



# EMPLOYEE ENROLLMENT FORM

## Flexible Spending Account (FSA)

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.  
**Return the completed and signed form to your employer for processing.**

<b>For Employer to complete where applicable:</b>	
Employer Name _____	Employer TASC ID # _____
Employer Class _____	Employer Division _____
Participant Plan Effective Date _____	First Payroll Date _____

### INDIVIDUAL/PARTICIPANT INFORMATION

First Name:	MI:	Last Name:
TASC ID # (if known):	Email Address <sup>1</sup> :	
Primary Phone #:	Mobile Phone # <sup>1</sup> :	
Primary Address:	Address Line 1:	Apt:
	Address Line 2:	
	City:	
	State:	ZIP/Postal Code: +4
Hire Date:	Payroll Frequency:	

All fields are required for account setup. Information is confidential and is not used for marketing purposes.

<sup>1</sup>Please provide this information if available (not required).

### ANNUAL ELECTIONS

Prior to completing your election amounts below, please refer to the instructions on page 2.

I select the following benefits and amount(s) to be deducted pretax:	Employee Annual Salary Reduction Election Amount	Employee Minimum Annual Election	Employee Maximum Annual Election
<input type="checkbox"/> Healthcare FSA	\$ _____	\$ _____	\$ <u>2,850</u>
<input type="checkbox"/> Dependent Care FSA (Daycare Expenses)	\$ _____	\$ _____	\$ <u>5,000</u> \$2500 if married filing single
<input type="checkbox"/> <del>Healthcare Premium (NESP) Reimbursement Account</del>	\$ _____	\$ _____	\$ _____

### TASC CARD

You will receive one TASC Card to use for your benefit account(s). You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed.

**To request an additional TASC Card for your spouse or dependent, print their name below (or request via TASC web portal):**

1	Spouse or Dependent Name (First, MI, Last): (No fee)	
2	Dependent Name (First, MI, Last): (Additional fee may apply)	
3	Dependent Name (First, MI, Last): (Additional fee may apply)	

**\*\* AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2 \*\***



# EMPLOYEE ENROLLMENT FORM

## Flexible Spending Account (FSA)

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### AUTHORIZATION

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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 FSA 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 pretax 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) and MyCash account. 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: \_\_\_\_\_

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### ELECTION INSTRUCTIONS

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#### Instructions for entering elections under each applicable benefit account type:

- 1. Healthcare FSA Election:** This amount you expect to pay out-of-pocket toward eligible medical expenses throughout the plan year, which may include deductible and co-insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a participant may elect a maximum based on the current IRS limits. Your employer may have a plan year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pretax from every payroll throughout the plan year. Your total annual election amount is available for reimbursement on the first day of the plan year as eligible expenses are incurred.
- 2. Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the plan year. Your annual contribution must be within the maximum allowable amount under IRS regulations for a family or for married individuals filing single. Plan funds are available as they are contributed.
- 3. Healthcare Premium (NESP) Reimbursement Account Election:** The total annual out-of-pocket cost for privately purchased (individual) insurance **premiums** such as health, disability, and cancer insurance. Other medical expenses are **not** eligible under the NESP Account. Examples of insurance premiums NOT eligible are employer-sponsored group insurance (premiums deducted from your paycheck or your spouse's paycheck), life insurance, long-term care insurance, and premiums for coverage under the federal exchange "Marketplace" program. Please note, when disability premiums are pre-taxed, the benefits received are taxable. NESP is not subject to contribution limits unless otherwise set by your Employer but is subject to the 'Use it or Lose it' rule in which unused funds are forfeited at year-end. NESP Account funds are available as they are contributed.

