max Election	TBD	\$5,000	\$5,000
Standard Mileage Rate	TBD	\$.19	\$.235
Health Savings Accounts (HSAs)			
HDHP Min Annual Deductible — Single	\$1,300	\$1,300	\$1,300
HDHP Min Annual Deductible — Family	\$2,600	\$2,600	\$2,600
HDHP Out of Pocket Max — Single	\$6,550	\$6,550	\$6,450
HDHP Out of Pocket Max — Family	\$13,100	\$13,100	\$12,900
HSA Max Contribution Limit — Single	\$3,400	\$3,350	\$3,350
HSA Max Contribution Limit — Family	\$6,750	\$6,750	\$6,650
HSA Catch-Up Contribution Limit	N/A	\$1,000	\$1,000
Transportation Fringe Benefit*			
Parking	TBD	\$255/mo	\$130/mo
Mass Transit	TBD	\$130/mo	\$130/mo

* Note: Contributions of \$130 is pre-tax State and Federal. You may contribute up to \$255 however, contributions over \$130 up to \$255 would be pre-tax federal and post-tax state.

Participants should be advised to plan carefully. Depending on plan enrollment, any fund balance in participant's account at plan year end may be forfeited. See below for specifics.

- Participant **may** carry into the next plan year up to \$500 in unused Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account funds. Any amount over \$500 at plan year end will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Dependent Day Care Flex Spending Account will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Parking & Transit Account will be rolled over to the next plan year.

In determining (estimating) health care expenses, participants should consider their health insurance benefits, including coinsurance, deductible and copay requirements, and any out-of-pocket maximums. Participants should be advised to review any other coverage that may affect their health care costs.

- Participants may use the [Flex Spending Account Worksheet](#) to calculate the amount they expect to pay during the plan year for eligible out-of-pocket health care, dependent day care, or parking and/or transit expenses.

Availability of Contributions

Your total annual Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account contribution amount is available immediately at the start of the plan year. Conversely, available funds in your Dependent Day Care and/or Parking & Transit Account reflect the current contributed account balance only.

Eligible Expenses

Your TASC Flex Spending Account funds are applicable only for eligible expenses under your Health Care Medical, Limited Purpose Health Care Medical, Dependent Day Care, and/or Parking & Transit Accounts. Some eligible expenses include the following:

- Medical/Dental office visit copays
- Dental/Orthodontic care services
- Eye exams and Prescription Glasses/Lenses
- Prescriptions
- Vaccinations
- Daycare fees
- Bus fares
- Parking fees

WHAT ABOUT INSURANCE?

Insurance premiums—including qualified long-term care insurance premiums—are not eligible for reimbursement.



For a complete list visit [IRS Publications 502 and 503](#).

Reimbursement

As eligible expenses are incurred, you have two options to access your TASC Flex Spending Account funds:

- 1) **TASC Card:** You will be mailed a TASC Card to use when paying for eligible expenses at point of purchase. Simply swipe your TASC Card anywhere MasterCard is accepted.

The TASC Card uses smart card technology to automatically pay for and substantiate eligible expenses. Maintain your itemized receipts. TASC will notify you if substantiation documentation is required. (Detailed in the [Substantiation](#) section.)

- 2) **Request a Reimbursement:** If you paid for your expenses out of pocket, submit a request for reimbursement to TASC via one of these methods:
 - Submit via Mobile App (free [download](#)).
 - Submit via [TASC online account](#).
 - Download [Request for Reimbursement Form](#), submit via fax or mail.

Include proper documentation to support your claim (e.g., an itemized bill or receipt or an Explanation of Benefits (EOB) from your insurance company). TASC will promptly process your claim. Claims process daily and approved expenses reimburse by check or direct deposit within 48-72 hours.

Reimbursement options are detailed in the [Reimbursement](#) section.

Participant Responsibilities

Receipts/Documentation

Under IRS and Treasury regulations, all payments from your benefit account require third-party documentation. Some electronic transactions will not require after-purchase substantiation because they are documented automatically. (These automatic substantiations are made possible by an Inventory Information Approval System, or IIAS, detailed in the [IIAS](#) section.

You are obligated to meet all documentation requirements established by your plan sponsor and/or plan administrator. By using your TASC Card to pay for transactions, you agree to retain, verify, and reconcile your transactions and receipts.

Follow-Up

Be sure to check your online account and email often. When you (or an individual authorized by you) use the TASC Card you are obligated to provide eligible documentation if requested. Failure to do so may result in TASC Card suspension and repayment required [TASC Card Substantiation](#). If an expense is ineligible, you must repay your plan sponsor (employer) for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law).

Contact Information

As a Flex Spending Account participant, you are obliged to maintain up-to-date contact information; this includes email and mailing addresses, phone numbers. TASC periodically sends important plan notifications (regarding balances, TASC Card substantiation notifications, deadlines, and/or plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Adhere to Plan Rules

By submitting a claim or using the TASC card, you certify the expense is eligible, was incurred by an eligible plan participant (includes dependents) during an eligible plan year, has not been previously reimbursed under any benefit plan, and will not be claimed as an income tax deduction. You also acknowledge that it is your responsibility to comply with all plan guidelines and to avoid submitting duplicate or ineligible requests.

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

Enrollment Information

Enrollment Eligibility

Most full-time or part-time classified and unclassified state and university employees are eligible to participate.

Employees who are classified as fellows, scholars, and research assistants in the University of Wisconsin System, as well as limited term employees, student hourlies, per diems, and other temporary employees may not participate.

If your spouse is also eligible for enrollment in a Flex Spending Account, you are able to enroll separately, if desired, up to the IRS maximum.

IRS Maximum Election Amounts

The most accurate and up-to-date limits as established by the IRS can be found in the [limits section](#).

Open Enrollment

Employees must enroll (and must re-enroll) in the Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, and Parking & Transit Account during the annual open enrollment period.

Open Enrollment Dates

Open enrollment dates and additional information are updated prior to each annual open enrollment period.

Enrollment Options

Enrollment is fast and easy, via any of these three options:

- 1) Online:** Via your [TASC online account](#)
 - Log in and click Enroll Now.
 - Enrolling online is further detailed in the [How to Enroll Online Flyer](#); or access our educational video library via your [TASC online account](#).
- 2) Telephone:** Contact [TASC Customer Care](#) at 1-844-786-3947 or 608-316-2408.
- 3) Paper:** Submit a completed TASC paper [Employee Reimbursement Accounts Enrollment Form](#) (also available via Your [TASC online account](#) and return the completed form to your Payroll/Benefits Office.

Upon completion of your enrollment, you will be emailed an [enrollment confirmation](#). Be sure to retain this for your records. If you participated in a FSA during the prior year and t want to continue your election, you must enroll during the open enrollment period for the new plan year. Your election will not automatically continue.

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NO MINIMUM ELECTION

Flex Spending Accounts have no minimum election.

Election Changes

At any time during open enrollment you may change your election for the following plan year. Simply log into your [TASC online account](#) or contact the [TASC Customer Care](#) team to do so. *Only the last election made will be saved.*

After your change has been processed, you will be emailed an updated enrollment confirmation. Be sure to retain this for your records.

If you enroll in multiple accounts but are making a change to one account only, be sure to review the information to ensure that all accounts reflect the correct election amounts. If you are making the update online, the system will automatically provide information for all of your election amounts, meaning you need only update the account you are changing.

Late Enrollment Appeal Process

After open enrollment ends, any new enrollments must be requested via the late enrollment appeal process. These are submitted to stateofwiappeals@tasconline.com.

TASC requires the following information to process the appeal:

- A formal letter including circumstances impeding the enrollment during the open enrollment time frame. Include proof of impediment with documentation.
- A completed TASC [Employee Reimbursement Accounts Enrollment Form](#) clearly identifying the benefit under appeal for late enrollment.

If prior to the start of the new plan year, you DID enroll via email, fax, or phone, but the enrollment is not showing with TASC, please provide the following:

- Fax: a copy of the completed [Employee Reimbursement Accounts Enrollment Form](#) and a copy of fax transmittal with the date and time.
- Secure Email: a copy of the completed [Employee Reimbursement Accounts Enrollment Form](#) and a copy of the email with the date and time.
- Phone: a completed [Employee Reimbursement Accounts Enrollment Form](#) and the date and time of the phone call.

Once made, TASC will notify you of the appeal decision. Late enrollment appeal decisions are shared via the email provided on the form. TASC also emails the decision to your Payroll/Benefits Office, where they will update payroll and other systems as necessary.

Enrollment Effective Date

If you enroll during open enrollment, your coverage will begin at new plan year start, January 1. Your first contribution will be made via payroll deduction from your first paycheck in the new plan year.

ONLY DURING OPEN ENROLLMENT

Online and telephone enrollments are available during Open Enrollment only.

REQUESTING LATE ENROLLMENT?

Follow the late enrollment appeal process.

Mid-Year Enrollment

Newly Hired/Eligible Employees

To enroll in the Flex Spending Account, complete and submit an [Employee Reimbursement Accounts Enrollment Form](#) within 30 days following your date of hire/eligibility.

- 1) Determine the amount you wish to contribute for the remainder of the plan year following your effective date of coverage. Your Payroll/Benefits Office will assist you in determining the number of paychecks remaining in the year.
- 2) Access and print a [TASC Employee Reimbursement Accounts Enrollment Form](#) (also available via your [TASC online account](#)).
- 3) Return your completed [Employee Reimbursement Accounts Enrollment Form](#) to your Payroll/Benefits Office.
- 4) The Payroll/Benefits Office reviews the information and verifies the effective date of the change and first payroll affected by the change are correct.
- 5) Once your enrollment processes, TASC will send you an [Enrollment Confirmation](#) and [Welcome Letter](#) via email or mail. The welcome letter will include the TASC website information along with your user name and temporary password. We encourage you to log into your [TASC online account](#) and download the [mobile app](#) for easy access and additional information regarding your Flex Spending Accounts. We encourage you to provide TASC with a personal email address to ensure delivery of important notifications regarding your Flex Spending Accounts.
- 6) Expect your TASC Card to arrive 7-10 business days after you receive your enrollment confirmation. (Sent to your home address.)

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

Change in Status Employees

Within 30 days after you experience a change of status qualifying event you may enroll/change enrollment in the Flex Spending Account. Submit an [Employee Reimbursement Accounts Enrollment Form](#) or [Change of Election Form](#). For more information related to qualifying change of status events, and how to request a change, refer to the [Change of Status](#) section.

Enrollment Effective Date

If you enroll within 30 days following your hire date or your change of status qualifying event, your coverage will be effective on the first day of the month following your request for new enrollment or change of enrollment. (Example: For an individual hired on 2/15 who submits request for enrollment on 2/28, enrollment is effective on 3/1.) If the enrollment or change is due to birth, death, adoption, or placement for adoption, the effective date is the date of the event. Only eligible expenses for services provided to you or your eligible dependents on or after this effective date are reimbursable.

Your first contribution will be made via payroll deduction from your first available paycheck. The date of the first deduction will reflect payroll cutoff dates as well as the date your [Employee Reimbursement Accounts Enrollment Form](#) or [Change of Election Form](#) arrives at the Payroll/Benefits Office. The first deduction will occur after your coverage start date. For more information related to qualifying change of status events and information about how to request a change, refer to the [Change of Status](#) section.

NOTIFY YOUR CURRENT PAYROLL/BENEFITS OFFICE

To avoid disruption to accounts or contribution delays, please notify your Payroll/Benefits Office of any transfers.

Transfers

Payroll Center Transfer

When you transfer from one payroll center to another, please follow the following steps before the transfer. Doing so helps avoid disruption to your accounts and ensures that TASC is updated accordingly.

- Notify your current Payroll/Benefits Office of your upcoming transfer.
- Access and print a [Payroll Transfer Form](#). (Also available via your [TASC online account](#)).
- Complete your Transfer form and submit to your current Payroll/Benefits Office.
- The Payroll/Benefits Office reviews the information and verifies that effective date of the change and first payroll are correct.
- The Payroll/Benefits Office submits the Transfer Form to TASC for processing.
- TASC updates your account and notifies your new Payroll/Benefits Office to ensure all systems are updated.

There is no impact to your TASC accounts when you transfer from one payroll center to another. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Be sure to promptly communicate your upcoming transfer with both Payroll/Benefits Offices (current and future). Failure to do so in a timely manner could result in contribution delays.

Agency/Location Transfer

In the event that you transfer from one agency or location to another, TASC recommends that you notify your Payroll/Benefits Office to ensure that the necessary system updates are made.

There is no impact to your TASC accounts when you transfer from one agency/location to another. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Payroll Frequency Transfer

In the event that you transfer to a new payroll frequency, your Payroll/Benefits Office will notify TASC so we can update your contribution schedule accordingly.

The only change made to your account will be the frequency of your contributions. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Health Care Flex Spending Account

General Information

With this account you use pretax dollars to pay for qualified health care expenses for you, your spouse, and your qualified dependents. It reduces your taxable income. The qualified health care expenses must occur during the plan year or coverage period.

WHEN ARE MY FUNDS AVAILABLE?

Your full election amount is available to you on the first day of your plan start or coverage period.

Contribution Limits

There is no minimum contribution requirement. The maximum is subject to change each year based on IRS regulations. Please see the [limits section](#) for this year's annual limit. Your full election amount will be available to you on the first day of your plan start or coverage period. In sum, Health Care Flex Spending Account funds are available to you even before contributions occur.

MAXIMIZE YOUR TAX SAVINGS:

Health Care FSA vs. Itemizing Medical Expenses on IRS Form 1040

With a Health Care FSA you save pretax dollars... from the very start! Conversely, you can claim medical expenses (on IRS Form 1040) only if your itemized medical expenses exceed 10% of your adjusted gross income (7.5% for those born before January 2, 1950).



For [IRS Form 1040](#) visit [IRS.gov](#)

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Qualified Dependents

Your Health Care Flex Spending Account reimburses eligible health care expenses incurred by these persons:

- Yourself,
- Your spouse,
- Your qualifying child, and
- Your qualifying relative.

An individual is considered a qualifying child if all of the following apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada.
- Is not already being declared as another person's qualifying child.
Is a US citizen, national or a resident of the US, Mexico, or Canada.
- Has a specified family-type relationship to you.
- Is a son/daughter, stepson/stepdaughter, eligible foster child, legally adopted child, or child legally placed with you for adoption.
- Has not reached age 27 during the taxable year.

An individual is considered a qualifying relative if all of the following four apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Receives more than half of his/her support from you during the taxable year.

OR:

- If no specified family-type relationship exists, is a member of and lives in your household (without violating local law) for the entire taxable year, and receives more than one-half of his/her support from you during the tax year.

NOTE

- » There is no age requirement for a qualifying child if physically and/or mentally incapable of self-care.
- » An eligible child of divorced parents is a dependent of both, so neither or both parents can establish a Health Care Flex Spending Account.

Eligible and Ineligible Expenses

Health Care Flex Spending Account funds may be used only for expenses deemed eligible per IRS regulations. Further, the eligible expenses are those you pay for out-of-pocket for medical care. Per IRS regulations, health care is generally for the diagnosis, cure, mitigation, treatment, or prevention of illness or disease.

ARE INSURANCE PREMIUMS AN ELIGIBLE EXPENSE?

Insurance premiums are **not** eligible for reimbursement under a Health Care FSA.

Health Care FSA Eligible Expenses (A partial list.)

These expenses are eligible for reimbursement under the Health Care FSA.

- Acupuncture
- Ambulance service
- Birth control pills and devices (requires prescription)
- Breast pumps
- Chiropractic care
- Contact lenses (corrective)
- Dental fees (other than cosmetic)
- Diagnostic tests/health screening
- Doctor fees
- Drug addiction/alcoholism treatment
- Eyeglasses
- Guide dogs
- Hearing aids and exams
- Nursing services
- Optometrist fees
- Orthodontic treatment
- Over-the-counter medicines (requires prescription)
- Over-the-counter supplies
- Prescription drugs
- Smoking cessation programs/treatments
- Surgery (other than cosmetic)
- Transportation/travel expenses for health care (including mileage, tolls and parking)
- Wheelchairs, crutches and walkers
- X-rays

Health Care FSA Ineligible Expenses (A partial list.)

These expenses are **not** eligible for reimbursement under the Health Care FSA.

- Cosmetic surgery and procedures
- Expenses for services provided outside of the plan year or your coverage period
- Health or athletic club membership fees
- Herbs, vitamins, and supplements used for general health
- Insurance premiums, all types
- Marriage counseling
- Maternity clothes
- Personal use items like lotion, makeup, razors, and toothpaste
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, or depression; chiropractic wellness)
- Prescription drugs imported from another country
- Service contracts or warranties
- Teeth whitening products
- Weight loss drugs/programs for general well being

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Over the Counter (OTC) Medicines and Drugs

Health Care Flex Spending Account funds may not be used for OTC medicines and drugs unless prescribed by a physician. (Insulin requires no prescription and is eligible.) The prescription must be included with each request for reimbursement.

IMPORTANT REMINDERS ABOUT OTC MEDS

Over-the-Counter (OTC) medicines **a**) require a prescription (to be Flex Spending Account-eligible) and **b**) cannot be purchased using your TASC Card.

Over the Counter Medicines and Drugs (A partial list.)

When accompanied by a prescription, these OTC expenses are eligible for reimbursement under the Health Care FSA.

- Bengay, Flexall, and other pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Advil, Aspirin, Tylenol, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Health Care Items that Require a Letter of Medical Necessity

In general, Health Care Flex Spending Account funds may not be used for the following expenses, unless deemed medically necessary by a physician to treat a diagnosed medical condition. A [Letter of Medical Necessity](#) from your physician is required; contents must detail the medical necessity of the expense, diagnosed condition, onset of condition, and be signed by the physician. The letter must be included with each request for reimbursement.

NEED A FORM?

The [Forms](#) Section of this guide links a [Letter of Medical Necessity](#), also available on [TASC online](#).

Health Care FSA Items that Require a Letter of Medical Necessity (A partial list.)

When accompanied by a Letter of Medical Necessity, these expenses are eligible for reimbursement under the Health Care FSA.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen and oxygen equipment
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Weight Loss/Health Club/Gym Memberships

In general, Health Care Flex Spending Account funds may not be used for weight loss programs or health club/gym memberships used for your general health unless deemed medically necessary by a physician to treat a specific disease. For example, a doctor may treat obesity or diabetes by prescribing a weight loss program.

A [Letter of Medical Necessity](#) from your physician is required; contents must detail the medical necessity of the expense, diagnosed condition, onset of condition, and be signed by the physician. The letter must be included with each request for reimbursement. Only the monthly fees are eligible for reimbursement; sign up fees, processing fees, or enrollment fees are not reimbursable.

Orthodontia Expenses

Orthodontia expenses are reimbursable if designed to correct a medical condition such as malocclusion. Not reimbursable are orthodontia expenses to improve a person's appearance.

Per IRS regulations, generally orthodontia expenses must reimburse from the Flex Spending Account plan year in which they were incurred. Meanwhile, in certain circumstances IRS permits prepayment of orthodontia expenses.

NEED A FORM?

The [Forms](#) Section of this guide links [A Letter of Medical Necessity](#), the [Orthodontia Worksheet](#), and more.

Health Care FSA Eligible Expenses (A partial list.)

These expenses are eligible for reimbursement under the Health Care FSA.

Scheduled Orthodontia Payments:

In some cases a Service Agreement or contract—between the orthodontic provider and Participant—will detail services to be provided and a schedule of payments due over the course of the treatment.

Under such an agreement...

- The participant will receive monthly FSA reimbursements.
- These reimbursements may span over one or more FSA plan years.

For example, an agreement indicates a one-time payment of \$500 upon placement of braces, with a \$50 monthly fee thereafter for two years. In this scenario, the amounts eligible for reimbursement are those incurred within each plan year (up to your current remaining Health Care FSA balance).

- Prepayments of monthly fees are not reimbursable.
- Payments due in one plan year cannot reimburse from the next plan year.

Full Orthodontia Prepayment Required:

In some cases full payment is required before services can begin. If so...

- The total cost for the treatment is eligible for reimbursement when the prepayment was made/work began.
- The total cost of the treatment (up to your current Health Care FSA balance) can be reimbursed from the current plan year.

For example, a full prepayment of \$3,000 is required at the start, and your Health Care Flex Spending Account balance is \$2,500. In this scenario \$2,500 is reimbursable (the remaining \$500 exceeds your balance and is not reimbursable).

Orthodontia Worksheet:

Complete the [Orthodontia Worksheet](#)

- if the orthodontic provider does not offer either option above, or
- if no other receipt is available.

The worksheet will help you determine the monthly amount that may be eligible for reimbursement from your Health Care Flex Spending Account.

Special Equipment Needs (Medically Necessary Capital Expenditures)

If your reimbursement request includes expenses for items or services provided for either a medical purpose or a cosmetic, personal, living, and/or family purpose (or involves a capital expenditure), you may submit them for reimbursement. The request for reimbursement must include additional substantiation documentation.

The cost of home improvements or special equipment installed in your home may be reimbursable as a capital expenditure, but only when the main purpose is medical care for you, your spouse, or dependent. A capital expenditure is an item with a useful life extending beyond the tax year end (e.g., installing an air conditioner, widening doorways, installing support bars, etc.).

These general rules address medically necessary capital expenditures, and the extent of their eligibility for reimbursement via a Health Care Flex Spending Account.

- A special version of an otherwise personal item: only the amount beyond the normal item's cost is eligible.
- An item permanently attached to property: only the amount beyond the increase in the property value is eligible.
- An item (a) with no personal element (b) that is not permanently attached to the property, but (c) can be used only by the person who medically requires it: the item's cost is eligible.
- If the item is used by others, only a prorated amount of the cost is eligible.
- For more information about special equipment as related to Health Care Flex Spending Accounts, please contact the [TASC Customer Care Team](#).

Medically Related Travel Expenses

Health Care Flex Spending Account funds may be used to reimburse travel to-from a service provided that is medically necessary for vision, dental, or medical care. Also included are trips to and from your pharmacy, and associated parking and toll fees.

Submit these travel expenses when you request reimbursement for the provided service. When submitting your request for reimbursement online, include health care mileage, parking, and tolls. The system will add the amount(s) to your request, and will automatically use the current IRS mileage reimbursement rate.

Health Care FSA Eligible Medically Related Travel Expenses

These travel expenses are eligible for reimbursement under the Health Care FSA.

Mileage

Determined by the IRS, mileage reimbursement amounts are subject to change and are updated regularly (usually each year). Please see IRS [limits section](#) for the most recent rate.

You may calculate the mileage on the actual bill/receipt for medical care that resulted in your mileage claim. You must include the following:

- Round trip mileage multiplied by standard IRS mileage rate.
- The name of the provider visited.

Example: Your office visit to-from Dr. Jay amounts to 80 miles round trip. Your calculation should indicate: 80 miles X 23 cents (2016 rate) = \$18.40 on mm/dd/yyyy. On the request for reimbursement form, list the \$18.40 (along with any other expenses associated with your health care travel, such as parking and tolls; see immediately below).

Lodging expenses incurred during my dependent's out-of-town hospitalization

Health Care FSA funds may be used to reimburse out-of-town lodging if related to a dependent's hospital stay. The amount allowed for this medically related lodging may not exceed \$50 per night per person.

If someone is traveling with the person receiving medical care, that person's lodging is also reimbursable.

Parking fees and tolls

Parking fees and tolls are reimbursable to the extent these relate to your travel to medical appointment or pharmacy

Travel expenses for out-of-town healthcare services (i.e., airfare, hotel room, and rental car)

Travel to another city is reimbursable if the trip is primarily for, and essential to, receive medical services. A trip or vacation taken for a change in environment, improvement of morale or a general improvement of health—even if taken on the advice of a doctor—is not eligible for reimbursement.

FOR REIMBURSEMENT

of health care related mileage, parking, or tolls...

- » You must validate your visit to doctor or pharmacy. Appropriate validation documents: a statement, bill, Explanation of Benefits (EOB), or receipt from health care provider/pharmacy.
- » You must provide a receipt for the parking and/or toll fees.

FOR REIMBURSEMENT

of out-of-town health care related lodging, airfare, or rental car expenses...

- » You must validate your visit to doctor or pharmacy. Appropriate validation documents: a statement, bill, Explanation of Benefits (EOB), or receipt from health care provider/pharmacy.
- » You must provide a receipt for the lodging, airfare, and/or rental car fees

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Limited Purpose Flex Spending Account

General Information

Participants enrolled in a Health Savings Account (HSA) may also enroll in a Limited Purpose Health Care Flex Spending Account (LPFSA) through their employer-sponsored FSA program. When you, or your spouse, enroll in a Health Savings Account, the enrollee becomes eligible to participate in a Limited Purpose Health Care Flex Spending Account through the employer-sponsored Flex Spending Accounts Program.

A Limited Purpose Flex Spending Account allows you to continue to contribute to a Health Savings Account while also contributing to an FSA for vision and dental expenses. This additional pretax deduction helps you maximize your tax savings.

WHEN ARE MY FUNDS AVAILABLE?

Your full election amount is available to you on the first day of your plan start or coverage period.

Contribution Limits

There is no minimum contribution requirement. The maximum is subject to change each year based on IRS regulations. Please see the [limits section](#) in this guide for this year's annual limit. Your full election amount will be available to you on the first day of your plan start or coverage period. In sum, Limited Purpose Health Care Flex Spending Account funds are available to you even before contributions occur.

Qualified Dependents

Your Limited Purpose Health Care Flex Spending Account reimburses eligible health care expenses incurred by these persons:

- Yourself,
- Your spouse,
- Your qualifying child, and
- Your qualifying relative.

An individual is considered a qualifying child if all of the following apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada.
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Is a son/daughter, stepson/stepdaughter, eligible foster child, legally adopted child, or child legally placed with you for adoption.
- Has not reached age 27 during the taxable year.

An individual is considered a qualifying relative if all of the following four apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Receives more than half of his/her support from you during the taxable year.

OR:

- If no specified family-type relationship exists, is a member of and lives in your household (without violating local law) for the entire taxable year, and receives more than one-half of his/her support from you during the tax year.

Eligible and Ineligible Expenses

Limited Purpose FSA Eligible Expenses (A partial list.)

These expenses are designated as eligible for reimbursement under the Limited Purpose Health Care FSA.

Eligible Dental Expenses

- Braces and orthodontia
- Cleanings
- Crowns
- Fillings
- Dentures
- Dental co-payments and deductibles

Eligible Vision Expenses

- Eye exams
- Prescription eyeglasses/contacts
- Contact lens solution
- Prescription drugs/medications
- Laser eye surgery; LASIK
- Vision co-payments and deductibles

Post-deductible medical expenses

Once you meet your out-of-pocket deductible, the Flex Spending Account can be used for eligible medical expenses (IRS §213d). Simply submit an Explanation of Benefits (EOB) to prove that the deductible has been met. TASC will update your enrollment to reflect the full §213d Health Care Flex Spending Account.

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Orthodontia Expenses

For more information on Orthodontia expenses, please click [here](#).

IMPORTANT: You and/or your spouse must be enrolled in a Health Savings Account to enroll in a Limited Purpose Health Care FSA.

MAXIMIZE YOUR TAX SAVINGS:

Are Insurance Premiums an Eligible Expense?

Insurance premiums are not eligible for reimbursement under a Health Care FSA.

Dependent Day Care Flex Spending Accounts

General Information

With the Dependent Day Care Flex Spending Account you use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent—or other dependent who is physically or mentally incapable of self-care—so you (or your spouse) can work, look for work, or attend school full time.

Health care expenses for your dependent pay from your Health Care Flex Spending Account, not through the Dependent Day Care Flex Spending Account.

Contribution Limits

There is no minimum contribution requirement. Determined by the IRS, the maximum is subject to change and updated regularly (usually each year). For this year's annual limit, follow this link to access [limits section](#).

The Dependent Day Care Flex Spending Account is a money in-money out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses. In sum, Dependent Day Care Flex Spending Account funds are available to you only as contributions occur.

MAXIMIZE YOUR TAX SAVINGS:

Dependent Day Care FSA versus the Child Care Tax Credit

Does your adjusted family gross income meet the IRS requirements? (Per [IRS publication §503](#).)

If so, the Dependent Day Care Flex Spending Account will most likely provide the greatest benefit.

Detailed [later in this section](#).

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Qualified Dependents

Dependent Day Care expenses must be for the care of one or more qualifying persons, defined as the following:

- A dependent under age 13 when the care occurred and for whom you can claim an exemption. A child's eligible Dependent Day Care expenses are those incurred until age 13 only. Within 30 days of child reaching age 13 (but not later) you may reduce the Dependent Day Care annual election, to reflect the total reimbursement amount or total contribution amount (whichever is greater).
- A spouse who is physically or mentally unable to care for him/herself, and lived with you for more than half the year.
- A dependent who is physically or mentally unable to care for him/herself, for whom an exemption can be claimed, and lived with you for more than half the year.

If you are married, your spouse must be unable to provide dependent day care because he/she works full-time, is actively looking for work, is enrolled in and attends school full-time, or is him/herself physically or mentally incapable of self-care.

To receive the Dependent Day Care benefit, follow these procedures:

- a) Identify all persons and organizations that provide dependent day care for a qualified person as requested on [IRS Form 2441](#), including name, address, and taxpayer identification number (or SSN).
- b) If provided by a center caring for more than six persons, the center must comply with all state and local regulations.
- c) Payments made to relatives (not dependents) are eligible. Do not include payments if you can claim an exemption for your child who is under age 19 at year end, whether he/she is or is not your dependent.
- d) Use [IRS Form W-10](#) to request the required information from the care provider.

NOTE

- » Dependent Day Care expense must be for the physical care of a dependent, either inside or outside of the home.
- » The care need not be by a licensed provider.
- » Care provided by yourself, your spouse, or another dependent is not eligible for reimbursement.

Special rules apply to children of divorced or separated parents. Even if you cannot claim your child as a dependent, his/her expenses are eligible if all of the following are true:

- The child was under age 13 or was physically or mentally unable to care for him/herself.
- One or both parents provided more than half of the child's support for the year.
- Parents are divorced, legally separated, or lived apart at all times during the last six months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent, defined as the parent with custody for the greater portion of the calendar year; OR if parents have equal custody (same number of nights), then the parent with the higher adjusted gross income is the custodial parent.
- For a noncustodial parent, the child's expenses are not eligible for the dependent day care benefit, even if said parent is financially responsible for providing the care, and even if said parent is entitled to claim the child as a dependent. Only the custodial parent qualifies for the dependent day care benefit for a taxable year. Finally, a noncustodial parent may not submit expenses for the portion of the year in which they have custody of the child.

NOTE

You may claim eligible expenses only once, either via the Dependent Day Care FSA or via the Child Care Tax Credit.

Elder Care

Dependent Day Care funds may be used to reimburse expenses incurred for care of an elderly parent who has lived with you for at least half of the year. Such Elder Care is eligible only if the care is incurred while you (or your spouse) are at work, looking for work, or attending school full time. Furthermore, the care outside the home is eligible if the dependent spends at least eight hours a day in your home.

Eligible and Ineligible Expenses

Dependent Day Care Flex Spending Account funds may be used only for expenses deemed eligible per IRS regulations.

NOT ELIGIBLE

Health care expenses are not eligible under the Dependent Day Care FSA.

Dependent Day Care FSA Eligible and Ineligible Expenses (A partial list.)

These expenses are designated as eligible or ineligible for reimbursement under the Dependent Day Care FSA.

Eligible Expenses

- Fees for licensed day or adult care facilities.
- Before and after school care programs for dependents under age 13.
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home.
- Nanny expenses for dependent day care.
- Nursery school (preschool) fees.
- Summer Day Camp—custodial care.
- Late pick-up fees.

Ineligible Expenses

- Health care expenses.
- Baby-sitter for non-work activities.
- Activity fees/educational supplies.
- Child support payments.
- Kindergarten fees.
- Overnight camp.
- Late payment charges.

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Dependent Day Care Flex Spending Account vs. Child Care Tax Credit

A Dependent Day Care Flex Spending Account will usually provide greater savings than the Child Care Tax Credit. Your income affects your total savings.

- Does your adjusted family gross income meet the IRS requirements? (Per [IRS publication §503](#).) If so, the Dependent Day Care Flex Spending Account is most likely to provide the greatest benefit. Consult a tax advisor to determine your best option.
- You may use the Dependent Day Care benefit as well as the Child Care Tax Credit, but only if the amount you contributed to the Flex Spending Account plus the amount you spent on day care when added together do not exceed the [maximum IRS limit](#).
- You may not use the tax credit if you are married and are filing separately.
- You may claim eligible expenses only once, either via the Dependent Day Care account or the Child Care Tax Credit.
- Carefully follow IRS reporting requirements for Dependent Day Care accounts. Per [IRS Form 2441 \(1040\)](#) and Schedule 2 ([1040A](#)) you must provide the daycare provider's name and tax identification number (or Social Security Number) when you file your taxes.

Dependent Day Care Flex Spending Account and the TASC Card

The TASC Card is a convenient way to pay for Dependent Day Care expenses. TASC requires you to substantiate your reimbursement request. To do so, submit a receipt; be sure to include the below information:

- 1) Dependent Day Care Provider Name
- 2) Dependent Day Care Provider Address
- 3) Dependent Day Care Provider Taxpayer Identification Number (TIN), Employer Identification Number (EIN), or Social Security Number.

Since Flex Spending Accounts are tax benefits, they may be subject to an IRS audit (to ensure that all expenses are eligible per the [IRS regulations](#)). Consequently, you should retain all receipts with your yearly tax documentation.

Substantiation is further detailed in the [Substantiation](#) section.

TASC adds funds to your TASC Card balance as payroll deductions are taken. Be mindful that your card may have no balance until your first payroll deduction is taken each plan year.

You may opt not to pay via your TASC Card. If so, and you charge dependent day care expenses in advance, these are eligible only when the expense incurs within the plan year. You must submit a request for reimbursement to receive recompense for the eligible expense.

The Dependent Day Care Flex Spending Account is a money in-money out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses. In sum, Dependent Day Care Flex Spending Account funds are available to you only as contributions occur.

Submitting requests for reimbursement is detailed in the [Reimbursement](#) section.

CHANGES OF NOTE

Dependent Day Care FSA and the Grace Period

Effective January 1, 2015, a grace period no longer applies to the Dependent Day Care FSA.

- » All expenses must be incurred during the plan year.
- » Reimbursement requests must be submitted to TASC within the 90 day runout period (by March 31 of the following year).

Parking & Transit Account

General Information

With a Parking & Transit Account, you establish a pretax account (to contribute each month) to pay for qualified work-related commuting and/or parking expenses. Depending on your needs, you may enroll in one or both of the transportation accounts: Parking and Transit.

WHEN ARE MY FUNDS AVAILABLE?

The Parking & Transit Account is a money in-money out benefit.

A **Parking Account** allows you to pay for work-related parking expenses.

A **Transit Account** allows you to pay for work-related transit or commuter expenses.

Parking & Transit Account participants help to reduce pollution because they use mass transit.

- Up to 40% tax savings on eligible parking and transit expenses.
- Online enrollment and account management.
- Convenient TASC Card for eligible purchases.
- Multiple methods to access your account and request reimbursement: online, mobile app (free [download](#)), text messages, IVR, phone, fax, or mail.

Contribution Limits

There is no minimum contribution requirement. Determined by the IRS, the maximum is subject to change regularly (usually each year). Please click the [limits section](#) for this year's annual limit.

The Parking & Transit Account is a money in-money out benefit. Each pay period a contribution posts to your account(s), after which you may submit reimbursement requests for eligible expenses. In sum, Parking & Transit Account funds are available to you only as contributions occur.

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PARKING COSTS

Are your parking costs presently deducted from your payroll?

If so, do not enroll in this program. You are already receiving a pretax advantage.

Eligible and Ineligible Expenses

Parking & Transit Account Eligible and Ineligible Expenses (A partial list)

These expenses are designated as eligible or ineligible for reimbursement under the Parking & Transit Account.

Parking Expenses

Eligible parking expenses

- Park n' Ride
- Parking lots
- Parking ramps

Ineligible parking expenses

- Personal parking expenses
- Tolls

Transit Expenses

Eligible Public Transportation

- Bus
- Train
- Ferry
- Subway
- Commuter Highway Vehicles
- Vanpools

Ineligible transit expenses

- Transit expenses for personal use
- Tolls

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Election Changes

You may change your Parking & Transit elections at any time during the plan year. Simply complete a [Change of Election Form](#) and submit it to your Payroll/Benefits Office.

ELECTION CHANGES

You may change your Parking & Transit elections at any time during the plan year.

Parking & Transit Account and the TASC Card

The TASC Card is a convenient way to pay for Parking & Transit expenses. When you use your TASC Card to pay for Parking & Transit expenses, TASC does not require substantiation. Even so, since Parking and Transit Accounts are tax benefits, they may be subject to an IRS audit (to ensure that all expenses are eligible per the [IRS regulations](#)). Consequently, you should retain all receipts with your yearly tax documentation.

TASC adds funds to your TASC Card balance as payroll deductions occur, so be mindful that your card may have no balance until the plan year's first payroll deduction.

You may opt not to pay via your TASC Card. If you charge parking and transit expenses in advance (before your funds are available), these are eligible only when the expense incurs within the plan year. You must submit a request for reimbursement to receive recompense for the eligible expense.

Submitting requests for reimbursement is detailed in the [Reimbursement](#) section.

Reimbursement Information

Reimbursement Options

As eligible expenses incur, you have two options to access your TASC Flex Spending Account funds:

- 1) **TASC Card:** Swipe your TASC Card at the point-of-purchase. It pays for and automatically substantiates many expenses, eliminating the need to submit reimbursement requests. For details, see the [TASC Card](#) section.

- 2) **Request a Reimbursement:** If you paid for your expenses out of pocket, submit a request for reimbursement to TASC using one of the following methods:
 - Submit via Mobile App (free [download](#)).
 - Submit via [TASC online account](#).
 - Download a [Request for Reimbursement Form](#) and submit via fax or mail.

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Reimbursement Request Tips

Include proper documentation to support your request (detailed below). TASC will promptly process your claim. Claims process daily and approved expenses reimburse by check or direct deposit within 48–72 hours.

You can use your TASC Card to pay for billed expenses if your provider accepts MasterCard payments, simply fill in your TASC Card number as payment and return it to your provider. The amount of the billed expense deducts from your benefit account. You will be required to submit a copy of the documentation for that health care expense, along with a completed [Request for Reimbursement Form](#) to substantiate the claim.

TIMELY SERVICE

Reimbursement requests process daily and approved expenses reimburse promptly by check or direct deposit.

Deadlines for Requesting Reimbursement

The deadline for submitting claims is March 31 following the plan year end. All Health Care, Limited Purpose Health Care, Transit, Parking, and Dependent Day Care reimbursement requests must be received by TASC or postmarked by this date to reimburse from your current plan year funds.

Reimbursement Denial Appeal Process

If all or a portion of your reimbursement request has been denied as ineligible, you or your authorized representative may file an appeal in 90 days of your receipt of the denial.

Submit your written appeal request along with all documentation, including the [Appeal Information/Form](#), to TASC via mail or fax:

TASC Appeals

PO Box 70791

Madison, WI 53707-0791

Fax to 1-608-316-6096

If someone represents you, complete a written authorization to allow us to communicate with that person. TASC will review the appeal and provide you with a written determination within 60 days. You may request copies (free of charge) of any documents used to reach a decision.

REQUEST TO APPEAL A DENIED CLAIM

Your request, required in writing, must include this information:

- » Name of your employer
- » Date of service
- » A copy of the claim or request
- » A copy of the denial letter and
- » Any other documents/information pertaining to your appeal request.

TASC Card

General Information

The convenient TASC Card makes it easy to pay for eligible health care, dependent day care, transit, and/or parking expenses (as defined by your Flex Spending Account and IRS guidelines). Because it is a payment card, when you use your TASC Card to pay for eligible expenses, funds will automatically be deducted from your account.

TASC Card Advantages

- Instant reimbursements for health care, dependent day care, parking, and transit expenses.
- Instant approval of most prescription expenses as well as some health care, dental, and vision expenses.
- No out-of-pocket expenses.
- Easy access to your funds.

Receiving Your TASC Card

When you enroll in a Flex Spending Account, you are sent a TASC Card, which is good for four years. You'll be sent a new card when the old one expires, as long as you are still enrolled. You are not required to use the TASC Card and may opt instead to submit claims via mail, TASC online account, or via the TASC Mobile application (free [download](#)).

You may request additional TASC Cards for any dependents over 18. You are not charged for these dependent cards.

If your card has a misspelling or your name has changed, you may update the information via your [TASC online account](#), and request a new card via your TASC online account. Be sure to notify your Payroll/Benefits Office of any name changes or misspellings.

Whenever requesting a new TASC Card, be sure to provide correct information (mailing address, name spelling, etc.). Detail about how to order an additional TASC Card is in the [TASC online account](#) section.

Lost/Stolen TASC Card and Fraudulent Charges

Immediately report via your [TASC online account](#) if your TASC Card is lost/stolen or you identify fraudulent charges. This inactivates your TASC Card to prevent any fraudulent charges. You can review your recent TASC Card transactions to identify any fraudulent charges. Contact [TASC Customer Care](#) to assist you with reporting the transactions as fraudulent. For additional information on how report your card lost/stolen, please refer to the [TASC Online Account Management](#) section.

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BY ACCEPTING AND USING YOUR TASC CARD...

You agree to the [cardholder agreement](#).

Using your TASC Card

TASC Card Purchases

TASC Card purchases are limited to your account type (Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, etc.), and to merchants with an inventory information approval system ([IIAS](#)) in place to identify Flex Spending Account-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and day care centers. When you swipe your card, the [IIAS](#) automatically approves the purchase of eligible items and deducts the amount from your appropriate Flex Spending Account.

You can use your TASC Card to pay for billed health care expenses, such as coinsurance, if your provider accepts MasterCard payments. Simply enter your TASC Card number as payment on the bill and return it to your provider. (The provider's expense and payment must incur in the same plan year.)

The amount of the billed expense deducts from your Health Care Flex Spending Account. Your reimbursement request must include a copy of documentation that substantiates the health care expense. For details, see the [Substantiation](#) section.

The use of your TASC Card is limited to merchants with an inventory-information approval system ([IIAS](#)) in place to identify Flex Spending Account-eligible purchases. If you use your TASC Card at a merchant that does not have IIAS, your transaction will decline. For additional information regarding IIAS, please refer to the [IIAS](#) section.

Over-the-Counter (OTC) Purchases

Per the IRS, OTC medicines are Flex Spending Account-eligible only when prescribed by a physician (written prescription). And even when accompanied by a prescription, you cannot use the TASC Card to purchase OTC drugs, OTC medicine, or OTC biological productions.

Conversely, you may use the TASC Card to purchase non-medicine OTC items. Examples include bandages, contact lens solutions, nasal strips, pregnancy test, reading glasses, etc.

Detail about OTC Medicines and Drugs that require prescription is presented in the Flex Spending Account [Eligible and Ineligible Expenses](#).