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**For enrollment assistance: call toll-free 800-422-4661**  
**Have your enrollment form, employer name, and the Client ID# ready.**

Find all IRS limits on our resource web page: <https://www.tasconline.com/benefits-limits/>

# Universal Benefit Account®



**Save up to 30% on healthcare and dependent care expenses when you enroll in Universal Benefit Account through**

## Important Enrollment Information

- ✓ Annual Open Enrollment Period:
- ✓ Benefit Period:
- ✓ Deadline to enroll as a new hire:    days from date of hire
- ✓ Deadline to enroll or make changes due to a qualified life event:    days from qualifying event

# OPEN ENROLLMENT



**What if you could save 30% on healthcare and dependent care expenses?**

**What if it paying for prescriptions was less of a bitter pill to swallow  
because you had a benefits debit card?**

**What if you had s'more money because summer day camp was paid for from pretax funds?**

**What if orthodontia didn't have to be such a kick in the teeth?**

**It's not just a dream – all of those things are possible.**

**You just need Universal Benefit Account! Available now during open enrollment.**

Benefits should feel like benefits®

Open enrollment for benefits can feel overwhelming. You have a lot to think about ... which medical plan, how much to set aside for deductibles, do you opt-in for more long-term disability? Who has the time or energy to think through yet another option?

But wait! Don't give up. Those ideas above are true! You can save up to 30% on costs and you can help offset expected (and unexpected!) expenses with pretax money.

Take a few minutes to review this Enrollment Kit. We think you'll be happy that you invested the time— after all, it's YOUR money. Why not keep more of it?

## Pre-Tax Savings Example

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

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

For illustration only. Actual dollar amounts may vary.

# ENROLLMENT INFORMATION

## Enrollment Dates & Deadlines

- Annual Open Enrollment Period:
- Benefit Period:
- Deadline for new hire enrollment:    days from date of hire
- Deadline for enrollment/change for qualified life event:    days from event
- Re-enrollment is required every year for all plans



## Quick Comparison Chart

Review the quick descriptions of the available benefit account below and the information on the following pages to determine which accounts you want to open.

	Healthcare FSA	Dependent Care FSA
Annual Contribution Limit	\$	\$
Last Day to Incur Expenses		
Last Day for Submitting Expenses		
Carryover	Yes, \$    limit	No
Eligible Expenses	Medical, dental and vision out-of-pocket	Daycare expenses for eligible dependent(s)
Mid-Year Changes Allowed?	Yes, requires a qualifying event	Yes, requires a qualifying event
Funds Availability		Incremental amount available per each payroll contribution

## How to Enroll

For details on available enrollment methods, contact:

## What to Expect Once You're Enrolled

Once enrolled, you'll receive an email (or a letter, if no email address on file) with an enrollment confirmation and a Welcome Kit with an informative Universal Benefit Account Participant Guide. Watch for these materials and review them carefully. You'll also receive a TASC Card (mailed to your home address) to pay for eligible expenses at the point of purchase. And be sure to download the TASC mobile app for iOS or Android to track your account balances and submit requests for reimbursement on the go! It's that easy.

# HEALTHCARE FSA



A Healthcare FSA lets you use pretax dollars to pay for qualified healthcare expenses for you, your spouse, and your qualified dependents. It reduces your taxable income and helps save you money.

- Pretax benefit for medical, dental, or vision eligible expenses.
- Funds become available January 1 each year.
- Annual limit is \$ \_\_\_\_\_.
- \_\_\_\_\_-day runout period.

## Who can use a Healthcare FSA?

Almost everyone can benefit from this account! It covers all kinds of healthcare expenses—from copays to emergency room visits.

A few examples of how it can be used:

- Prescriptions (even set up mail orders for ongoing prescriptions).
- Corrective contact lenses – and the vision exam.
- Orthodontics for you or any of your dependents.
- Acupuncture sessions.
- Dentist and doctor visits.
- Therapy sessions (except for marriage counseling).

Add up your prescriptions, copays, and other expenses you pay for out-of-pocket in a year. Why not have that money be tax-free?

**NOTE:** If you have a life event occur during the plan year (marriage, divorce, birth, adoption, etc.) you are eligible to make a change in the amount of your Healthcare FSA without penalty.

## How does it work?

You determine your annual election amount for the plan year based on your total eligible expenses. Your annual contribution is deducted pretax from your paycheck in equal amounts throughout the plan year.