TASC Card Declines

Use the TASC Card to pay for Flex Spending Account-eligible expenses only, incurred at eligible IIAS merchants only. (The IIAS system is detailed in the [IIAS](#) section.) In addition, the card may be declined in some situations.

If your TASC Card declines, simply pay the expense out of pocket and [submit a request for reimbursement](#). TASC reimburses by check or direct deposit within 48 to 72 hours of approval.

WHAT'S MY BALANCE?

Be mindful of your TASC Card balance. Check your account balance via the [TASC Mobile App](#) or [TASC online account](#).

SAME YEAR...

The provider's expense and payment must incur in the same plan year.

TASC Card Declines: Reasons and Solutions

Explanation of Decline

What to Do

INSUFFICIENT FUNDS

At point of purchase the TASC Card automatically checks your account balance to ensure funds are adequate to cover the entire purchase. If the purchase exceeds the account balance, your TASC Card will decline.

- 1) Ask the merchant to deplete the card's account balance, and pay the difference out of pocket.
OR
- 2) If your account balance is \$0 or unable to check balance, use another form of payment for the expense.

INELIGIBLE EXPENSE

At point of purchase the TASC Card automatically checks for eligible expenses based on your plan type. Example: you are purchasing a prescription and a gallon of milk. The TASC Card pays for the prescription and the merchant will request another form of payment for the milk.

Use another form of payment for the ineligible expenses.

EXPENSES INCURRED OUTSIDE OF PLAN YEAR OR COVERAGE PERIOD

At point of purchase the TASC Card automatically checks your eligibility dates to ensure that the expense is incurred during your coverage period. If the purchase is outside of the coverage period or plan year, your TASC Card will be declined.

Use another form of payment for the ineligible expenses. If the service date of the expense was incurred during your coverage period or plan year, submit a request for reimbursement. TASC provides check or direct deposit reimbursements within 48-72 hours of approval.

INACTIVE CARDS DUE TO UNSUBSTANTIATED CLAIM > 45 DAYS OLD

Within 45 days of a transaction, you must submit required substantiation documentation. Otherwise, your unsubstantiated Flex System Account claim will be denied, repayment will be requested, and your TASC Card will be suspended until TASC receives repayment or required [substantiation](#).

If you attempt to use your TASC Card when it is inactive it will decline.

Finally, if you fail to repay the claim or provide necessary documentation, your employer will withhold the claim amount from your paycheck.

Three Steps:

- 1) Use another form of payment to pay the expense.
- 2) Submit documentation for the unsubstantiated claims.
- 3) Submit a request for reimbursement.

For more information about TASC Card declines, contact the [TASC Customer Care team](#).

Inventory Information Approval System (IIAS)

An IIAS is a retailer's point-of-sale system that automatically identifies FSA-eligible healthcare purchases. The IIAS compares product UPC or SKU numbers against a list of eligible health care expenses. As defined by the IRS, the list includes eligible nonprescription products.

At point-of-sale, eligible expenses are totaled and sent electronically to the card system, which in turn immediately approves or denies the payment, per coverage (i.e. type of coverage provided, covered participant, etc.). The IRS requires an IIAS to accept card transactions at non-healthcare merchants. IIAS transactions fully substantiate. You can ask the retailer if they are IIAS-approved.

90% Rule

The IRS requires merchants that sell qualified health care goods and services—but have no healthcare Merchant Category Code (MCC) system or qualify under the IRS 90% Rule exemption*—to have an IIAS to approve Flex Spending Account/HRA card purchases. The following MCCs (not all-inclusive) are some of the Merchant Category Codes required to implement an IIAS.

- Convenience Stores: 5499
- Discount Stores: 5310
- Druggist Proprietaries: 5122*
- Drug Stores/Pharmacies: 5912*
- Grocery/Supermarkets: 5411
- Online Pharmacies: 5960, 5964 5965, 5969
- Other Non-Healthcare: Various MCCs
- Warehouse Clubs: 5300

* May be eligible to register as a 90% Merchant with SIGIS (Special Interest Group for IIAS Standards). This applies only to pharmacies and drug stores whose gross receipts are 90% or more from "eligible medical expenses" (including eligible non-prescription items) as defined by the IRS.

If a pharmacy has no IIAS system in place, the card will not work. For a complete list of retailers with an IIAS system in place, please refer to the [SIGIS website](#).

LET'S NOT ASSUME...

Transactions at merchants that meet the 90% Rule still generally require substantiation by the participant.

TASC Card Substantiation

General Information

Under [IRS and Treasury regulations](#), payments from your Flex Spending Account require third-party substantiation documentation unless the transaction is auto-substantiated (Rx, office visit copays, IIAS items). Other transactions require substantiation by providing documentation (coinsurance payments, laboratory, or x-ray expenses). You are obliged to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit.

Substantiation Types

There are two ways to substantiate purchases per IRS requirements:

Types of Substantiation

Auto Substantiation

Automatically through electronic evidence:

- **Copay matching:** Charges that exactly match the dollar amount for a copay under the employer's group health plan Or charges up to 5 times the dollar amount. For example: a \$10, \$20, \$30, \$40, or \$50 charge at a doctor's office in a health plan with \$10 office visit copays.
- **Recurring Claims:** Charges that exactly match the provider and dollar amount for a previously approved and substantiated transaction (e.g. a fixed monthly orthodontia payment).
- **Real-time substantiation:** Charges verified as eligible expenses by the merchant, service provider, or other third-party vendor. For example, a store that automatically approves using [IIAS](#).

Manual Substantiation

All purchases that do not qualify for auto-substantiation must be manually substantiated with receipts or other documentation submitted for review.

- Doctor or other provider payment when the amount paid does not equal the copay amount.
- Prescription and over-the-counter transactions when the amount paid does not equal the copay amount, and/or the merchant is not IIAS compliant.

Substantiation Notification Process

If expenses require additional documentation, TASC will provide Substantiation Notifications. You may also view transactions and your receipt status online or via the mobile app. More detail about proper documentation is presented in the [Substantiation Documentation](#) section.

TASC will send up to three Substantiation Notifications via mail or email:

- One day after the TASC Card transaction; notifies you that substantiation is required,
- 15 days after the initial TASC Card transaction; reminder that substantiation is required, and
- 30 days after the initial TASC Card transaction; final reminder that documentation is still lacking.

Within 45 days of a transaction, you must submit required substantiation documentation. Otherwise, your unsubstantiated Flex Spending Account claim will deny, repayment will be requested, and your TASC Card will be suspended until TASC receives repayment or required substantiation. Any transaction attempted with an inactive TASC Card will decline. Finally, if you fail to repay the claim or provide necessary documentation, your employer will withhold the claim amount from your paycheck.

Your TASC Card will be activated within 48 hours after we receive proper substantiation documentation or repayment.

INCLUDE THE SUBSTANTIATION NOTIFICATION...

when faxing or mailing your documentation.

Doing so ensures that TASC can easily match the receipt to the expense (and to the reimbursement request).

Substantiation Documentation

To substantiate Health Care expenses, your statement, invoice, bill, receipt, or Explanation of Benefits (EOB) must include the items detailed in the box at right.

Examples of documents with all required information: a statement, invoice, bill, or Explanation of Benefits (EOB). Examples of documents that lack all required information: credit card receipts with no description of service, or canceled checks.

Orthodontia expenses are treated differently than other health care expenses because services generally span longer than one plan year. There are several options for reimbursement of these expenses explained on the [Orthodontia Worksheet](#).

To substantiate **Dependent Day Care expenses**, your statement, invoice, bill, or receipt must include the items detailed in the second box.

Letter of Medical Necessity: Keep in mind, some health care expenses that require additional information, such as A [Letter of Medical Necessity](#). Examples include those deemed to be cosmetic, for general health purposes, and over-the-counter expenses falling under the category of “medicines and drugs” (except insulin, which requires no prescription and is eligible). The Letter of Medical Necessity Form and instructions are available at the end of this guide and also [online](#). (Detailed in the [Health Care FSA](#) section.)

Parking & Transit Flex Spending Account expenses require no substantiation. You should retain these receipts and documentation in case of an IRS audit.

WAYS TO SUBMIT SUBSTANTIATION DOCUMENTATION...

Four ways to submit documentation:

- Attach the receipt to the [online request for reimbursement](#).
- Upload the receipt to the claim in the online portal. (see [Upload Substantiation](#) section)
- Use the mobile app (free [download](#)) to photograph the receipt and attach it to the claim.
- Submit the receipt along with your printed [Substantiation Notification](#), via fax to 608-316-6097 or mail to the address found [here](#).

HEALTH CARE FSA EXPENSES REQUIRE 7 SUBSTANTIATION ITEMS

- » Patient name (person who received the service)
- » Provider name
- » Provider address
- » Date of service
- » The amount charged or your cost (e.g. deductible or copay amount not covered by your insurance)
- » Type of service provided
- » Name of the drug (and Rx number if a prescription), if applicable.

DEPENDENT DAY CARE FSA EXPENSES REQUIRE 7 SUBSTANTIATION ITEMS

- » Dependent name (person who received the service)
- » Dependent age
- » Provider name
- » Provider address
- » Provider SSN or TAX ID number
- » Start and end dates of service
- » The cost

Carryover

General Information

As of January 1, 2015, you may carry over into the next plan year a Flex Spending Health Care Account and Limited Purpose Health Care Flex Spending Account balance of up to \$500. This carryover option means carryover funds are available to you throughout the entire next plan year (instead of only 75 days) if you remain an eligible employee for the entire plan year. The Parking & Transit Account allows you to carry over unused funds into the next plan year. You are allowed to carryover/rollover your balance up to the annual IRS maximum election.

Carryover Limits

The \$500 carryover option is available only for the Health Care Flex Spending Account plan and Limited Purpose Health Care Flex Spending Account. The carryover limit is not cumulative, meaning you may not carry over \$500 from prior plan year and \$500 from the current plan year.

The Dependent Day Care Flex Spending Account has no carryover option, but does have a runout period. You must submit reimbursement requests prior to the end of the 90-day runout period (March 31 of the following calendar year to avoid forfeiture of any remaining balances.

The Parking & Transit Account allows you to carry over unused funds into the next plan year. You are allowed to carryover/rollover your balance up to the annual IRS maximum election.

Runout Period

All three Flex Spending Accounts include a runout period. This provides additional time after plan year end to request reimbursement for expenses incurred during the prior plan year. The State of Wisconsin plans allow a 90-day run out period so you may submit reimbursement requests until March 31.

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[2015 Carryover Scenarios](#)

CARRYOVER VARIES!

- » Health Care FSAs and Limited Purpose Health Care FSAs limit carryover to \$500.
- » The Dependent Day Care FSA has no carryover option but extends a runout until the end of March.
- » The Parking & Transit Account allows unlimited carryover.

Carryover Process

At the end of the 90 day run out period once all claims are reimbursed from the prior plan year, a balance of up to \$500 of your Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account and the entire remaining balance of your Parking and Transit Account will carry forward to the next plan year automatically.

- **Automatic Carryover:** At the end of the 90 day run out period after all claims reimburse from the prior plan year, a balance of up to \$500 of your Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account and your remaining balance of your Parking and Transit Account will carry forward to the next plan year automatically if you were an active employee on the last day of the previous plan year. If you terminated employment and elected to COBRA your Health Flex Spending Account or Limited Purpose Health Care Flex Spending Account, please see [Termination of Employment](#) section below.
- **No election in new plan year:** If your Health Care Flex Spending Account balance or Limited Purpose Health Care Flex Spending Account is \$500 or less at plan year end and you make no election in the new plan year, TASC will automatically enroll you in a Health Care Flex Spending Account or Limited Purpose Health Care Flex Spending Account and deposits the carryover balance in that account.
- **Make no Flex Spending Account election, but enroll in a Health Savings Account for new plan year:** If you enroll in an HSA for the new plan year, TASC will automatically enroll you in a Limited Purpose Health Care, Flex Spending Account and deposits the Flex Spending Account carryover balance in that account, where the funds may be used for dental, vision, or post-deductible health care eligible expenses.

Access to Carryover Funds

Once the carryover funds are transferred and added to your Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account and/or your Parking & Transit Account available balance, you may access the funds just as you access your annual election funds. You may use the TASC Card or submit requests for reimbursements online, via fax or mail, or via the mobile app (free [download](#)). These funds can be used for expenses incurred beginning January 1 of the current plan year.

Funds may be used in any order. Carryover funds added to your account become an available part of the balance.

If you terminate employment with your employer, your employer will provide you options to COBRA your TASC benefits. See [Termination of Employment](#).

You will continue to have access to your carryover funds while on a leave of absence.

Timing of 2016 Carryover

TASC will automatically carry over balances up to \$500 of Health Care Flex Spending Accounts and Limited Purpose Flex Spending Accounts and remaining balance of Parking and Transit Accounts after the close of the 2015 runout period.

Request Carryover Prior to April

If you need access to your 2015 carryover funds prior to mid-end of April 2016, submit a Carryover Request to TASC.

To submit the carryover request to TASC, follow these steps:

- 1) Verify that you have submitted all of your 2015 claims for reimbursement from TASC.
 - Once TASC has transferred funds to the 2015 account, you will no longer be able to submit claims incurred in 2015.
- 2) Complete the [Carryover Authorization Form](#).
- 3) Submit to TASC via instructions on the form.
- 4) Within approximately 7-10 business days the carryover funds will be available in your 2016 account.
 - Health Care Flex Spending Account and Limited Purpose Flex Spending Account: TASC will carry over balances up to \$500 only; any remaining balance in the 2015 plan will be forfeited.
 - Parking & Transit Account: TASC will carry over entire remaining balance.

NO CARRYOVER FOR DEPENDENT CARE FSA

But a runout period extends spend-down deadline to the end of March.

Carryover Scenarios*		
Health Care Flex Spending Account (FSA)	Parking & Transit Account	Limited Purpose Health Care Flex Spending Account (FSA)
TIMING OF 2015 CARRYOVER		
TASC automatically carries over balances of \$500 or less after close of the 2015 run out period. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.	TASC automatically carries over the entire remaining balance into the next plan year. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.	TASC automatically carries over balances of \$500 or less after close of the 2015 run out period. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.
MAY I REQUEST MY CARRYOVER FUNDS EARLIER?		
Yes. Detailed in the Request Carryover Prior to April section.	Yes. Detailed in the Request Carryover Prior to April section.	Yes. Detailed in the Request Carryover Prior to April section.
TERMINATED PARTICIPANTS		
To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Health Care FSA balance will be forfeited.	To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Parking & Transit balance will be forfeited.	To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Limited Purpose Health Care FSA balance will be forfeited.
BALANCES > \$500		
TASC automatically carries over \$500 into the next plan year; the amount over \$500 will forfeit.	TASC automatically carries over the entire balance into the next plan year.	If you remain enrolled in a Health Savings Account (in the next year), TASC will automatically carry over \$500 into that year's Limited Purpose FSA. The amount over \$500 will forfeit.
NO 2016 PLAN ENROLLMENT		
TASC automatically enrolls you in a 2016 Health Care FSA and funds the account with your 2015 balance up to \$500.	TASC automatically enrolls you in the 2016 Parking & Transit and funds the account with your entire 2015 balance.	As long as you remain enrolled in a Health Savings Account for 2016, TASC automatically enrolls you in a 2016 Limited Purpose Health Care Flex Spending Account and funds the account with your 2015 balance up to \$500.
2016 HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT		
Due to the 2016 HSA enrollment, you are not eligible for the Health Care FSA. See Limited Purpose Health Care FSA column.	N/A	Due to the 2016 HSA enrollment, TASC will automatically enroll you into a Limited Purpose Health Care FSA; the funds can be used for eligible dental, vision, or post-deductible health care expenses.

*Dependent Day Care FSAs have no carryover option but extend a runout period until the end of March.

Change in Status During the Year

General Information

You may enroll, terminate, or change your FSA election mid-plan year if you have experienced a qualified change in status event as provided by [IRS regulations](#) and the State of Wisconsin Flex Spending Account program. The desired mid-year election change must correspond to and be consistent with the event and must meet [IRS consistency rules](#). Mid-plan year election changes are applied going forward (do not address coverage in the past).

To request a mid-year election change, complete and submit a [Change of Election Form](#) within 30 days after a qualifying event, as detailed below.

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Effective Date

Your election change or enrollment is effective on the first day of the month following your request for new enrollment or change of election. The date of the first payroll deduction will reflect payroll cutoff dates as well as the date your [Change of Election Form](#) arrives at the Payroll/Benefits Office. In the event there is a change due to birth, death, adoption, or placement for adoption, the effective date is the date of the event.

A mid-plan year change will result in split periods of coverage. Any funds balance from a previous period of coverage can combine with amounts contributed after the mid-plan year election change and be used through the plan year end. Conversely, any expenses incurred before the permitted election change will reimburse only up to the annual election amount in effect prior to the change.

WHEN DOES MY ELECTION CHANGE GO INTO EFFECT?

On the first day of the month that begins on or after the qualifying event date.

Request a Change of Election

- 1) Review the table [Qualifying Event Changes Permitted by IRS](#). For questions, call [TASC Customer Care](#).
- 2) Obtain a [Change of Election Form](#) or [Employee Reimbursement Accounts Enrollment Form](#) from your Payroll/Benefits Office, from your [TASC online account](#).
- 3) Determine the amount you wish to contribute for the remainder of the plan year following effective date of coverage.
- 4) Complete, sign, and date the form. Submit it to your Payroll/Benefits Office for processing along with any necessary supporting documentation.
- 5) Your Payroll/Benefits Office will review the information and provide TASC with any approved change in election qualifying events for processing.
- 6) Once TASC has processed the Change in Election, you will be emailed an [Enrollment Confirmation](#).

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

Change in Your Election Status Scenarios

New Account Enrollment	Decrease in Your Election	Ceased Participation
You'll receive an Enrollment Confirmation and Welcome Letter via email or mail. The welcome letter will include the TASC online account user name and temporary password.	TASC will process the Change in Election and send you an Enrollment Confirmation via email. Your TASC online account access and TASC Cards will remain the same.	TASC will terminate your account and inactivate your TASC Card. You may continue to submit claims manually for reimbursement after you cease participation, per the plans you are enrolled in.

We encourage you to log into your [TASC online account](#) and [download the mobile app](#) for easy access and additional information regarding your Flex Spending Accounts. We also encourage you to provide TASC with a personal email to ensure delivery of important notifications regarding your Flex Spending Accounts. Expect your TASC Card to arrive 7–10 business days after you receive your enrollment confirmation. (Sent to your home address.)

The IRS prohibits changes in Health Care Flex Spending Account coverage due to change in your health care plan coverage or eligibility. This includes a change in your health plan's drug plan.

Qualifying Event Changes Permitted by IRS

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
LEGAL MARITAL STATUS CHANGE—MARRIAGE								
Add dependents.	Yes	Yes	No	No	Yes	Yes	No	No
(a) You, your spouse, or dependents become eligible under your new spouse's employer's Health Care FSA; and (b) Your spouse participates in employer's plan; then (c) Coverage for the affected individual becomes effective or is increased under the other employer's plan.	No	No	Yes	Yes	No	No	Yes	Yes
Your new spouse is not employed or makes a Dependent Day Care coverage election through his/her employer.			N/A		No	No	Yes	Yes
LEGAL MARITAL STATUS CHANGE—DEATH, DIVORCE, LEGAL SEPARATION, ANNULMENT								
Your former spouse loses eligibility.	No	No	No	Yes	N/A			
You lose coverage under your former spouse's Health Care FSA.	Yes	Yes	No	No	N/A			
You can accommodate your newly eligible dependent (due to the divorce).			N/A		Yes	Yes	No	No
Eligibility is lost due to an event (your dependent resides with your ex-spouse).			N/A		No	No	Yes	Yes
CHANGE IN NUMBER OF DEPENDENTS								
You gain a dependent (birth, adoption, eligible dependent moves in with you).	Yes	Yes	No	No	Yes	Yes	No	No
You lose a dependent or dependent loses eligibility (result of death, or as when an individual is no longer financially supported by you or your child no longer satisfies the age requirements for health coverage).	No	No	Yes	Yes	No	No	Yes	Yes
DEPENDENT SATISFIES OR CEASES TO SATISFY ELIGIBILITY REQUIREMENTS								
Your dependent gains eligibility.	Yes	Yes	No	No	Yes	Yes	No	No
Your dependent ceases to be eligible.	No	No	Yes	Yes	No	No	Yes	Yes

Qualifying Event Changes Permitted by IRS

	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
CHANGE IN EMPLOYMENT STATUS – TERMINATION								
Your spouse terminates employment and your spouse or dependent loses eligibility for participation in their employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Your spouse or dependent commences employment that triggers a gain in eligibility under his/her employer's plan, then your spouse or dependent gains eligibility and enrolls in his or her employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Your spouse terminates employment and it renders your dependent ineligible for participation in the Dependent Day Care Flex Spending Account.	N/A				No	No	Yes	No
Your spouse returns to work and your dependent is now eligible for participation in the Dependent Day Care FSA (your spouse previously did not work).	N/A				Yes	Yes	No	No
Your spouse returns to work and your dependent is added to a Dependent Day Care FSA offered by your spouse's employer.	N/A				No	No	Yes	No
CHANGE IN EMPLOYMENT STATUS - LEAVE OF ABSENCE								
You commence an unpaid leave of absence.	No	No	Yes	Yes	No	No	Yes	Yes
You return from an unpaid leave of absence.	Yes	Yes	No	No	Yes	Yes	No	No
Your spouse commences an unpaid leave of absence and your spouse or dependent loses eligibility for participation in their employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Your spouse or dependent returns from an unpaid leave of absence that triggers a gain in eligibility under his/her employer's plan, if your spouse or dependent gains eligibility and enrolls in his or her employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Your spouse commences an unpaid leave of absence and it renders your dependent ineligible for participation in the Dependent Day Care FSA.	N/A				No	No	Yes	No
Your spouse returns to work from an unpaid leave of absence and your dependent is now eligible for participation in the Dependent Day Care FSA (your spouse previously did not work).	N/A				Yes	Yes	No	No

Qualifying Event Changes Permitted by IRS

	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
	CHANGE IN PLACE OF RESIDENCE (YOUR OWN, THAT OF YOUR SPOUSE OR DEPENDENT)...							
...results in a decrease in your dependent day care cost.			N/A		No	No	No	Yes
...results in an increase in your dependent day care cost.			N/A		No	Yes	No	No
...results in a loss of coverage for your dependent.			N/A		No	No	Yes	No
...results in a gain of coverage for your dependent.			N/A		Yes	No	No	No
SIGNIFICANT COVERAGE CURTAILMENT								
Your dependent day care provider significantly reduces its available hours or goes out of business and you switch dependent day care providers and make a new election			N/A		Yes	No	Yes	No
You switch dependent day care providers and it results in a cost increase			N/A		No	Yes	No	No
You switch dependent day care providers and it results in a cost decrease			N/A		No	No	No	Yes
COST INCREASE OR DECREASE								
The cost charged by your dependent day care provider* increases			N/A		No	Yes	No	No
The cost charged by your dependent day care provider* decreases			N/A		No	No	No	Yes
CERTAIN JUDGMENT, DECREES, OR COURT ORDERS								
Per a judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody...								
You must provide accident or health coverage for your child/foster child.	Yes	Yes	No	No				N/A
Your spouse, former spouse, or other individual must provide accident or health coverage for your child/foster child.	No	No	Yes	Yes				N/A
ELIGIBILITY FOR MEDICARE AND MEDICAID								
You, your spouse or your dependent...								
Become entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines).	No	No	Yes	Yes				N/A
Lose eligibility for Medicare or Medicaid.	Yes	Yes	No	No				N/A

* Note: If your day care provider is related by blood or marriage, you CANNOT change your election amount solely on desire to increase or decrease amount being paid to the relative.

Termination of Employment

Upon termination of employment, your Health Care Flex Spending Account will terminate the last day of the month following your last payroll deduction unless the you choose to participate in COBRA.

If you terminate your employment, or become ineligible for the Flex Spending Account, your TASC Card will deactivate, and reimbursement requests must be submitted online or via paper form (until date specified in #1 or #2 above, and chart below, as pertinent).

Your Dependent Day Care Flex Spending Account and Parking & Transit Account both terminate on the last day of your employment.

Termination of Employment Options			
	Health Care FSA & Limited Purpose Health Care FSA	Dependent Day Care FSA	Parking & Transit Account
	No COBRA Continuation Coverage Elected	COBRA Continuation Coverage Not an Option	COBRA Continuation Coverage Not an Option
Final Date to Incur Expenses	Last day of the month following your final contribution	Last day of the plan year (December 31)	Last day of the month following your final contribution
Final Date to Submit Expenses	March 31	March 31	March 31
TASC Card Status	Inactive as of date of termination	Inactive as of date of termination	Inactive as of date of termination
Carryover Fund Access	Last day of the month following your final contribution	N/A	Last day of the month following your final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

Retirement

Upon retirement, your Health Care Flex Spending Account terminates.

Your Dependent Day Care Flex Spending Account and Parking & Transit Account both terminate on the last day of your employment/start of retirement.

Retirement Options			
	Health Care FSA & Limited Purpose Health Care FSA	Dependent Day Care FSA	Parking & Transit Account
	No COBRA Continuation Coverage Elected	COBRA Continuation Coverage Not an Option	COBRA Continuation Coverage Not an Option
Final Date to Incur Expenses	Last day of the month following your final contribution	Last day of the plan year (December 31)	Last day of the month following your final contribution
Final Date to Submit Expenses	March 31	March 31	March 31
TASC Card Status	Inactive as of termination date	Inactive as of termination date	Inactive as of termination date
Carryover Fund Access	Last day of the month following your final contribution	N/A	Last day of the month following your final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

Divorce

Divorce is a change of status qualifying event. As such, you may decrease your election for your former spouse who loses eligibility. You may enroll in or increase your own election only if you have lost coverage under your former spouse's Health Care Flex Spending Account or Limited Purpose Health Care Flex Spending Account.

For the Dependent Day Care Flex Spending Account, you may enroll in or increase your election to accommodate your newly eligible dependent (due to the divorce). You may also decrease or cease coverage if eligibility is lost due to an event (dependent resides with your ex-spouse).

Death

In the event of the death of the participant, payment reflects the following priority:

- 1) Executor of the Estate of the deceased Participant,
- 2) Spouse, or,
- 3) Family member held responsible for payment of deceased's health care bills.

By calling [TASC Customer Care](#), the deceased participant's executor or personal representative, acting on behalf of the participant, can request reimbursement for eligible expenses that were incurred by the participant (or spouse or tax dependents for health coverage purposes, if any) before the participant's death. The executor or representative must complete and submit a [Request for Reimbursement Form](#) and satisfy the plan's substantiation requirements like any other participant. The reimbursement request must be submitted before the end of the plan's run-out period.

For approved claims, TASC issues a reimbursement check to the estate on behalf of the deceased participant. Any changes to the participant's name, address, or bank account information require providing TASC with a document showing legal authority.

A death of a dependent is a change in status qualifying event allowing for cease or decrease of election for the dependent that loses eligibility. This applies to the Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, and Dependent Day Care Flex Spending Account.

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Impact of ERAs on Social Security, WRS, and Other Benefits

Social Security

Participation in the ERA program, including the Premium Conversion component, will reduce salary used for calculating your eventual Social Security benefit. Usually the benefit reduction is small compared with the tax savings earned.

Wisconsin Retirement System and Other State Benefits

State Law ([Wisconsin Statute §40.87](#)) specifically states that participation in the ERA program will not reduce your wages for calculating state retirement benefits or for the purpose of calculating any other state benefits such as sick leave conversion credit, income continuation insurance, life insurance, unemployment, or Workers' Compensation.

Tax-sheltered Annuities and Deferred Compensation

Participation in the ERA program does not affect your participation in a tax-sheltered annuity or Deferred Compensation Program through ETF.

TASC Account—Website

Online Account Management

Access your account information online at any time, day or night, 24/7/365. In your account, you can do the following:

- View your account balance and details.
- View your claims history.
- Submit claims (then upload, fax, email or mail documentation to us).
- Sign up for Direct Deposit (get your money faster!)
- Access helpful online tools including tax savings calculators, health care expense tables and forms, and more.

Initial Access

Follow these simple steps to access your secure account.

Log into your account <https://partners.tasconline.com/ETFEmployee>

Enter your TASC Username: Your first initial, last name, date of birth (mmddyy), and last 4-digits of your Social Security Number

Enter your Password. The first time you log into the system, your password is the same as your username described above. Prompts will ask for a new, unique password and set up security questions before accessing your account.

If you forget your Username or Password, click Forgot Username or Forgot Password and answer the security questions to reset your information.

If you have any trouble when accessing the [TASC online account](#) or issues logging in, please contact [TASC Customer Care](#) for further assistance.

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Existing User?
Login to your account
Username [Forgot Username?](#)
Password [Forgot Password?](#)

New User?
Create your new username and password

Contact Us - Call Customer Care at (608) 243-8277, Toll Free at (877) 933-3539 or Email us at 1customer@tasconline.com

Profile Settings

To view and update your profile settings click **Profile** and select **Update Profile**. Edit your contact and demographic information, including your phone number and email address, and click **Submit**.

The screenshot shows the 'Profile / Profile Summary' page. The navigation bar includes Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. The left sidebar has Profile, Banking, and Login Information. The main content area displays the following information:

Profile	Update Profile	Dependents	Add Dependent
Bob camp 2740 Ski Lane Madison, WI 53713		No dependents	
Gender Unspecified	Marital Status Unspecified	Beneficiaries No beneficiaries	
Participant Account ID bcamp1117			

The screenshot shows the 'Profile / Update Profile' page. The navigation bar and sidebar are the same as in the previous screenshot. The main content area displays the 'Contact Information' form with the following fields:

- Name ***: Bob [MI] camp
- Birth Date ***: 11/15/1957
- Address ***: United States (dropdown), 2740 Ski Lane, Address Line 2, Madison, Wisconsin (dropdown), 53713
- Home Phone ***: [] - [] - []
- Email Address***: []
- Confirm Email Address**: []

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

*Required

Buttons: Cancel, Submit

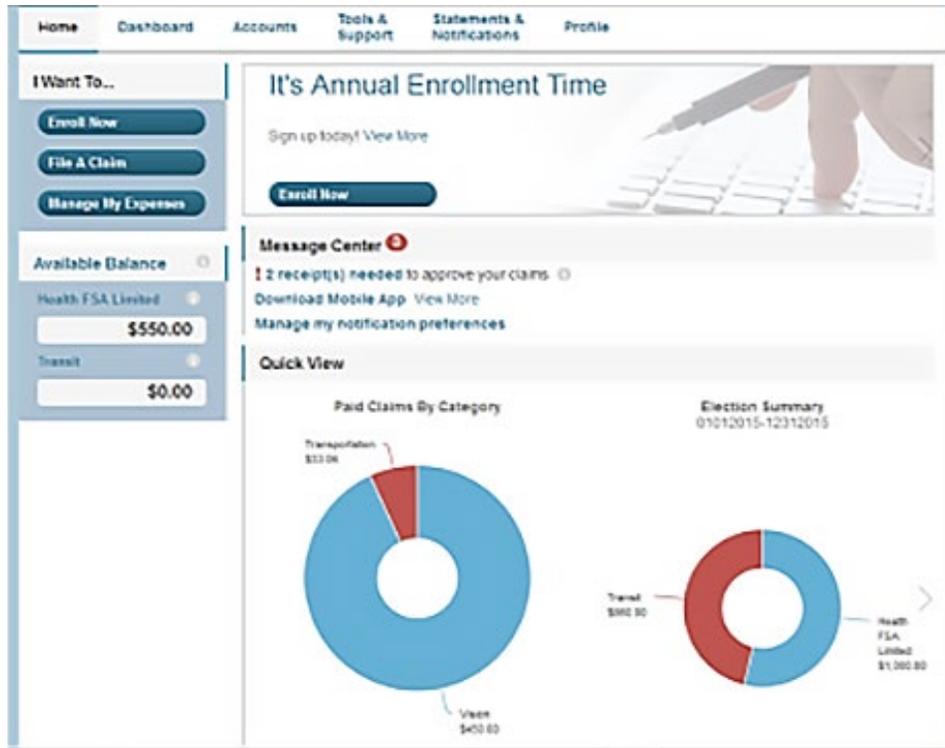
To view and or update your login Username, Password, or Security Questions click Login Information. Select the item you wish to update, make the desired change, and click **Submit**.

The screenshot shows the 'Login Information' page. The navigation bar and sidebar are the same as in the previous screenshots. The main content area displays the following options:

Password	Change Password
Username	Change Username
Security Questions	Change Security Questions

Account Summary

The Home page provides a Quick View of your current plan year elections and reimbursements.



Click **Accounts** to view a more detailed summary of your elections, claim submissions, reimbursements, and account balances.

The screenshot shows the Accounts / Account Summary page with the following table:

Accounts / Account Summary						
The information displayed on the Account Summary page will vary depending upon your specific healthcare benefits. View More						
01012015-12312015						
Estimated Per Pay Period Deduction: \$35.76						
Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
Health FSA Limited	\$1,000.00	\$995.00	\$450.00	\$0.00	\$545.00	\$550.00
Transit	\$960.00	\$143.32	\$33.06	\$110.26	\$0.00	(\$110.26)

Pay check deductions are based on your election and the number of scheduled pay periods within the plan year. True deductions will be determined by your employer.

Click **Account Activity** for a detailed listing of your activity on your account, including payroll deductions, claim submissions, and claim denials.

The screenshot shows the 'Account Activity' page for account 'FSAL (1/1/2015 - 12/31/2015)'. The page includes a navigation bar with 'HOME', 'DASHBOARD', 'ACCOUNTS', 'TOOLS & SUPPORT', 'STATEMENTS & NOTIFICATIONS', and 'PROFILE'. The user is identified as 'Bob camp' with a last login of '12/3/2015 - Online'. Below the account name is a 'View' button. The main content is a table titled 'Activity Details' with the following data:

Date	Description	Amount	Available Balance	Notes
11/8/2015	Denied Claim	\$45.00	\$550.00	
10/4/2015	Denied Claim	\$500.00	\$505.00	
9/24/2015	Claim Submission	(\$45.00)	\$5.00	
8/20/2015	Claim Submission	(\$500.00)	\$50.00	
6/15/2015	Claim Submission	(\$450.00)	\$550.00	
1/9/2015	Payroll Deduction	\$19.23	-	
1/2/2015	Payroll Deduction	\$19.23	-	
1/1/2015	New Election	\$1,000.00	\$1,000.00	

On the Account Activity screen, each claim listed is also a link/shortcut to a full listing of all claim activity on your account.

Click **Claims** for a detailed list of claim activity on your account, including the date of service, merchant/provider, status, and amount of each claim submission.

To narrow or expand the range of claims listed, select the Plan Year, Claim Status, and Receipt Status you wish to view.

The screenshot shows the 'Accounts / Claims' page. The left sidebar contains navigation options: 'Account Summary', 'Account Activity', 'Claims' (selected), 'Payments', 'Claims' (with 'Reset Filters'), 'Account' (with 'All Accounts' and '01/01/2015 - 12/31/2015' for 'Health FSA Limited' and 'Transit'), 'Claim Status' (with 'All Claim Statuses', 'Denied', 'Paid', and 'More Options'), and 'Receipt Status' (with 'All Receipt Statuses', 'Received', and 'Required'). The main content is a table with the following data:

Date of Service	Account	Merchant/Provider	Claim Status	Amount
08/20/2015	Health FSA Limited	-	Denied	\$500.00
03/29/2015	Health FSA Limited	-	Paid	\$450.00
02/01/2015	Transit	-	Pending Reimbursement	\$71.66
01/15/2015	Health FSA Limited	-	Denied	\$45.00
01/01/2015	Transit	-	Pending Reimbursement	\$71.66

Click **Payments** to view reimbursements issued from your account.

To narrow or expand the range of reimbursements listed, select the Method, Status, and Dates you wish to view.

The screenshot shows the 'Accounts / Payments' page. The top navigation bar includes 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', and 'Profile'. A dropdown menu 'I Want to...' is on the right. The left sidebar contains 'Account Summary', 'Account Activity', 'Claims', and 'Payments' (which is selected). Below 'Payments' are filter options for 'Method' (All Methods, Check), 'Status' (All Statuses, Paid), and 'Date' (All Dates, 2015). The main content area displays a table with the following data:

Date	Number	Method	Status	Amount
11/24/2015	0000123426	Check	Paid	\$16.53
06/17/2015	0000107029	Check	Paid	\$16.53

Online Request for Reimbursement

It is easy to submit reimbursement requests along with substantiation online. Follow these steps (click **Next** to move forward and **Previous** to return to the previous screen).

- 1) On the Home page, click **File A Claim**.

The screenshot shows the Home page dashboard. The top navigation bar is the same as in the previous screenshot. The left sidebar has 'I Want To...' with buttons for 'Enroll Now', 'File A Claim', and 'Manage My Expenses'. Below that are 'Available Balance' sections for 'Health FSA Limited' (\$510.00) and 'Transit' (\$0.00). The main content area features a banner for 'It's Annual Enrollment Time' with an 'Enroll Now' button. Below the banner is a 'Message Center' with a notification: '3 receipt(s) needed to approve your claims'. At the bottom, there is a 'Quick View' section with two donut charts: 'Paid Claims By Category' (showing Transportation at \$33.00) and 'Election Summary' (01/01/2015-12/31/2015).

- 2) Select the account from which the claim should reimburse and who should receive the reimbursement Payee, yourself, or the service provider (physician, hospital, etc.)

The screenshot shows a web interface with a navigation bar at the top containing 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', and 'Profile'. A dropdown menu 'I Want to...' is on the right. On the left, there is a sidebar with 'Available Balance' (Health FSA Limited: \$510.00, Transit: \$0.00) and 'Plan Filing Rules' (01/01/2015 - 12/31/2015, Health FSA Limited, Transit). The main content area is titled 'Accounts / File A Claim' and contains a 'Create Reimbursement' section. This section includes a heading, a paragraph explaining online claims filing, and two dropdown menus: 'Pay From *' (set to 'Health FSA Limited (1/1/2015 - 12/31/2015)') and 'Pay To *' (set to 'Me'). Below these is a note about bank accounts and a statement: 'Based on your selection, you will be requesting a Claim Reimbursement.' A '* Required' note is at the bottom right. At the bottom of the form are 'Cancel' and 'Next' buttons.

If you are the Payee:

- Move ahead to Step 3.

This screenshot shows the same web interface as the previous one, but at a later stage in the 'File A Claim' process. The 'Create Reimbursement' section is replaced by a 'Receipt / Documentation' section with a heading and a 'Receipt(s)' label. Below this is a link to 'Upload Valid Documentation'. A 'Summary' section follows, showing 'Pay From' as 'Health FSA Limited (1/1/2015 - 12/31/2015)' and 'Pay To' as 'Me'. A '* Required' note is present at the bottom right. At the bottom of the form are 'Cancel', 'Previous', and 'Next' buttons.

- Once on the Claim Details screen enter the; Start Date of Service, End Date of Service, Amount, Provider, Category, Type, Recipient (Click **Add Dependent** if the dependent who incurred the expense is not listed), Mileage.

Support
Notifications

Available Balance ⓘ

Health FSA Limited ⓘ \$510.00

Transit ⓘ \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA Limited

Transit

Accounts / File A Claim

Claim Details

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service * ⓘ

End Date of Service ⓘ

Amount * \$

Provider *

Category * ⓘ

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *

Bob camp

Ernie Stark

Add Dependent

Did You Drive To Receive This Product/Service? * Yes No ⓘ

Summary

Pay From Health FSA Limited (1/1/2015 - 12/31/2015)

Pay To Me

Documentation Uploaded No

* Required

Cancel
Previous
Next

If you are not the Payee:

- If you have not requested reimbursement to the Payee previously:
 - Choose **Add a New Payee**.
 - Enter the Payee's contact information.
 - To save the information for future reimbursements leave the **Save new payee information** box checked. Otherwise uncheck it.
 - Review for accuracy and click **Next**.
- If you have requested reimbursement to the Payee previously, and opted to save their information in your account:
 - Choose **Select a Saved Payee** and choose the appropriate Payee from the dropdown.

Review for accuracy and click **Next**.

Accounts / Add Another Transaction

Payee Details

Payee * Add a New Payee
 Select a Saved Payee

Payee Name *
Enter who provided this service (this may be a physician, hospital, etc.)

For
When appropriate, provide the name of the person who received service.

Account Number *
Enter the account number that the payee uses to identify the service or recipient.

Payee Address *
Address Line 1
Address Line 2
Address Line 3
City
Select a state... Zip Code
Enter the address of physician, hospital, etc. who provided the service.
 Save new payee information

Summary

From Health FSA Limited (1/1/2015 - 12/31/2015)
To Someone Else

- 3) Click **Upload Valid Documentation** to upload the receipt, or documentation of service, and click **Submit**.

The screenshot shows a web interface with a navigation bar at the top containing 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', and 'Profile'. A dropdown menu 'I Want to...' is on the right. The main content area is titled 'Accounts / Add Another Transaction'. On the left, there is a sidebar with 'Available Balance' for 'Health FSA Limited' at \$498.85 and 'Transit' at \$0.00. Below this is 'Plan Filing Rules' for '01/01/2015 - 12/31/2015'. The main section is 'Receipt / Documentation'. It has a sub-section 'Receipt(s)' with a button 'Upload Valid Documentation'. Below that is a 'Summary' section with 'From: Health FSA Limited (1/1/2015 - 12/31/2015)' and 'To: Someone Else'. At the bottom are 'Cancel', 'Previous', and 'Next' buttons. A '* Required' note is at the bottom right.

- 4) Once on the Claim Details screen enter the Start Date of Service, End Date of Service, Amount, Provider, Category, Type, Recipient (Click **Add Dependent** if the dependent who incurred the expense is not listed), and Mileage.

The screenshot shows the same web interface as above, but the main section is 'Claim Details'. It includes a note: 'If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.' Below this are several fields: 'Start Date of Service *' (mm/dd/yyyy), 'End Date of Service' (mm/dd/yyyy), 'Amount *' (\$), 'Provider *', 'Category *' (Select a category...), 'Type *' (Select a type...), and 'Description' (with a note: 'If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.'). There are radio buttons for 'Recipient *' with options 'Bob camp' and 'Ernie Stark', and a button 'Add Dependent'. Below is a 'Summary' section with 'From: Health FSA Limited (1/1/2015 - 12/31/2015)', 'To: Someone Else', and 'Documentation Uploaded: No'. At the bottom are 'Cancel', 'Previous', and 'Next' buttons. A '* Required' note is at the bottom right.

- 5) Review your request carefully to ensure accuracy and click **Next**.
- 6) Click **Add Another** to enter additional reimbursement requests or accept the Terms & Conditions and click **Submit**.