Use the online tax savings calculator (found in your TASC online account) to help determine how much you should contribute to your Healthcare FSA account each year. Your total election amount is 100% available to you on the first day of the plan year.

## Carryover puts your mind at ease!

The carryover option with your Healthcare FSA allows up to \$ \_\_\_\_\_ of any leftover healthcare funds to be carried over into the next plan year with no cost or penalty.

If you are nervous about trying it, why not consider doing \$ \_\_\_\_\_ in your first year of a Healthcare FSA? Remember, you have the ability to carry over any unused funds into the next year – which makes a Healthcare FSA virtually risk-free. Even if you don't use \$ \_\_\_\_\_ this year, you will not lose the money.

## TASC Card convenience

Use your TASC Card to pay for eligible expenses or easily submit requests for reimbursement online or via mail or fax to receive your reimbursements. This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. For purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.



Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

### What expenses can be reimbursed?

A Healthcare FSA can help pay for medical, dental and vision expenses. Some examples of eligible expenses are:

MEDICAL	OTC MEDICINES & DRUGS	DENTAL
Chiropractic care	Allergy medications	Braces & orthodontia
Co-payments & deductibles	Cold & sinus medications	Cleanings & fillings
Feminine care products	Itch relief	Co-insurance & deductibles
First aid kits & supplies	Pain relievers	VISION
Lactation expenses	Sleep aids & stimulants	Contact lens solution
Medical mileage	Stomach & nausea remedies	Eye exams
Prescription drugs	Sunscreen (SPF 15+)	Laser eye surgery (LASIK)
Vaccinations & flu shots	Wound treatments	Prescription eyeglasses & contacts

Examples of ineligible expenses include cosmetic surgery, marriage counseling, teeth whitening products, vitamins and supplements, and weight loss programs.

This is only a partial list. For more information, see your Participant Reference Guide. For the complete list of eligible and ineligible expenses, visit [IRS.gov](https://www.irs.gov) and see IRS Publications 502 and 503.

## DEPENDENT CARE FSA



A Dependent Care FSA lets you use pretax dollars to pay for daycare expenses for eligible dependents in order for you (or your spouse) to work, look for work, or attend school full-time. It reduces your taxable income and helps save you money.

An eligible dependent is defined as someone under age 13, or a spouse or other tax dependent who is physically or mentally incapable of caring for him/herself. Please note, there is no age limit for a child who is determined to be unable to care for him/herself.

- Funds become available after each payroll deduction.
- This account can only be used for care of eligible dependents, not for healthcare expenses.
- Annual limit is \$ \_\_\_\_\_ per household. If married but filing separately, the limit is \$2,500.

### Who can benefit from a Dependent Care FSA?

Many people can benefit from this account which covers children and elder care expenses. A few examples of how it can be used:

- Daycare for children under 13 years of age.
- Summer day camps for children under 13 years of age.
- Elder care for a parent living with you.
- Nursery school (preschool) fees.
- Late pick-up fees.

**NOTE:** If you have a life event occur during the plan year (marriage, divorce, birth, adoption, etc.), you are eligible to make a change in the amount of your Dependent Care FSA without penalty.

One last important thing to know: a Dependent Care FSA is a “money in-money out” benefit. That means you can only use what has already been deducted from your paycheck. For example, if you opt to have \$200 per check – after your first paycheck of the year, your Dependent Care FSA has a balance of \$200. If you submit a \$400 expense, only \$200 will be paid immediately. The remaining \$200 will be paid once you have another payroll deduction.

### Important Information About Care Providers

- All persons and organizations providing dependent care must be identified on IRS Form 2441. The provider name, address, and taxpayer identification number (Social Security Number in some situations) must be included.
- If a center provides care for more than six persons, it must comply with all state and local regulations.
- Payments made to relatives who are not dependents can be included, but not 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).
- You may use IRS Form W-10 to request the required information from the provider.