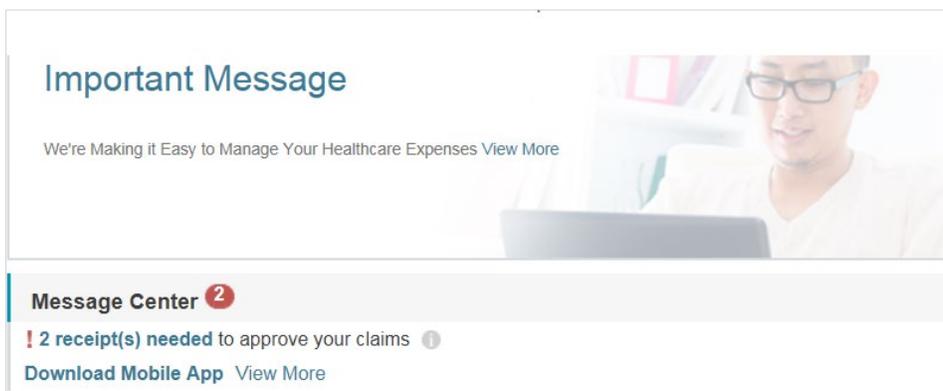
NOTE

If documentation was not uploaded during the online claim submission, click **Claim Confirmation Form** to print a copy of your request for reimbursement and fax or mail it to TASC, along with the corresponding documentation.

Online Substantiation Submission

It is easy to submit substantiation for claim card transactions through the online portal. Follow these steps.

- 1) On the **Home** page, under the Message Center, it will show if any receipts are needed.



2) Click on **Receipts Needed**. Once on the Receipts Needed screen, click **Upload Receipt**.

Receipts Needed						
Receipts Needed						
Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
Health Care FSA 2016 Debit Card	4/13/2016	AVADYNE HEALTH	[REDACTED]	\$22.68	Required	Upload Receipt View Confirmation
Health Care FSA 2016	1/25/2016	Optimum Vitality	[REDACTED]	\$49.00	New Needed	Upload Receipt View Confirmation Review Requests

3) Click **Browse** and attach the receipt, or documentation of service, and click **Submit**.

Upload Receipt(s) ✕

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB
[Add Another Receipt](#)

Manage your TASC Card

Report a Lost or Stolen TASC Card

Notify TASC immediately to report a lost or stolen TASC Card. Click **Profile**, then **Banking/Cards**, and **Report Lost/Stolen**. Once you report your TASC Card as Lost/Stolen, it will inactive your TASC Card and order you a new card. Your new card mails to your home address on file and typically takes about 7 to 10 days to arrive. Should you find your Lost/Stolen card after you report it, cut it up and throw it away, as it is inactive.

Request a Replacement TASC Card

In the event that you do not receive your TASC Card or you have updated the spelling of your name/have a name change, you can order a replacement TASC Card online. Click **Profile**, **Banking/Cards**, and then **Request a Replacement Card**. Your new card mails to your home address on file and typically takes about 7 to 10 days to arrive.

Dependent TASC Card

Dependents over the age of 18 can have the flexibility of their own TASC Cards. Ordering an additional TASC Card is easy and there is no fee for additional cards. Your dependent card mails to your home address on file and typically takes about 7 to 10 days to arrive.

To request a TASC Card for your spouse or dependent(s) over the age of 18 already listed on your account:

- 1) Click **Profile** tab.
- 2) Click **Banking/Cards**.
- 3) Select **Issue Card** next to dependent(s) you wish to receive a card.
- 4) Click **Submit**.

To request a TASC Card for your spouse or dependent(s) over the age of 18 not already listed on your account:

- 5) Click **Profile** and click **Add Dependent**.
- 6) Entered the dependent's demographic information click **Submit** (repeat step to enter additional dependents).
- 7) Click **Banking/Cards**.
- 8) Select **Issue Card** next to dependent(s) you wish to receive a card and click **Submit**.

Direct Deposit

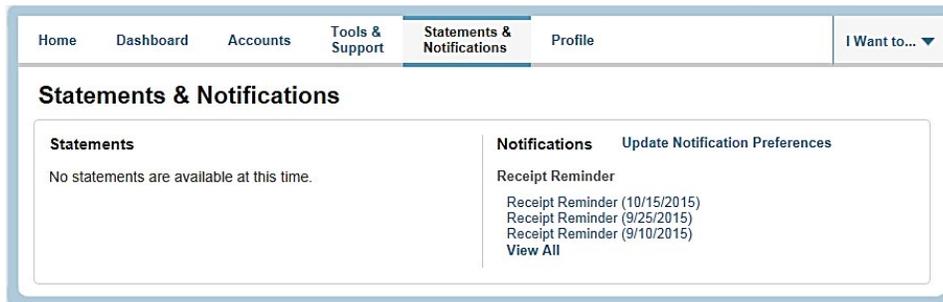
To review and verify the existing direct deposit reimbursement account in your TASC account click **Profile**. To establish reimbursements via direct deposit click **Banking/Cards** and select **Add Bank Account**. Complete each field and click **Submit**.

You may also establish reimbursement via direct deposit by completing and submitting the Direct Deposit Authorization Form. The Direct Deposit Authorization is available [here](#) and is also available on the [TASC online account](#).

Statements and Notifications

You can access any of the TASC statements and notifications regarding your TASC accounts online. You also have the ability to sign up for text message notifications.

To access your statements & notifications, click **Statements & Notifications**. You can then click on the statement or notification to view the information.



Click **Update Notification Preferences** to sign up or review your notification settings.

Receive text alerts about your account through your mobile phone! You can configure which notification you would like to receive via text message below. Standard text message rates may apply. Disable text alerts by unchecking the boxes below.

Contact Information

Mobile Number* () -

Mobile Carrier*

Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.

Time Zone*

Email Address*

Confirm Email Address*

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Alert Options

Alert	Email	Text Message
Claim Alerts		
Claim has been filed for your account <small>Automatically sent based on whether or not you have an email address</small>	Not Emailed	<input type="checkbox"/>
Claim has been denied <small>Automatically sent based on whether or not you have an email address</small>	Not Emailed	<input type="checkbox"/>
Receipt is needed to process your claim <small>Automatically sent based on whether or not you have an email address</small>	Not Emailed	<input type="checkbox"/>

*Required

MyTASC Mobile App

Mobile App Download

The TASC Benefits mobile app lets you access your account information wherever you are, 24/7/365.

Just visit the Apple iTunes® App Store or the Android® Marketplace and search for “**eflex Benefits**” to download. With the App, you can securely view account balances and filing deadlines, file claims and upload receipts, claims status and history, payment status, notifications and more.

Mobile App Log In

To log into the App, enter your TASC online username and password.

If you do not know your User Name and Password, go to [TASC online account](#) and click **Forgot Username** or **Forgot Password**, or contact [TASC Customer Care](#) for assistance. With your initial log into the App, prompts to create a 4-digit PIN will occur. Subsequent access to the App only requires you to enter your 4-digit PIN.



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[New Receipt Screen](#)

[Getting Help](#)

Resetting Login Information for Expired Password

If your password expires (or is changed or reset), use the **Settings > Change Passcode > Reset Passcode** link on the passcode entry screen, to re-enter the correct username and password and define a 4-digit passcode.

Request for Reimbursement

Requesting a reimbursement is quick and easy. Tap **File A Claim** and enter the data requested. If you tap **Upload Receipt**, it will activate your camera so you can simply photograph and upload the receipt. To submit the claim and any attached receipts just tap **Add Claim**.

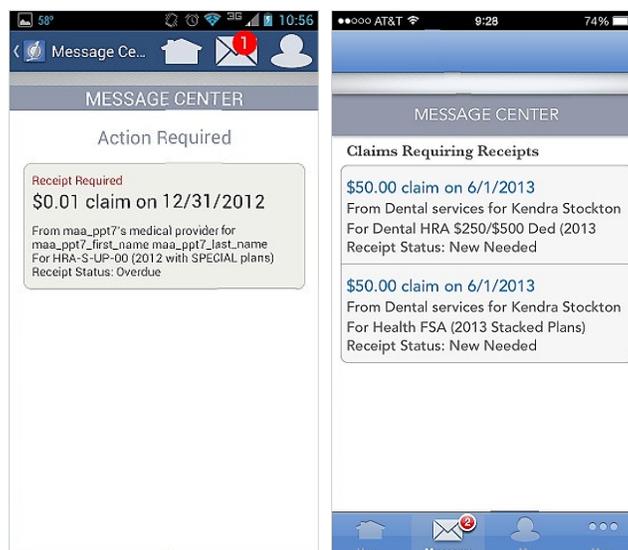


Adding Receipts to Claims

You can add receipt images via your mobile devices for claims already submitted. The Message Center Tab displays the number of claims requiring receipts, if applicable. The list does not display if there are no receipt required. Tapping the **Message Center** will display the claims requiring receipts.

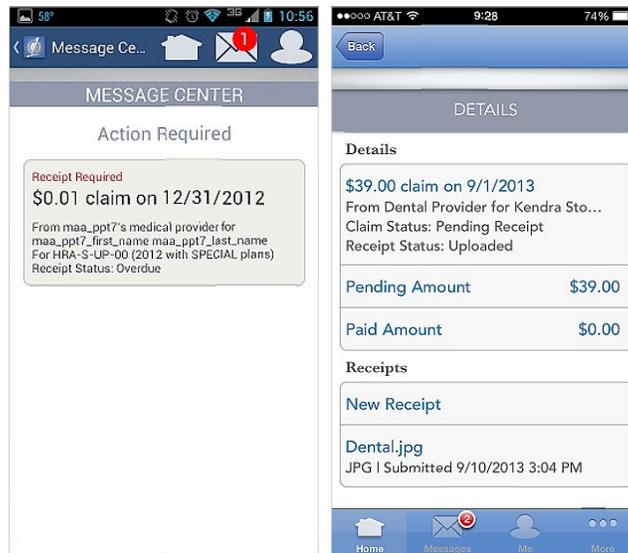
Claims Requiring Receipts Screen

The Claims Requiring Receipts screen displays all claims requiring receipts. Tapping a **claim requiring receipt list item** displays the New Receipt screen.



New Receipt Screen

The New Receipt screen activates the device's camera (if available) and allows you to take a photo of a receipt and submit. The first screen activates the camera to take a picture. Once taken, preview on the second screen, and submit or opt to retake.



Getting Help

The Contact Us screen displays contact information based on administrator and employer settings; when not logged in, a default phone number and email address will be used.

Glossary

Carryover

An option that permits you to carry over unused plan funds to the next plan year. The carryover funds may not exceed a maximum established by the IRS.

Dependent Day Care Flex Spending Account

Flexible Spending Account that allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time.

EOB

Explanation of Benefits.

ERA

Employee Reimbursement Accounts (ERA) program or Flexible Spending Accounts (FSAs) include Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, and Parking & Transit Flex Spending Account.

FSA

Flexible Spending Accounts.

FlexSystem

FlexSystem is the system utilized to administer the TASC Flex Spending Accounts, Health Care Flex Spending Account—Flex Spending account that allows you to use pretax dollars to pay for qualified health care expenses for you, your spouse, and your dependents.

Health Care Flex Spending Account

The Health Care Flex Spending Account is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by your medical, dental, or vision care insurance plan.

IIAS

The Inventory Information Approval System is a retailer's point-of-sale system that identifies eligible Healthcare Flex Spending Account purchases by comparing the inventory control information (e.g., UPC or SKU number) for the products being purchased, against a pre-established list of eligible health care expenses.

IRS

Internal Revenue Service

Letter of Medical Necessity

Letter provided by your doctor to indicate that otherwise ineligible items are medically necessary and as such are eligible for reimbursement from a Flex Spending Account.

Limited Purpose Health Care Flex Spending Account

Flexible Spending Account for employees who are enrolled in a Health Savings Account (HSA): Participants use pretax dollars to pay for qualified healthcare expenses incurred during the plan year, but are limited to only vision and dental expenses and health care post-deductible expenses.

Parking and Transit Account

The Parking and Transit account covers eligible parking and/or transit expenses incurred for travel to and from your place of employment. **Use this account for parking and transit expenses only, not for dependent commuter expenses.**

Run Out Period

Provides you with additional time after plan year end to request reimbursement for eligible expenses you incurred during the prior plan year.

Substantiation

Process of providing documentation that confirms an expense as FSA-eligible.

TASC

The third party administrator that administers the Health Care, Limited Purpose Health Care, Dependent Day Care Flex Spending Accounts and Parking and Transit Accounts.

WRS

Wisconsin Retirement System.

Forms

Please visit <https://partners.tasconline.com/ETFEmployee> to download forms and other documents as needed.

Any ERA Account

- [Appeal Information Form](#)
- [Change of Address Form](#)
- [Change of Election Form](#)
- [Claim Repayment Form](#)
- [Direct Deposit Authorization Form](#)
- [How to Enroll Online Flyer](#)
- [Letter of Medical Necessity](#)
- [Payroll Transfer Form](#)
- [Request for Reimbursement Form](#)

TASC Card/Mobile App

- [Additional Debit Card Request](#)
- [TASC Cardholder Agreement](#)
- [TASC Mobile App Flyer](#)

FSA—Health Care, Limited Purpose Health Care or Dependent Day Care, Parking & Transit

- [Authorization for Release of Information Form](#)
- [Carryover Authorization Form](#)
- [Dependent Care Contract](#)
- [Dependent Care Qualifications](#)
- [Flex Spending Account Worksheet](#)
- [Eligible and Ineligible Expenses](#)
- [Employee Reimbursement Account Enrollment Form](#)
- [Employee Reimbursement Account Information Flyer](#)
- [Limited Purpose Health Care FSA Information Flyer](#)
- [Orthodontia Worksheet](#)
- [Participant Enrollment Guide](#)
- [Transit & Parking Pretax Commuter Benefits](#)

Participant Communications

Participant Introductory Communications

Enrollment Confirmation Email

This email confirms your enrollment in the State of Wisconsin's pre-tax savings optional benefits for the 2016 plan year. Your enrollment is now complete. The plan year begins January 1, 2016.

You can access plan resources by logging into the online FlexSystem portal here:

<https://partners.tasconline.com/ETFEmployee>.

If you have questions or concerns, please contact your plan administrator:

1customercare@tasconline.com

1-844-786-3947

All communications regarding your accounts will be sent to the email address listed in your online account. If there is no email address on file, you will receive the communication by mail.

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[Participant TASC Card Substantiation Communications](#)

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[Online Message](#)

[Overdue Notice—Final Request for Documentation](#)

[Email](#)

[Repayment Notice](#)

[Email](#)

[Request for More Information](#)

[Email](#)

New FSA Participant Welcome Letter

Dear TASC Participant,

Welcome to TASC. To log in to your account(s) click the following link: <https://partners.tasconline.com/ETFEmployee>

To access your account, use the same Username and Password created during your 2016 online enrollment. If you do not remember your Username or Password please click forgot password.

If this is your first time logging into the 2016 TASC system, use the following logic to log in. Please note you will be prompted to change your password upon first login.

Username: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643

Password: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643 (same as username)

Via the 2016 TASC system, you'll enjoy the ease of going online to submit claims with substantiation, view benefits and balances, add your personal email or text notifications, update your profile, and more. And now you can access TASC from anywhere at any time for all of your benefit accounts including HSA with the TASC Mobile App. Download the free mobile app from the Apple App Store or Android Google Play by searching for "eflex Benefits".

Finally, be sure to review the TASC Participant Reference Guide to learn how to best manage your TASC account(s). The guide provides detailed information about online account management, the TASC Card, submitting reimbursement requests, substantiation, and much more. The guide will be available online for your reference (under Tools & Support) on January 1. If you have questions specific to your TASC account(s) please contact Customer Care at **1-844-786-3947** or **608-316-2408**.

Best Regards,

TASC Customer Care

Total Administrative Services Corporation

PO Box 7511

Madison WI 53707

Participant TASC Card Substantiation Communications

First Notice

Email:

Substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible within 15 days of this notice

Online Message:

Our records indicate that substantiation is missing or incomplete for a recently incurred TASC Card expense. Substantiation is required for all transactions, per the terms of your TASC Card.

Please submit documentation (itemized statement, detailed receipt, or Explanation of Benefits) within 15 days to verify the transaction as FSA-eligible. The documentation must state (a) vendor name and contact information, (b) date of service and of transaction, and (c) expense amount and description. A credit card receipt is not adequate documentation.

If you fail to provide substantiation within 45 days of the transaction date, the expense will be considered ineligible and an overpayment will be created on your account. Your TASC Card will be deactivated until you repay your account for the ineligible transactions. To repay, either (a) submit a check/money order for the transaction amount, or (b) submit other eligible expenses (not reimbursed, to offset your unsubstantiated amounts). Please note, if your card is deactivated, eligible non-card claims will not be reimbursed and instead will automatically offset your unsubstantiated card transaction balance. (Do not destroy your TASC Card; it will be reactivated after transactions are substantiated or repaid.)

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to **Claims** page, click **View Requests**, then click **Upload** to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-877-231-1287; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Second Reminder

Email:

SECOND NOTICE: As communicated to you in an earlier email, substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible within 15 days of this notice.

Online Message:

Our records indicate that substantiation is missing or incomplete for a recently incurred TASC Card expense. Substantiation is required for all transactions, per the terms of your TASC Card.

Please submit documentation (itemized statement, detailed receipt, or Explanation of Benefits) within 15 days to verify the transaction as FSA-eligible. The documentation must state (a) vendor name and contact information, (b) date of service and of transaction, and (c) expense amount and description. A credit card receipt is not adequate documentation.

If you fail to provide substantiation within 45 days of the transaction date, the expense will be considered ineligible and an overpayment will be created on your account. Your TASC Card will be deactivated until you repay your account for the ineligible transactions. To repay, either (a) submit a check/money order for the transaction amount, or (b) submit other eligible expenses (not reimbursed, to offset your unsubstantiated amounts). Please note, if your card is deactivated, eligible non-card claims will not be reimbursed and instead will automatically offset your unsubstantiated card transaction balance. (Do not destroy your TASC Card; it will be reactivated after transactions are substantiated or repaid.)

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to **Claims** page, click **View Requests**, then click **Upload** to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-877-231-1287; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Overdue Notice—Final Request for Documentation

Email:

FINAL NOTICE: As communicated to you in earlier emails, substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible immediately. At Plan Year end, any remaining card transactions requiring substantiation or repayment may be addressed by the State of Wisconsin via withdrawal from your pay.

Repayment Notice

Email:

Dear Debit Cardholder:

The below expense(s) paid with your TASC Card do/does not comply with IRS regulations and therefore must be repaid to your TASC Benefit Account.

{list expense}

To make the repayment online, click the Home tab, Repayments from the Message Center, and then Repay. This option requires direct deposit (ACH) be set up.

To repay by mail, access the Claim Repayment Form via <https://www.tasconline.com/benefits-participant-materials>. Print this notification and the form, detach the payment coupon, and send along with check/money order (made payable to TASC Claims) to TASC Customer Care, P.O. Box 7511 Madison, WI 53707-7511.

If you do not repay your expense(s) within 45 days of the date of this notice, your expense(s) will be considered overdue and your TASC claim card will be deactivated until your repayment has been received and processed.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Request for More Information

Email:

Dear Debit Cardholder:

Thank you for using your TASC Card. We have reviewed the documentation previously submitted for the card expense(s) listed below. Please note, *the claim is on hold and requires additional substantiation information.*

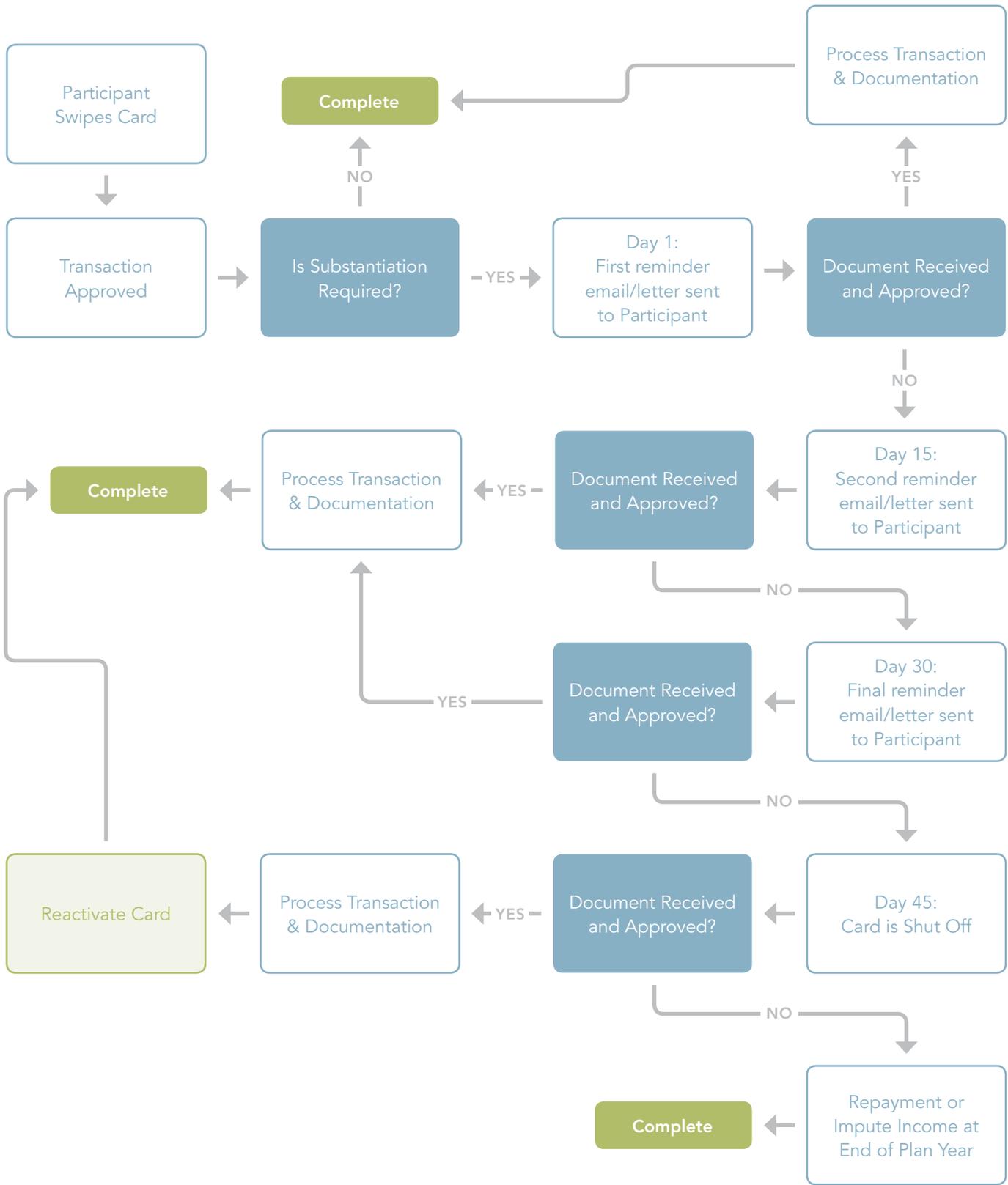
{list expense}

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to Claims page, click View Requests, then click Upload to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-844-786-3947; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Receipt Request Process



APPENDIX



FLEXSYSTEM APPEAL INFORMATION/FORM

Reimbursement requests are to be submitted for an appeal only when all missing or additional information has been received at TASC and the reason description indicates the request is ineligible. If all or a portion of your reimbursement request has been denied as an ineligible expense, you or your authorized representative may file an appeal in writing within 90 days of your receipt of this notice. The written request must include the reason you feel this reimbursement request should be paid and any additional documentation.

To file an appeal, you must submit the following:

- (1) Your written appeal request;
- (2) The completed information below; and
- (3) All pages of the reimbursement request denial notice to:

FlexSystem Appeals

PO Box 7511

Madison, WI 53707-7511

PARTICIPANT INFORMATION *(to be completed by participant)*

Participant Name:	
Employer Name:	
Employee Number/ID:	

If someone represents you, complete an authorization to allow us to communicate with your representative. The Plan will review the appeal and provide you with a written determination within 60 days. You may request copies (free of charge) of any documents used to reach a decision to deny your reimbursement request. The Plan will provide a review that does not defer to the initial denial and is conducted by an individual other than and not subordinate to the individual who completed the initial review.

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



CHANGE OF ADDRESS

Update your information immediately via your online account or mobile app!
Please enter your new address information below.

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>					
Participant Name:					
Employer Name:					
Employee Number/ID:					
NEW ADDRESS INFORMATION					
Street:				Apt #:	
City:		State:		ZIP:	
Email Address:			Telephone #:		

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



Change of Election Form

A change of election must be (1) on account of and correspond to one of the Qualifying Events below, and (2) made within 30 days of the qualifying event. These events are *not* required for changes to the Transit or Parking Flexible Spending Account and Health Savings Accounts.

Plan Participant: Complete the form below, sign, and submit to your Payroll/Benefits Office. Retain a copy for your records.

Client/Employer: Make changes to an employee's account in your HRIS/Payroll System and submit changes to TASC via eligibility file. If you do not submit eligibility files to TASC, please submit completed forms to stateofwi@tasconline.com. Detailed instructions are provided in the TASC Administration Manual.

This form is for your internal use only. Retain for your records.

Participant Name: _____

Employer:

Participant ID:	_____	Effective date of change:	_____	First payroll date affected by change:	_____
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Type of Change

I hereby request a changes in my benefit election(s) as follows:

	Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
Healthcare Flex Spending Account	\$ _____	\$ _____	\$ _____
Dependent Day Care Flex Spending Account	\$ _____	\$ _____	\$ _____
Limited Purpose Healthcare Flex Spending Account	\$ _____	\$ _____	\$ _____
Transit Flex Spending Account	\$ _____	\$ _____	\$ _____
Parking Flex Spending Account	\$ _____	\$ _____	\$ _____
Health Savings Account (HSA)	\$ _____	\$ _____	\$ _____

***Required to be entered.** The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

Reason for Change (Qualifying Events)

<input type="checkbox"/> Change in Legal Marital Status	<input type="checkbox"/> Change in the Cost of Coverage*	<input type="checkbox"/> Judgement, Decree or Order
<input type="checkbox"/> Change in Number of Dependents	<input type="checkbox"/> HIPAA Special Enrollment Rights*	<input type="checkbox"/> Entitlement to Medicare/Medicaid
<input type="checkbox"/> Dependent Satisfies or Ceases to Satisfy Eligibility Requirements	<input type="checkbox"/> Significant Curtailment of Coverage*	<input type="checkbox"/> COBRA
<input type="checkbox"/> Change in Employment Status	<input type="checkbox"/> Addition/Elimination of Benefit Package*	<input type="checkbox"/> FMLA
<input type="checkbox"/> Change in Residence*		
<input type="checkbox"/> Change in Coverage of Spouse or Dependent Under Other Employer's Plan*		
<input type="checkbox"/> Loss of group health coverage sponsored by governmental or educational institutions*		
<input type="checkbox"/> Exchange Event: reduction in hours (less than 30)*		
<input type="checkbox"/> Exchange Event: Exchange enrollment during Exchange open or special enrollment period*		
<input type="checkbox"/> Rescind my enrollment application prior to the start of the Plan Year**		

*The Medical Out-of-Pocket FSA cannot be changed due to one of these nine events.
**The ability to rescind an application can only occur if the Request to Change form is received prior to the start of the Plan Year. You cannot make mid-year changes, including canceling your account, unless you experience a qualifying event.

Participant Signature _____ Date _____

Client/Employer Signature _____ Date _____



CLAIM REPAYMENT FORM

The Claim Repayment Form is for the repayment of ineligible charges only. Please read and complete each section as it applies to your repayment request.

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	

COMPLETE THIS SECTION FOR INELIGIBLE CLAIM(S) REQUIRING REPAYMENT. (ATTACH CLAIM REPAYMENT NOTIFICATION)

Date of Card Charge	Provider/Merchant of Ineligible Service	Total Card Charge	Repayment Amount Due

I hereby certify that the treatment plan(s) listed above is/are medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

CHOOSE REPAYMENT OPTION

- Electronic Funds Transfer (EFT):** Withdrawal from your TASC Direct Deposit account. If you do not have direct deposit set-up, log in to your online account.
- Check/Money Order:** Mail repayment to the address listed on this form made payable to "TASC Claims Repayments".
- Replacement Receipts:** To submit out-of-pocket expenses to apply toward repayment amount due, complete below section.

Date of Service	Description of Service	Provider	Total Charge Amount

AUTHORIZATION

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I or (we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person, who knowingly and with intent to injure, defraud or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Signature of Plan Participant

Date

Please fax or mail completed forms to:
Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



DIRECT DEPOSIT AUTHORIZATION

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:					
Employer Name:					
Employee Number/ID:					
Address:		Apt #:			
City:		State:		ZIP:	
Email Address:					

Bank Account Information

Bank Name:		<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Bank Address:			
City:		State:	
Name on Account:			
Account Number:		Routing Number:	

IMPORTANT: Please provide a voided check for the account listed above. We will not process without a voided check. Do not use a deposit slip, as the number may be invalid.

Authorization

I authorize reimbursements from my TASC Healthcare FSA, Dependent Care, Transit, HSA, or HRA benefits to be sent to the financial institution named above to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize TASC to debit my account(s) not to exceed the original amount of the credit. I also understand that all direct deposits are made through the automated clearing house (ACH) and that fund availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature of Plan Participant

Date

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287

Welcome! This guide will help you to enroll in your Employee Reimbursement Accounts online. Just follow the steps below and you'll be done in no time.



1) Log In and Get Started!

Go to <https://partners.tasconline.com/ETFEmployee> and log in. Use the following for first time login:

Username: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN
example: jsmith0315815643

Password: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN
example: jsmith0315815643 (same as username)



Click **“Enroll Now”** to begin enrollment. On the next page, choose **“Begin Your Enrollment Now”**

2) Verify Information and Add Dependents

Next, verify the information we have about you, and make additions and changes right on this page. Choose “Yes” at the bottom of the page if you have qualifying spouse and/or dependents. You will be required to provide an email address and phone number.

3) Review Plan Rules

Review the rules of each account, and check the box indicating that you have read and understand them. Click “Continue.” NOTE: You have to check the box under each plan on the screen, even if you do not enroll in it.

4) Make Your Elections

Type the amount you would like to elect for each account in the space provided. NOTE: FSA and HSA amounts should be ANNUAL. Parking/Transit should be MONTHLY. Click “Calculate” to see your total elections, approximate tax savings and payroll deduction amount. You may change your elections and click “Calculate” to try out different election amounts. Click “Continue” when you have decided on your final election amounts. You may leave the Your Election field blank for accounts that you do not wish to enroll in.

Participant Profile

steps: 1 2 3 4 5 6

First Name: * James
Middle Initial:
Last Name: * Central
Social Security Number: xxx-xx-1113
Participant Account ID: jcentral1113
Country: * United States
Address Line 1: * 2740 Ski Lane
Address Line 2:
City: * Madison
State: * Wisconsin
Zip Code: * 53713
Home Phone: * ()
Birth Date: * (mm/dd/yyyy) 11/21/1957
Gender: * Female Male
Marital Status: * Married Single
Email Address: *
By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.
Do you have any dependents? Yes No
* = required field

Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Health FSA 2016	<input type="text"/>	\$2,550.00
Health FSA Limited 2016	<input type="text"/>	\$2,550.00
** Dependent Care FSA 2016	Not Eligible	
Transit 2016	<input type="text"/> /mo	\$130.00 /mo
Parking 2016	<input type="text"/> /mo	\$250.00 /mo
Total election for the year:		
Total tax savings for the year:		<input type="button" value="Calculate"/>
Estimated per pay period deduction:		

5) Choose An Alternate Reimbursement Method

You will receive a debit card to use for your FSA and HSA expenses, but you may choose an alternate reimbursement method. For faster reimbursements, we recommend Direct Deposit. Select the reimbursement method you prefer and then click "Continue".

If you select Direct Deposit you have the option to complete the direct deposit information online or to submit a form at a later time. To set up direct deposit online, enter the routing number and account number for your desired bank account.

6) Verify, Submit and Print

Review your personal profile, dependents and election information. You may make changes by choosing "Edit Information." When you have everything entered correctly, choose "Submit" to complete your enrollment.

Print the Enrollment Confirmation page for your records. Your payroll deductions will start with your first paycheck of the plan year and you may begin filing claims on the first day of your plan year. Please refer to the Participant Guide for detailed instructions on filing claims, checking your account balance, claim history and payment history.

You are now enrolled for the new plan year! You will be able to log in and check your account balances, check claim status, view plan documents, and get helpful plan guides. You will be mailed a debit card in December 2015.

We're excited to serve you in the upcoming plan year! If you have any questions regarding the online enrollment process, please call 1-844-786-3947.

Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

Check
Reimbursement checks will be sent to your home via U.S. Mail

Direct Deposit
Reimbursement amounts will be deposited to your designated bank account within 24-48 business hours after advice of deposit notification. Please verify with your bank that funds have been deposited and are available for use. You must provide a form and verification of your account number (e.g. voided check) for direct deposit services.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number: * Find Your Bank



routing and transit # checking account # check #

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile Edit Information

Name: James Central
Social Security Number: xxx-xx-1113
Address: 2740 Ski Lane, Madison, WI 53713 United States
Home Phone: (608) 432-1123
Birth Date: 11/21/1957
Gender: Male
Marital Status: Married
Email Address: jcentral1113@aol.com
Do you have any dependents? No

Dependents Edit Information

No dependents specified.

Enrollment Elections Edit Information

	Employee Contribution	Company Contribution
Health FSA 2016	\$2,550.00	
Health FSA Limited 2016	\$0.00	
Dependent Care FSA 2016	Not Eligible	
Transit 2016	\$0.00 /mo	
Parking 2016	\$0.00 /mo	
Total Election for the year:		\$2,550.00
Estimated per pay period reduction*		\$106.25

* Begins on the first pay date of the Plan Year.

Method of Reimbursement Edit Information

You have chosen **Direct Deposit** as your method of payment.





LETTER OF MEDICAL NECESSITY

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER

Patient Name	Prescribed Treatment Product/Services	Reason for Treatment	Instructions/Restrictions (if applicable)

I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

Medical Practitioner's Name (PLEASE PRINT)

Medical Practitioner's Signature	Date
---	-------------

The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefits account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.

Signature of Plan Participant _____
Date

When filling out your TASC Claim Form, please be sure to note that you have this Medical Necessity Form on file with us. Please note: TASC reserves the right to verify the eligibility of the expense in accordance with IRS regulations.

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



PAYROLL TRANSFER FORM – STATE OF WI

To be completed by current Employer.
Payroll Center: Retain a copy for your records.

PARTICIPANT INFORMATION				
Participant Name: <i>(Last, First, Middle Initial)</i>				
Participant ID:				
Street:				Apt #:
City:		State:	ZIP:	
Current Email Address: <i>(personal preferred)</i>				

TRANSFER INFORMATION				
Effective Date of Change:		First Payroll Affected by Change:		
Current Payroll Center:	<input type="checkbox"/> Central Courts	<input type="checkbox"/> Legislature	<input type="checkbox"/> UW	<input type="checkbox"/> UW Hospitals & Clinics
	<input type="checkbox"/> WHEDA	<input type="checkbox"/> WEDC	<input type="checkbox"/> Wiscraft Beyond Vision	
Payroll Center Transferring to:	<input type="checkbox"/> Central Courts	<input type="checkbox"/> Legislature	<input type="checkbox"/> UW	<input type="checkbox"/> UW Hospitals & Clinics
	<input type="checkbox"/> WHEDA	<input type="checkbox"/> WEDC	<input type="checkbox"/> Wiscraft Beyond Vision	

ACCOUNT INFORMATION			
Benefit Type	Election Amount	Total Amount Contributed To Date (required)	Current Per Pay Period Contribution Amount (required)
Medical FSA:	\$	\$	\$
Medical LPFSA:	\$	\$	\$
Dependent Day Care FSA:	\$	\$	\$
HSA:	\$	\$	\$
Transit Benefit:	\$	\$	\$
Parking Benefit:	\$	\$	\$

INSTRUCTIONS:

Between Payroll Centers:

1. Communicate with your appropriate colleague to ensure that the Participant is established in the NEW payroll system and TERMINATED in the current payroll center.
2. Complete this form and submit to stateofwi@tasconline.com.
3. Upon receipt, TASC will update the Participant's account. **Note:** There is no impact to Participant accounts as a result of a transfer from one Payroll/Benefits Office to another. These Participants may continue to use the TASC Card as before, and their TASC online account and mobile app access will remain unchanged.

Within the same Payroll Center (different agency or campus location):

1. Communicate with your appropriate colleague to ensure that all necessary payroll requirements have been completed. No form is needed for TASC purposes.

Signature of Payroll/Benefits Representative

Date

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-844-786-3947 • Fax: 877-231-1287

<https://partners.tasconline.com/ETFEmployee>

FX-5261-051116

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only.
Any other use or disclosure is prohibited.



FSA REIMBURSEMENT CLAIM FORM

Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Care at 1-844-786-3947.

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	
Email Address:	
Home Address:	

Please list each eligible expense below:

Under the **Benefit Type** column, select one of the following benefit codes for each expense.

- | | | | |
|-------------------------|---|--|----------------------|
| FSA – Health FSA | LPFSA - Limited Purpose Health FSA | DCA – Dependent Care Account | TRN – Transit |
| PKG – Parking | DVFSFA – Dental/Vision Health FSA | PRA – Premium Reimbursement Arrangement | |

Under the **Service Code** column, select one of the following service codes.

- | | | | |
|------------------------------|---------------------|---------------------|---------------------------------|
| MT – Mass Transit | PK – Parking | MD – Medical | RX – Prescription Drugs |
| OT – Over-the-Counter | VS – Vision | DN – Dental | IP – Individual Premiums |

Paid with TASC Card	Benefit Type	Date of service	Service Code	Service Provider	Dollar Amount

For quick reimbursement, file online via your employee portal or Mobile App!

Submit your claim form with supporting documentation via FAX to 877-231-1287.

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Signature of Plan Participant _____
Date

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary, that I may refuse to sign this authorization, and that I may revoke it at any time by submitting my revocation in writing to TASC.

PARTICIPANT INFORMATION (to be completed by participant)	
Participant Name:	
Employer Name:	
Employee Number/ID:	
Below, list all Persons/Organizations authorized to receive the information:	
All of my health information can be disclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide specific description of information to be used or disclosed:	

I understand the specific purpose of the disclosure may be made at the request of the authorized individual.

This authorization will expire upon termination of coverage. However, I may revoke authorization at any time by submitting written revocation to TASC.

I have read and understand the following statements about my rights

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization, in writing, but the revocation will not have any effect on any actions that the business associate took before receiving the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving business associate. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Signature of Individual or Individual's Representative (form must be completed prior to signing):	Date:
Printed Name:	

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



STATE OF WI - CARRYOVER AUTHORIZATION

PARTICIPANT INFORMATION			
Participant Name:			
Employee Number/ID:		Social Security Number:	
Employer Name: <i>(select one)</i>	<input type="checkbox"/> Central <input type="checkbox"/> Courts <input type="checkbox"/> Legislature <input type="checkbox"/> UW Hospitals & Clinics	<input type="checkbox"/> UW <input type="checkbox"/> WEDC <input type="checkbox"/> WHEDA <input type="checkbox"/> Wiscraft Beyond Vision	
CARRYOVER INFORMATION			
Balances to Transfer: <i>(check all that apply)</i>	<input type="checkbox"/> Healthcare FSA (Flexible Spending Account) <input type="checkbox"/> Transit Account <input type="checkbox"/> Parking Account		

By checking this box, I certify that all the information I provided on this form is correct and that I understand the remaining funds in my 2015 Flexible Spending Account (FSA), including medical out-of-pocket, transit, and/or parking benefits, will be moved to my 2016 account up to the IRS allowed maximum amount. I also understand that I will not be able to carryover funds to my 2016 account prior to the end of the runout period that my employer has in place, if I have any outstanding unsubstantiated 2015 claims. Finally, I understand that I must complete this entire form, as incomplete forms will not be processed.

Signature of Plan Participant

Date

Please fax or mail completed forms to:
Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



DEPENDENT CARE CONTRACT

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>			
Participant Name:			
Employer Name:			
Employee Number/ID:			
Dependents For Whom Care Will Be Provided <i>(eligible for children 12 and under)</i>			Date of Birth
DAYCARE PROVIDER CERTIFICATION & INFORMATION <i>(to be completed by daycare provider)</i>			
Daycare Provider Name:		Tax ID:	
Provider Rate:		<input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Other <i>(please describe fees):</i>			
Rate Start Date:		Rate End Date:	
Provider Signature			Date

Examples of Eligible Dependent Care Expenses	Examples of Ineligible Dependent Care Expenses
<ul style="list-style-type: none"> • Daycare Centers • Nanny Services • Family Childcare • Day Camps • Preschool • After School Care • Elder Care 	<ul style="list-style-type: none"> • Transportation Fees • Meals • Overnight Camps • Diapers • Educational Expenses • Kindergarten • Misc. Fees (activity fees, field trips, etc.)

PARTICIPANT CERTIFICATION
<p>I understand that reimbursements will be limited to my annual salary reduction and are only available for the amount that has been withheld at the time a reimbursement is made for services that have already been incurred.</p> <p>I understand and agree that I am obligated to inform TASC in writing if the amount charged for the dependent care services change, the service is terminated, or if there is any reason the expenses are not incurred. Failure to notify TASC will jeopardize the tax-free nature of my reimbursements, making it necessary to repay the Plan with after-tax dollars.</p>

Signature of Plan Participant

Date

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287

Determine if your Dependent Day Care expenses qualify for FSA reimbursement.



The FlexSystem Dependent Day Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Day Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

The dependent care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Day Care FSA Reimbursement (partial list):

Allowed for Reimbursement:

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees

NOT Allowed for Reimbursement:

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work
- Activity fees/ educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

Continued on next page...

**For more information regarding Dependent Day Care FSA expenses,
please review IRS Publication 503.**

You can also find helpful information and rates on our resource page at:

www.tasconline.com/biz-resource-center/benefits-limits/

How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Day Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at www.tasconline.com/biz-resource-center/benefits-limits/).

To receive the dependent day care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent day care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.





Employee Savings Worksheet

Answer these questions to find out just how much money you can save with FlexSystem!

Name _____ Marital Status _____

Company _____

I. Group Insurance

Circle

- 1) Do you currently pay an insurance premium for one of the following through a payroll deduction?
 - Health yes / no
 - Life Insurance yes / no
 - Disability yes / no
 - Accidental Death & Dismemberment yes / no
- 2) If so, approximately how much are these premiums annually? \$ _____

II. Medical Expenses

- 1) Do you or a member of your family incur medical expenses which are not reimbursed by insurance? yes / no
- 2) Approximately how much are these expenses annually, including your insurance deductible? \$ _____

III. Dependent Care

- 1) If you are married, does your spouse work or attend school on a full-time basis? yes / no
- 2) If you are not married, do you have a child or other dependent living in your home? yes / no
- 3) If the answer to number 1 or 2 is yes, do you have a child (under age 13) or other dependent (spouse or family member) living in your home who requires daycare or other similar expenses (Daycare center, babysitter, and/or housekeeper)? yes / no
- 4) If the answer to number 3 is yes, approximately how much are these expenses annually? \$ _____

IV. Add Amount Totals from I, II & III = \$ _____

Multiply total from IV x (22.65%) = \$ _____
Tax Savings

Expenses that qualify for reimbursement from TASC.

Health Care FSA | Dependent Day Care FSA



Below is a partial list of permissible expenses reimbursable through a Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note: a Limited Purpose Health Care FSA only allows reimbursement for dental and vision expenses.

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physicals
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Continued on next page...

For more information regarding FSA expenses, please review IRS Publication 503 .

You can also find helpful information and rates on our resource page at:

<https://www.tasconline.com/biz-resource-center/eligible-expenses/>

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Dependent Day Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- **Does not cover medical costs;** use Health Care FSA for medical expenses incurred by you or your dependents

Ineligible Medical Expenses



- Athletic mouth guards
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diet (cost of special foods as substitute for regular diet)
- Dietary and fiber supplements
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Insurance premiums, all types
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Safety glasses (non-prescription)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electronic) and toothpaste
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being



Employee Reimbursement Accounts Enrollment Form

Make sure to sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer.** For enrollment assistance, call toll-free 844-786-3947. Have your enrollment form ready. **Please Print and save a copy for your records.**

Please indicate employee's current payroll center: ___ Courts ___ Legislature ___ UW Hospitals & Clinics ___ UW
___ Central ___ WHEDA ___ WEDC ___ Wiscraft Beyond Vision

Employer Name _____

Participant Last Name _____ First Name _____ Middle Initial _____

Participant's Date of Birth _____ Participant Date of Hire _____

Participant Email Address* _____

Participant Home Phone Number* _____ Participant Mobile Phone Number* _____

Participant Street Address _____

City _____ State _____ Zip _____

Participant's Plan Effective Date _____ Date of First Payroll _____

*Required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.

Election Amounts

Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.

I request the following amount(s) to be deducted pre-tax:	# of Payroll Deductions	Employee Annual Salary Reduction Election	2016 Annual Maximum
1. Health Care Flexible Spending Account (FSA)	_____	\$ _____	\$ 2,550
2. Limited Purpose Health Care FSA	_____	\$ _____	\$ 2,550
3. Dependent Day Care FSA	_____	\$ _____	\$ 5,000
4. Transit Expenses	_____	\$ _____	\$ 1560
5. Parking Expenses	_____	\$ _____	\$ 3000

TASC Card

Additional TASC Card for Spouse or Dependent

Each Participant may receive one additional card for their spouse or dependent free of charge. To request an additional TASC Card for your spouse or dependent, print his/her name below. Cards are mailed to your home address in December or 7-10 days after your enrollment has been updated.

Spouse or Dependent Name (Last, First, MI): _____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the Plan Year will be forfeited in accordance with current Plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire Plan Year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s). I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature _____ Date _____

Enrollment Form Instructions

- 1. Health Care FSA Expenses:** This amount is usually paid per year toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eye care, and other miscellaneous healthcare expenses. Per IRS regulations, a Participant may salary reduce the maximum of \$2,550 (2016) per Plan Year (indexed annually for inflation).
- 2. Limited Purpose Health Care FSA Expenses:** If also enrolled in a Health Savings Account (HSA) you may participate in a Limited Purpose Health Care FSA plan that allows reimbursement for dental, vision, and post-deductible expenses only.
- 3. Dependent Day Care FSA:** Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is \$5,000 per calendar year per family; \$2,500 per calendar year for married individuals filing single.
- 4. Transit Expenses:** Amount incurred to travel to and from work on mass transit facilities or commuter highway vehicles. Examples of eligible expenses are vouchers, fare cards, or tokens for a bus, train, ferry, subway, or vanpool. Monthly limits apply.
- 5. Parking Expenses:** Eligible amounts include parking at or near your place of employment or at a location from which you commute to work (e.g. ramp or park 'n ride). Monthly limits apply.

Frequently Asked Questions

- 1. What does FlexSystem offer?** FlexSystem offers you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you.
- 2. Any cost or fee to me?** No.
- 3. Must I participate in my employer's health insurance?** FlexSystem is not tied to any insurance plan or company. You may participate in FlexSystem regardless of your particular insurance provider.
- 4. What are qualified medical expenses?** These expenses include dental care, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) are only reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. Participants in the Limited FSA can expense dental, vision and post-deductible expenses. Below are some *examples* of eligible OTC health related expenses:
Examples of OTC items that require a prescription or Prescription Order Form: Acid Controllers, Allergy and Sinus, Antibiotic Products, Cough, Cold and Flu, Digestive Aids, Pain Relief, Respiratory Treatments, Sedatives, and Stomach Remedies.
Examples of OTC items that are eligible and need no physician authorization: Bandages, Blood Pressure Kits, Contact Lenses, Contact Lens Solution, Diabetes Testing Supplies, Durable Medical Equipment, Hearing Aid Batteries, Heating Pads, Insulin, Nebulizers, Thermometers, and Walkers and Wheelchairs.
- 5. How does the Dependent Day Care FSA compare with the tax credit available on the individual Form 1040?** The circumstances that determine which option offers greater savings vary from family to family, as such, the decision to choose the tax credit or the dependent care deduction may be made on a case by case basis only. Participation in FlexSystem results in an immediate savings on Federal, State, and Social Security tax, whereas the Federal credit will affect Federal Income Tax only and will be taken at year-end.
- 6. How does a Cafeteria Plan affect Social Security benefits?** Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction, you may consider increasing your retirement plan funding.
- 7. Under what circumstances can the annual election be changed?** The elections may be changed only if there is a change in family or employment status. See the Change of Elections Form for more detail.
- 8. Carryover for Health Care FSA and Limited Purpose Health Care FSA?** Your employer offers the Carryover Provision which allows up to \$500 of your account balance to automatically carry over into the next plan year once the run-out period has ended. Any remaining funds over \$500 at the end of the plan year run-out period will be forfeited to your employer.
- 9. Who determines the rules and regulations of FlexSystem?** Flexible Spending Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your requests for reimbursement. It is the Participant's responsibility to comply with these guidelines and to avoid duplication of requests or submission of ineligible charges. Failure to adhere to the above requirements could lead to payment delays or denial of expenses. In the event of an error or omission in the course of administering the Plan on behalf of the employer and participating employees, TASC will notify and remedy the error or omission. The employer and employees agree to TASC's procedures for making any corrections, including but not limited to payroll reduction. An error by the employer or TASC does not constitute an assumption of liability for the amount of the error.

If you are unsure which Payroll Center you are a part of, please contact your HR/Benefits Specialist.



Valuable pre-tax benefits with convenient tools

Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a Employee Reimbursement Account (ERA) allow you to save up to **up to 30%** on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

The more you contribute to these accounts, the lower you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/biz-resource-center/benefits-limits/

Use our **online tax-savings calculator** to help determine how much you should contribute to each FlexSystem account per year.



The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Pre-Tax Savings Example

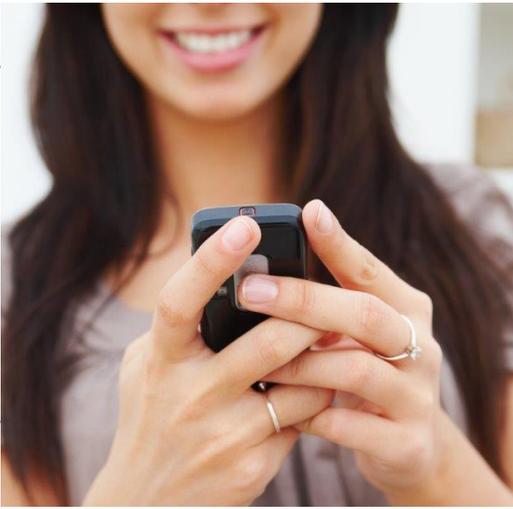
	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.

Carryover puts your mind at ease!

The Carryover option with your Health Care FSA Plan allows up to \$500 of any leftover healthcare funds to be carried over into the next Plan Year with no cost or penalty.



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

FlexSystem Online

[TASC Mobile App](#)

TASC Card

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via TASC Mobile App (free download)
- Download Request for Reimbursement form online (paper)

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Important Considerations

Remaining FSA Funds over \$500 do not Rollover:

It is important to be conservative in making elections because any unused funds over \$500 left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds over \$500 remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available in your Participant Guide) for a complete list of circumstances acceptable for changing elections mid-year.





FSA benefit options for HSA Participants

A **Limited-Purpose Health Care Flexible Spending Account (LPFSA)** is a savings option for employees who are enrolled in a Health Savings Account (HSA). The LPFSA works like a Health Care FSA: Participants use pre-tax dollars to pay for qualified healthcare expenses incurred during the Plan Year, but are *limited* to only vision and dental expenses.

When you (or your spouse) enroll in an HSA, you may no longer participate in a full coverage Health Care FSA. Instead, you are eligible for a LPFSA through your employer-sponsored Employer Reimbursement Accounts Program. *Note: Participation in an HSA Plan has no bearing on participation in the Dependent Day Care FSA.*

Benefits of a Limited Purpose FSA

A LPFSA allows you to continue to contribute to an HSA while also contributing to an FSA for vision and dental expenses. This additional pre-tax deduction helps you maximize your tax savings beyond your HSA alone.

What expenses can be reimbursed under a Limited-Purpose FSA?

- **Dental expenses:**
 - Braces and orthodontia
 - Cleanings
 - Crowns
 - Fillings
 - Dentures
 - Co-payments and deductibles
- **Vision expenses:**
 - Eye exams
 - Prescription eyeglasses/contacts
 - Contact lens solution
 - Prescription drugs/medications
 - Laser eye surgery; LASIK
 - Co-payments and deductibles

Participation is Easy!

Similar to a Health Care FSA, the first step is to determine your annual election amount to the Limited Purpose FSA for the Plan Year based on your total eligible costs ([enroll online with FlexSystem](#)). Your annual contribution will be deducted **pre-tax** from your paycheck in equal amounts throughout the Plan Year, but the total election amount is 100% available to you on the first day of the Plan Year. As you incur eligible expenses, simply submit a Request for Reimbursement form to FlexSystem ([via MyTASC online](#))

-- or swipe your **TASC Card** ([mailed to you upon Plan enrollment](#)) at the point of purchase for a most convenient method of accessing your FSA dollars! **The TASC Card may only be used for eligible vision/dental expenses.**

Savings Examples

HSA with Limited Purpose FSA:

Jane elects to participate in the Health Savings Account this Plan Year. She anticipates \$500 in medical and vision expenses for the year, of which \$200 is for new contacts. She must enroll in the Limited Purpose FSA to be reimbursed for her contacts. The \$300 balance can be reimbursed through her Health Savings Account.

FSA Only:

John elects to participate in the traditional health plan for the Plan Year. He anticipates \$1,000 in medical, dental, and vision expenses for the year. He can enroll in the full coverage Health Care FSA.





ORTHODONTIA CONTRACT

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:			
Employer Name:			
Employee Number/ID:			
Name of Patient:		Date Treatment Begins:	

ORTHODONTIA SERVICES INFORMATION (to be completed by orthodontist)

Total Cost of Orthodontia Services \$ _____

Subtractions:

Insurance Payments: \$ _____

Provider Discount: \$ _____

Initial Payment Amount Due: \$ _____

Total Remaining Balances: \$ _____ / _____ =

Number of Months Monthly Payment and Eligible Monthly Reimbursable Amount

ADDITIONAL INFORMATION (optional)

Please enter any additional information below. Additional information can include down payments, special explanation of services etc.:

Recurring Claim Option: Please accept this contract and set up monthly recurring payments for this plan year. I understand that I can only be reimbursed my monthly payments as they are owed to my provider on a recurring basis. **NO PAYMENTS WILL GENERATE UNLESS THIS BOX IS CHECKED**

I certify that the expenses for reimbursement requested from my TASC accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return.

This form must be signed by both the Consumer and Orthodontia Provider. Forms without both signatures will not be processed.

Signature of Participant	Date
Printed Name of Orthodontic Service Provider	Date
Signature of Orthodontic Service Provider	

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



FlexSystem Participant Enrollment Guide

What is a Section 125 Cafeteria Plan?

With Section 125 Cafeteria Plans you can use pre-tax dollars to pay for out-of-pocket medical expenses, dependent care expenses, non-employer-sponsored insurance premiums, and qualified transit and parking expenses.* The amounts deducted from your salary to pay for these expenses are called elections. You determine the amount to elect for you and your family's upcoming expenses.

What does pre-tax mean?

Pre-tax is your pay before state, federal, and social security taxes have been deducted. Because these Section 125 expenses are paid with pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state, and FICA taxes—and you take home more pay!

What are these expenses?

- Medical-related expenses such as deductibles, co-insurance, or uninsured medical expenses.
- Dependent day care expenses.
- Transit (public transportation, such as bus, train, ferry, or subway, or commuter highway vehicles) and qualified parking expenses (ramp, park 'n ride).

How does a Section 125 Plan work?

You elect the amount to have deducted from your salary and deposited into a the pre-tax benefit accounts. FlexSystem maintains these funds in an account until reimbursement is requested.

How do I request reimbursements?

You can simply use your TASC Debit Card to pay for eligible expenses, or you can request reimbursement any time via check or direct deposit. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. For check or direct deposit reimbursement, simply complete a Request for Reimbursement Form and submit it to FlexSystem via your mobile device (free FlexSystem Mobile App), online Request for Reimbursement. FlexSystem processes Requests for Reimbursement daily. With Automatic Transfer to a bank account (direct deposit), funds are forwarded to your bank within 48 to 72 hours of a complete submission; actual timing is dependent upon the banking system.

What is the Use-It-or-Lose-It Rule?

To avoid an account balance at year-end, be conservative when making elections. Any funds left unused at the end of the Plan Year are forfeited.

Your employer offers the Carryover Provision which allows up to \$500 of your Health Care FSA account balance to automatically carry over into the next plan year once the run-out period has ended. Any remaining funds over \$500 at the end of the plan year run-out period will be forfeited to your employer. For Parking and Transit reimbursement accounts, your funds will automatically transfer into the next plan year.

Increase your take-home pay and improve your benefits with FlexSystem. Here are three good reasons to sign up today!

IT'S EASY!

Simply complete an online form—and we do the rest!

IT SAVES TIME!

Daily reimbursement processing and online requests for reimbursement mean you get your money quickly.

IT SAVES MONEY!

Pay medical, transit and/or parking, and daycare expenses with pre-tax dollars and save substantially. The result is an improved benefit package and great tax savings.

FlexSystem Participants save hundreds of dollars in taxes each year.

HOW MUCH WILL YOU SAVE?

Can I change elections during the Plan Year?

You may change your FSA elections during the Plan Year only if you experience a change of status such as a marriage or divorce, birth or adoption of a child, or a change in employment status. The change of election must be (a) on account of and correspond to the qualifying event and (b) made within 30 days of the qualifying event. Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year. In addition, during the State of Wisconsin's open enrollment period, you may change your elections for the next year.

What qualifies for the dependent day care benefit?

Dependent Care expenses that may be run through a Section 125 Plan must be for the primary purpose of assuring the well-being and protection of a qualifying individual. In addition, the dependent care expenses must be necessary in order for you and your spouse to work, to look for work, to attend school full-time, or if you or your spouse are physically unable to care for the children. The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a married individual filing a separate tax return, the limit is \$2,500.

How do I enroll?

To enroll in FlexSystem, you must first determine elections for each benefit in which you want to participate during the course of the Plan Year. The elections are specific to each type of flexible spending account, meaning that dollars set aside for dependent daycare may be used for dependent care only, and not for out-of-pocket medical expenses, etc.

May I enroll online?

Yes! With online enrollment, you benefit from 24-hour access and the convenience and the privacy of being able to enroll from the location of your choice. In addition, you can check your FlexSystem account balances and other Plan information online. You can access your account and enroll by following this link <https://partner.tasconline.com/ETFEmployee>.



For additional instructions on enrolling online, refer to the **How to Enroll Online** flyer or log in the link below and access our educational video library.

<https://partners.tasconline.com/ETFEmployee>

What if I have no web access?

You may complete a FlexSystem Enrollment paper form (obtained from your employer). Make a copy for your files and return the completed form to your employer.

You may also enroll over the phone by calling 1-844-786-3947.



Real savings for employees, employers, and the environment

Reduce Taxes with Commuter Benefits

Employers help their employees save money on work-related commuter expenses by offering a federal qualified Transportation Plan permitting **pre-tax contributions** and reimbursement for transit passes, vanpooling, and/or parking expenses.

Employers save, too. With every employee who participates in the benefit, employers save an average of \$225 in payroll taxes per year.

Rely on an Expert

When you choose **TASC Transit and Parking** benefits, you save time and reduce liability by shifting the administration and compliance to an expert. Meanwhile, your employees appreciate our convenient self-service tools for easy access to funds and account information.

Advocate for a Reduced Carbon Footprint

Employees who leave their cars at home and use public transportation greatly reduce their carbon emissions, on average 4,800 pounds per year. When we reduce vehicle mileage, we improve air quality and help prevent serious illness.

Benefits & Plan Features for Participants:

- Up to 40% in tax savings
- Automatic rollover (after runout period)
- Online enrollment, account management
- TASC Card for eligible purchases
- MyCash account for reimbursements
- Easy access to funds and account information: Web, IVR, Mobile App, and Text Messaging
- Reimbursement status notifications

Features for Employers:

- All-inclusive fees—no hidden charges
- Online plan enrollment
- Immediate online access to Plan Activity with MyService Center
- Service-level reporting of TASC accounts
- Exclusive audit guarantee

**Include FlexSystem FSA
at no additional cost!**



1-888-595-2261 • Fax 608-241-4584
salesinfo@tasconline.com • www.tasconline.com



ADDITIONAL DEBIT CARD REQUEST

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>						
Participant Name:						
Employer Name:						
Employee Number/ID:						
Street:				Apt #:		
City:			State:		ZIP:	
Email Address:			Telephone #:			
Additional Card Holder Information						
First Name			Middle Initial			
Last Name						
Date of Birth (mm/dd/yyyy)						

I authorize the "Additional Card Holder" listed above to receive a TASC Card tied to my TASC account.

Signature of Plan Participant

Date

Please fax or mail completed forms to:
Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287

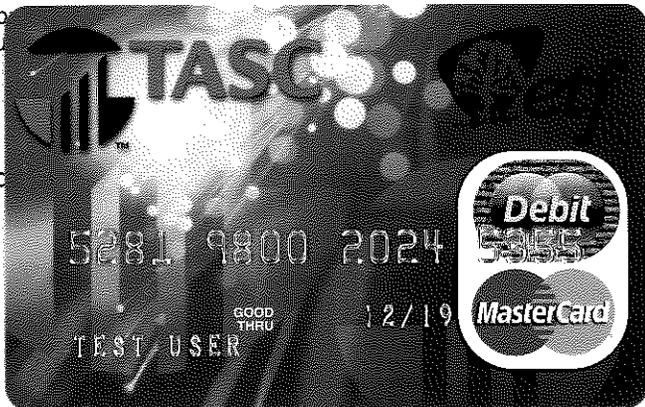
TASC
PO BOX 7351
MADISON, WI 53707-7351



>004150 8004288 004150 1 1 0Z
000000
TEST USER
2740 SKI LANE
MADISON, WI 53713

TASC Prepaid MasterCard®

Your TASC Card is provided to you by your Employer under a Benefit Account as allowed by the IRS under applicable state and federal laws.



Number of cards issued: 1
(if requested, Dependent cards are issued separately)

You may use your card for eligible benefits expenses everywhere Debit MasterCard is accepted.

This card is issued by The Bancorp Bank pursuant to license from MasterCard International Incorporated. The Bancorp Bank; Member FDIC. The Bancorp is not a party to the Benefit Plan or other plan documents. They are not a fiduciary with respect to the Benefits Plan and are not responsible for the plan documents or administration of the Benefit Plan. MasterCard is a registered trademark of MasterCard International Incorporated.

How To Use Your TASC Card

IMPORTANT – PLEASE READ CAREFULLY

1. Read the front and back of this Cardholder Agreement carefully.

At the time of your TASC Card activation and each TASC Card transaction, you affirm that you have read understand, and agree to the Cardholder Agreement and terms of the Plan.
2. Record your TASC Card number, and retain it for your records.
3. Sign the back of your TASC Card before using it. Your TASC Card is not valid until you sign it.
4. Keep your TASC Card until it expires; it will be reloaded at the beginning of each Plan Year.
5. Use your TASC Card to pay for eligible products and services connected to your employee benefits account(s). Purchases are limited to specific merchants and specific expenses deemed eligible by your benefits account(s).
6. Your TASC Card will be activated upon first usage. You do not need to call to activate your TASC Card.

Select the "CREDIT" option to complete your transaction via the signature debit. If you are prompted to enter your PIN and you do not have it, or you enter your PIN and your purchase is declined, ask the merchant to process the purchase as a signature debit transaction, and then sign for your purchase receipt. To request a PIN for your TASC Card call Customer Care at 844-786-3947.
7. Retain all itemized receipts and documentation. If requested by TASC, Employer, or IRS, you are obligated to submit your receipts to substantiate your expenses are eligible under your Benefit Plan and applicable IRS regulations.

Failure to submit receipts /documentation to substantiate your expenses may result in:
 - the expense being deemed ineligible in which case you would be obligated to repay the amount to the Benefit Plan
 - immediate suspension or revocation of your TASC Card
 - taxable payroll deductions by your Employer of the ineligible expense
 - taxable gross income being subject to an additional tax on that amount
8. Visit <https://partners.tasconline.com/ETFEmployee> to log into your MyTASC account. From your MyTASC account you can, download the Mobile App, view account balances, submit reimbursement requests, and substantiate your expenses.

Questions related to your TASC Card or Benefit Account(s) should be directed to TASC Customer Care at 844-786-3947.

Terms and Conditions/Definitions for the TASC Prepaid MasterCard
This Cardholder Agreement ("Agreement") outlines the terms and conditions under which the TASC Prepaid MasterCard has been issued to you by The Bancorp Bank, Wilmington, Delaware. The Bancorp Bank or "Issuer," The Issuer is an FDIC insured member institution. "Card" means the TASC Prepaid MasterCard issued to you by The Bancorp Bank. By accepting and using the Card, you agree to be bound by the terms and conditions contained in this Agreement. "Card Account" means the records your Plan Administrator maintained to account for the value of funds associated with the Card linked to a flexible spending account (FSA), health reimbursement arrangement (HRA), transportation benefits account (each a "Benefit Account") you and "you" mean the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. "We," "us," and "our" mean the Issuer, our successors, affiliates or assignees. "Plan Sponsor" means your employer or the association who is sponsoring your benefit plan ("Benefit Plan"). "Plan Administrator" means TASC, an agent for your Plan Sponsor assisting in the administration of your Benefit Plan. You acknowledge and agree that the value available in the Card Account is limited to the funds that have been loaded to the Card Account(s) on your behalf. You agree to sign the back of the Card immediately upon receipt. The expiration date of the Card is identified on the front of your Card. The Card is a prepaid card. The Card is not connected in any way to any checking, savings, or bank account. The Card is not a credit card. The Card is not for resale. You will not receive any interest on your funds in the Card Account. The Card will remain the property of the Issuer and must be surrendered upon demand. The Card is nontransferable and it may be canceled, repossessed, or revoked at any time without prior notice subject to applicable law. This Card is not designed for use beyond Employee Benefit Plans and your Plan Administrator may close your Card account if it is determined that it is being used for disallowed business purposes. Your Plan Administrator may refuse to process any transaction that they believe may violate the terms of this Agreement. Our business days are Monday through Friday, excluding federal holidays, even "we" or your Plan Administrator are open. Any references to "days" found in this Agreement are calendar days unless indicated otherwise. This Agreement governs the relationship between you and us regarding your Card, our services related to the Card, and funds from a Benefit Account accessed using your Card ("Funds"). The types of benefits that are available to you under your plan documents, the limitations on those benefits, and the qualifications to participate in the benefit plan are governed by other documents, including plan documents that your Plan Sponsor has provided to you. Either the Plan Sponsor or Plan Administrator will determine what accounts are available to you, your spouse and/or dependents. We are not a party to the Benefit Plan or those other plan documents. We are not a fiduciary with respect to the Benefit Plan and are not responsible for the plan documents or the administration of your Benefit Plan.

You acknowledge and agree that the amount available for Card use is limited to the amount available in your Card Account. Write down your Card number and the customer service phone number provided in this Agreement on a separate piece of paper in case your Card is lost, stolen, or destroyed. Keep the paper in a safe place. Please read this Agreement carefully and keep it for future reference.

Card Activation.
Your Card will be activated automatically upon its first successful use. No further action is required.

Personal Identification Number.
You will not receive a Personal Identification Number ("PIN") with your Card Account. However, you may request a PIN. To request a PIN, call your Plan Administrator at the number printed in your plan document or on the back of your Card and provide the personal information requested. You should not write or keep your PIN with your Card. Never share your PIN with anyone. When entering your PIN, be sure it cannot be viewed by others and do not enter your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unauthorized access to your PIN, you should advise your Plan Administrator immediately following the procedures in the paragraph labeled "Your Liability for Unauthorized Transfers." For security reasons, your Plan Administrator may limit the number of consecutive PIN failures allowed.

Authorized Card Users.
You are responsible for all authorized transactions initiated and fees incurred by use of your Card. If you permit another person to have access to your Card or Card number, it will be treated as if you have authorized such use and you will be liable for all transactions and fees incurred by those persons. You are wholly responsible for the use of each Card according to the terms and conditions of this Agreement.

Your Representations and Warranties.
By activating the Card or by retaining, using or authorizing the use of the Card, you represent and warrant to us that: (i) you are at least 18 years of age (or older if you reside in a state where the majority age is older); (ii) you are a U.S. citizen or legal alien residing in the United States or the District of Columbia; (iii) you have provided us with a verifiable U.S. street address (not a P.O. box); (iv) the personal information that you provide to us in connection with the Card is true, correct and complete; (v) you received a copy of this Agreement and agree to be bound by and to comply with its terms; and (vi) you accept the Card.

Secondary Cardholder.
You may request an additional Card for another person. The maximum number of Cards permitted is four (4). You must notify your Plan Administrator to revoke permission for any person or previously authorized to use the Card. If you notify your Plan Administrator to revoke another person's use of the Card, the Plan Administrator may revoke your Card and issue a new Card with a different number. You remain liable for any and all usage of any additional Card you authorize.

Loading Your Card.
You may not load additional funds to your Card Account. Only your Plan Sponsor or Plan Administrator may load additional funds to your Card Account. Funds are loaded in the Benefit Account based on annual election amounts, depending on the Benefit Account, or as payroll deductions are made. You will have access to your funds in your Benefit Account(s) pursuant to your Benefit Plan design. Each time you use the Card, your Plan Administrator will debit the amount of the transaction and any applicable fees or charges will be debited from the appropriate available balance(s) accessed by your Card as determined by your Plan Administrator. If you believe that a transaction was deducted from the incorrect plan account, contact your Plan Administrator. Any individual purchase or series of purchases may not exceed the available balance in your Card Account. If, however, a transaction does occur that exceeds the appropriate available balance(s) in your Card Account, you agree to have the amount of the overdraft deducted from any amount subsequently loaded to your Card Account. A transaction presented or authorization may be denied if it exceeds the appropriate available balance(s) in your Card account or if there is a dispute over the Funds. Personal checks, cashiers checks, and money orders sent to the Plan Administrator are not an acceptable form of loading towards a negative balance, in which case the check or money order may or may not be loaded to your Card account at the discretion of your Plan Administrator.

Using Your Card/Features.
The maximum value of your Card is restricted to the amount of the funds in your Benefit Account as dictated by your Plan.

To initiate a MasterCard debit transaction at the POS, swipe your Card through a POS terminal, sign the receipt, or provide your Card number for a mail order, telephone, or Internet purchase. Some merchants do not allow cardholders to conduct split transactions where you would use the Card as partial payment for goods and services and pay the remainder of the balance with another form of legal tender. If you wish to conduct a split transaction and it is permitted by the merchant, you must bill the merchant to charge only the exact amount of funds available to the Card. You must then arrange to pay the difference using another payment method. Some merchants may require payment for the remaining balance in cash. If you fail to inform the merchant that you would like to complete a split transaction prior to swiping your Card, your Card is likely to be declined.

Any preauthorized amount will place a "hold" on your available funds until the merchant sends the final payment amount of your purchase. Once the final payment amount is received, the reauthorization amount on hold will be removed. It may take up to seven (7) days for the hold to be removed. During the hold period, you will not have access to the preauthorized amount. If you use your Card number without presenting your Card such as for a mail order, telephone, or Internet purchase, the legal effect will be the same as if you used the Card itself.

For security reasons, your Plan Administrator may limit the amount or number of transactions you can make with your Card. Your Card cannot be redeemed for cash. You may not use your Card for any illegal transaction.

Each time you use your Card, you authorize your Plan Administrator to reduce the value available in your Card Account by the amount of the transaction and any applicable fees. You are not allowed to exceed the available amount in your Card Account through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of the funds available in your Card Account, you shall remain fully liable for the amount of the transaction and any applicable fees. You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card. You may not make preauthorized regular payments from your Card Account. If you authorize a transaction and then fail to make a purchase of that item as planned, the approval may result in a hold for that amount of funds for up to thirty (30) days.

Returns and Refunds.
If you are entitled to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card for such refunds and agree to the refund policy of that merchant. The Issuer is not responsible for the delivery, quality, safety, legality, or any other aspects of goods or services that you purchase from others with a Card. All such disputes must be addressed and handled directly with the merchant from whom those goods or services were provided.

Card Replacement.
If you need to replace your Card for any reason please contact your Plan Administrator at the number printed in your plan document or on the back of your Card to request a replacement Card. You will be required to provide personal information which may include your Card number, full name, transaction history, copies of identification, etc. There is a fee for replacing your Card.

Transactions Made in Foreign Currencies.
If you obtain your funds or make a purchase in a currency other than the currency in which your Card was issued, the amount deducted from your funds will be converted by MasterCard International incorporated into an amount in the currency of your Card. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by MasterCard from the range of rates available in wholesale currency markets for the applicable central processing date, which may vary from the rate MasterCard itself receives or the government-mandated rate in effect for the applicable central processing date. If you obtain your funds or make a purchase in a currency other than the currency in which your Card was issued, the Issuer may assess a foreign currency conversion fee of 1% of the transaction amount. Transactions made outside of the 50 United States and the District of Columbia are also subject to this conversion fee even if they are completed in U.S. currency.

Receipts.
Under IRS and Treasury regulations, all payments from your Benefit Account require third-party documentation. Some transactions will be electronically documented and will not require after purchase documentation. You are responsible for meeting any documentation requirements. Failure to meet documentation requirements established by your Plan Sponsor and/or Plan Administrator could result in Card suspension or termination. Ask your Plan Sponsor or Plan Administrator for examples of electronic documentation and further instructions. You should get a receipt at the time you make a transaction using your Card. You agree to retain, verify, and reconcile your transactions and receipts.

Confiscation.
Each Benefit Account Card transaction is a claim against your Benefit Account(s) as appropriate, and all IRS, Treasury and Plan Sponsor/Plan Administrator rules and regulations governing your Benefit Plan apply. Therefore, you may only use this Card to purchase eligible services and products for you and, if applicable, your spouse or a qualifying individual that you are entitled to claim as a dependent. Furthermore, you may only use this Card to pay for services or products that you are responsible for paying for which you have no other insurance coverage or reimbursement. When you (or an individual authorized by you) use this Card you accept responsibility to repay your Plan Sponsor for such amounts, you authorize your Plan Sponsor (to the extent permitted by law) to collect from you personally or withhold such funds from your pay or any other amounts due to your Plan Sponsor including any taxes, fines, surcharges or penalties that may be assessed for the use of your Card for ineligible services or products. You also understand that your Card may be immediately suspended and/or permanently terminated for failure to pay such amount.

Suspension/Termination.
Your Plan Sponsor and/or Plan Administrator have the right to suspend or terminate your Card access to your Benefit Account. Your Plan Sponsor and/or Plan Administrator may suspend, revoke, or terminate it at any time in their sole discretion. Your Benefit Account access may be suspended for inappropriate and/or abusive transactions including, but not limited to, purchase of clearly non-eligible products or services, purchases for ineligible individuals, providing Card access to inappropriate individuals, or delinquent claim submission to document transactions, and failure to make necessary fund replacements in your Benefit Account.

Your Benefit Account access will be terminated if you lose eligibility status for your Benefit Account. Such a status change may include an employment status change or your Plan Sponsor no longer offering such accounts. Your Card's access to your Benefit Account may also be terminated at the request of your Plan Sponsor or Plan Administrator if you (or an individual authorized by you) repeatedly fail to use your Card in the manner it was intended. You will receive notice if your Card is terminated.

Card Account Balance/Periodic Statements.
You are responsible for keeping track of your Card Account available balance. Merchants generally will not be able to determine your available balance. It's important to know your available balance before making any transaction. You may access your available balance by accessing your Card Account by calling your Plan Administrator at the number printed in your plan document or on the back of your Card. You will not automatically receive paper statements. You may choose to have a paper statement mailed to you by contacting your Plan Administrator. However, there is a fee for this service.

Fee Schedule.
All fee amounts will be withdrawn from your Benefit Account and will be assessed as long as there is a remaining balance in either your Benefit Account except where prohibited by law.

Claim Card Fee	\$10.00 per Card Replaced
Foreign Currency Conversion Fee	1% of the transaction amount
Paper Statement Fee	\$5.00 per request

Contact your Plan Administrator at the number printed in your plan document or on the back of your Card for specific fee information.

Confidentiality.
Your Plan Administrator may disclose information to third parties about your Card or the transactions you make: (1) Where it is necessary for completing transactions; (2) In order to verify the existence and condition of your Card for a third party, such as merchant; (3) In order to comply with government agency, court order, or other legal or administrative reporting requirements; (4) If you consent by giving us your written permission; (5) To our employees, auditors, affiliates, service providers, or attorneys as needed; or (6) Otherwise as necessary to fulfill our obligations under this Agreement.

Your Liability for Failure to Complete Transactions.
If your Plan Administrator does not properly complete a transaction from your Card Account on time or in the correct amount according to our Agreement with you, your Plan Administrator will be liable for your losses or damages. However, there are some exceptions. Your Plan Administrator will not be liable, for instance: (1) If through no fault of theirs, you do not have enough funds available in your Card Account to complete the transaction; (2) If a merchant refuses to accept your Card; (3) If an electronic terminal where you are making a transaction does not operate properly, and you know about the problem when you initiated the transaction; (5) If access to your Card Account has been blocked after you reported your Card lost or stolen; (6) If there is a hold or your funds are subject to legal or administrative process or other encumbrance restricting their use; (7) If your Plan Administrator has reason to believe the requested transaction is unauthorized; (8) If circumstances beyond our control (such as fire, flood, or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that your Plan Administrator has taken; (9) If the requested transaction is not permitted under the terms of your Benefit Plan; or (10) Any other exception stated in our Agreement with you.

Your Liability for Unauthorized Transfers.
Contact your Plan Administrator at once if you believe your Card has been lost or stolen. Telephoning is the best way to minimize your possible losses. If you believe your Card has been lost or stolen, call your Plan Administrator at the number printed in your plan document or on the back of your Card.

Under MasterCard Rules, your liability for unauthorized MasterCard transactions on your Card Account is \$0.00 if you report the loss, theft, or unauthorized use to your Plan Administrator within two (2) business days and you are not grossly negligent or fraudulent in the handling of your Card.

This reduced liability does not apply if a PIN is used as the method of verification for a disputed transaction, or if you have reported two (2) or more incidents of unauthorized use in the immediately preceding twelve (12) month period. If you notify your Plan Administrator within two (2) business days of any unauthorized transactions, you can lose no more than \$50.00 if someone used your Card without your permission. If you do not notify your Plan Administrator within two (2) business days after you learn of the loss or theft of your Card and your Plan Administrator can prove that they could have stopped someone from using your Card without your permission if you had promptly notified them, you could lose as much as \$500.00.

Also, if you become aware of and/or your statement shows transactions that you did not make, notify your Plan Administrator at once following the procedures stated in the paragraph labeled "Information About Your Right to Dispute Errors." If you do not notify your Plan Administrator in writing within sixty (60) days after you become aware of the transaction and/or after the statement was made available to you, you may not get back any value you lost after the sixty (60) days if your Plan Administrator can prove that they your Plan Administrator could have stopped someone from taking the value if you had notified them in time and you are grossly negligent or fraudulent in the handling of your Card. If your Card has been lost or stolen, your Plan Administrator will close your Card Account to keep losses at a minimum.

Other Miscellaneous Terms.
Your Card and your obligations under this Agreement may not be assigned. Your Plan Administrator may transfer our rights under this Agreement. Use of your Card is subject to all applicable rules and customs of any clearinghouse or other association involved in transactions. We do not waive our rights by delaying or failing to exercise them at any time. If any provision of this Agreement shall be determined to be invalid or unenforceable under any rule, law, or regulation of any governmental agency, local, state, or federal, the validity or enforceability of any other provision of this Agreement shall not be affected. This Agreement will be governed by the law of the State of Delaware except to the extent governed by federal law.

Amendment and Cancellation.
Your Plan Administrator may amend or change the terms and conditions of this Agreement at any time. You will be notified of any change in the manner provided by applicable law prior to the effective date of the change. However, if the change is made for security purposes, your Plan Administrator can implement such change without prior notice. Your Plan Administrator may cancel or suspend your Card or this Agreement at any time. You may cancel this Agreement by returning the Card to your Plan Sponsor or Plan Administrator. Your termination of this Agreement will not affect any of our rights or your obligations arising under this Agreement prior to termination.

Information About Your Right to Dispute Errors.
In case of errors or questions about your Account, call your Plan Administrator at the number printed in your plan document or on the back of your Card or write to TASC Cardholder Services, 2302 International Lane, Madison, WI 53704-3140 as soon as you can, if you think an error has occurred involving your Account, if you think your statement or receipt is wrong, or if you need more information about a transaction listed on the statement or receipt. You must contact your Plan Administrator to report an error no later than sixty (60) days after the earlier of the date you electronically accessed your Account, if the error could be viewed in your electronic history, or the date the FIRST written history was made available to you on which the problem or error appeared. You may request a written history of your transactions at any time by calling your Plan Administrator or writing to TASC Cardholder Services, 2302 International Lane, Madison, WI 53704-3140. You will need to provide (1) Your name and Card Account number; (2) Why you believe there is an error, and the dollar amount involved; and (3) Approximately when the error took place.

If you provide this information orally, your Plan Administrator may require that you send your complaint or question in writing within sixty (60) calendar days of the date of the transaction in error. Once your written dispute has been received, your Plan Administrator will determine whether an error occurred within sixty (60) calendar days after you notified them and will correct any error promptly. If more time is needed, however, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If your Plan Administrator decides to do this, you will be notified verbally or in writing. If you are asked to put your complaint or question in writing and you do not provide it within sixty (60) calendar days of the date of the transaction in error, your Card may not be credited.

For errors involving new Cards, POS transactions, or foreign-initiated transactions, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If it is determined that an error has occurred the transaction in error will be corrected upon completing the investigation. You will be told the results within three (3) business days after completing the investigation. If it is decided that there was no error, you will be sent a written explanation. Copies of the documents used in the investigation may be obtained by contacting your Plan Administrator at the phone number or address listed at the beginning of this section.

English Language Controls.
Any translation of this Agreement is provided for your convenience. The meanings of terms, conditions, and representations herein are subject to definitions and interpretations in the English language. Any translation provided may not accurately represent the information in the original English.

Customer Service.
For customer service or additional information regarding your Card, please contact your Plan Administrator at the number printed in your plan document or on the back of your Card.

Telephone Monitoring/Recording.
From time to time we may monitor and/or record telephone calls between you and us to assure the quality of our customer service or as required by applicable law.

No Warranty Regarding Goods or Services as Applicable.
We are not responsible for the quality, safety, legality, or any other aspect of any goods or services you purchase with your Card.

Arbitration.
Any claim, dispute, or controversy ("Claim") arising out of or relating in any way to: (i) this Agreement; (ii) your Card; (iii) the Cards of any additional cardholders designated by you; (iv) your purchase of the Card; (v) your usage of the Card; (vi) the amount of available funds in the Card Account; (vii) advertisements, promotions or oral or written statements related to the Cards; as well as goods or services purchased with the Card; (viii) the benefits and services related to the Cards; or (ix) transaction on the Card, no matter how described, pleaded or styled, shall be FINALLY and EXCLUSIVELY resolved by binding individual arbitration conducted by the American Arbitration Association ("AAA") under its Consumer Arbitration Rules. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act (9 U.S.C. 1-16). Your Plan Administrator will pay the initial filing fee to commence arbitration and any arbitration hearing that you attend shall take place in the federal judicial district of your residence.

ARBITRATION OF YOUR CLAIM IS MANDATORY AND BINDING. NEITHER PARTY WILL HAVE THE RIGHT TO LITIGATE THAT CLAIM THROUGH A COURT. IN ARBITRATION, NEITHER PARTY WILL HAVE THE RIGHT TO A JURY TRIAL OR TO ENGAGE IN DISCOVERY, EXCEPT AS PROVIDED FOR IN THE AAA CODE OF PROCEDURE.

A copy of the procedure to file a Claim or for other information about these organizations, contact them as follows: AAA, at 335 Madison Avenue, New York, NY 10017 or at www.adr.org. All determinations as to the scope, interpretation, enforceability and validity of this Agreement shall be made final exclusively by the arbitrator, which award shall be binding and final. Judgment on the arbitration award may be entered in any court having jurisdiction.

NO CLASS ACTION OR OTHER REPRESENTATIVE ACTION OR PRIVATE ATTORNEY GENERAL ACTION OR JOINDER OR CONSOLIDATION OF ANY CLAIM WITH A CLAIM OF ANOTHER PERSON OR CLASS OF CLAIMANTS SHALL BE ALLOWABLE.
This arbitration provision shall survive: (i) the termination of the Agreement; (ii) the bankruptcy of any party; (iii) any transfer, sale or assignment of your Card, or any amounts owed on your Card, to any other person or entity; or (iv) expiration of the Card. If any portion of this arbitration provision is deemed invalid or unenforceable, the remaining portions shall remain in force.

IF YOU DO NOT AGREE TO THE TERMS OF THIS ARBITRATION AGREEMENT, DO NOT ACTIVATE OR USE THE CARD. SAVE YOUR RECEIPT AND CALL YOUR PLAN ADMINISTRATOR AT 800-422-4661 TO CANCEL YOUR CARD AND TO REQUEST A REFUND.

Take us with you, wherever you go.

Apple & Android



The TASC Benefits mobile app lets you access your account information wherever you are, 24/7/365.

With the TASC mobile app, you can:

- File claims using your mobile device's camera. Simply take a picture of your receipt and upload.
- View all of your account information in one place.
- Keep track of any changes to your account balance.
- View your plan end date and run-out period.
- View claims history.
- Check claim status.
- See payment status.
- Check for claim denials.
- Enjoy totally secure access.

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