## How does it work?

You determine your annual election amount for the plan year based on your total eligible expenses. Your annual contribution is deducted pretax from your paycheck in equal amounts throughout the plan year. Your Dependent Care FSA funds will be available to you as your payroll deductions are taken.

Use your TASC Card to pay for eligible expenses or easily submit requests for reimbursement online or via mail or fax to receive your reimbursements.

Like a Healthcare FSA, there is a runout period following the end of the plan year. All requests for reimbursement of expenses incurred during the prior plan year must be submitted by .



## What expenses can be reimbursed?

A Dependent Care FSA can help pay expenses for caring for your dependents so you (and your spouse, if applicable) can work, look for work, or go to school full-time. Some examples of eligible expenses are:

Before and after school programs  
*(for children ages 13 and under)*

Late pick-up fees

Licensed daycare and adult care facilities

Nanny expenses for dependent care

Nursery/preschool fees

Summer day camp



For reference, here are a few examples of ineligible expenses: activity fees, babysitters for non-work hours, child support payments, dependent medical expenses (use a Healthcare FSA for these expenses), food, clothing, and entertainment for dependents.

This is only a partial list. For more information, see your Participant Reference Guide. For the complete list of eligible and ineligible expenses, visit [IRS.gov](https://www.irs.gov) and see IRS Publications 502 and 503.

## Special rules for divorced or separated parents

A non-custodial parent who 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 care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

# TOOLS AND RESOURCES

At TASC, we provide you with multiple tools and resources to take the guesswork and worry out of your benefit accounts.

## Participant Reference Guide

This comprehensive guide covers all aspects of each type of account—from signing in to requests for reimbursement to replacing lost TASC Cards—and even how to make changes in your TASC online account.

## TASC Card

Your TASC Card pays for your eligible expenses without needing a request for reimbursement! You'll receive your TASC Card at your home mailing address in a plain, unmarked envelope.

### Why use the card?

- Easy payment of eligible expenses – just swipe and it's done.
- No out-of-pocket expenses for you.
- No need to request a reimbursement – no paperwork!
- Available for all benefit accounts.
- Automatic verification for most eligible expenses.

*Additional information can be found in your Participant Reference Guide.*



## TASC Online Account

Access your account information online at any time: [uba.tasconline.com](http://uba.tasconline.com)

In your account, you can do the following:

- View your account balance and details.
- View your request history.
- Submit a request for reimbursement (then upload, fax, or mail documentation to us).
- Manage notification and verification requests.
- Manage your TASC Card and order additional cards for your dependent(s).
- Access helpful online tools including tax savings calculator, healthcare expense tables and forms, and more.

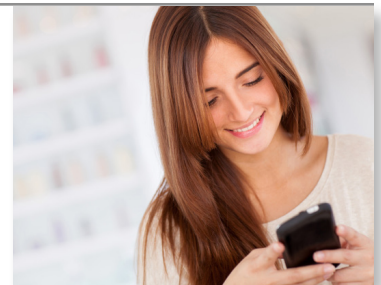


## TASC Mobile App

The TASC mobile app lets you access your account wherever and whenever you want. You can:

- View balances and request history.
- Request reimbursement and upload pictures of your receipts taken with your mobile device camera.
- Request new TASC Cards, or temporarily lock a misplaced one.

*To download the app, visit the App Store or Google Play and search for TASC.*



## TASC CUSTOMER CARE

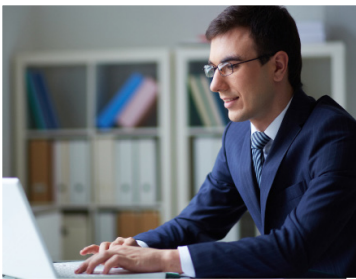
Our friendly and knowledgeable Customer Care team is available to assist you with any additional questions you have or assistance you need.



### PHONE

1-800-422-4661

Hours: Monday-Friday, 8am-5pm, all time zones



### ONLINE

[www.tasconline.com](http://www.tasconline.com)



### MAIL

2302 International Lane, Madison, WI 53704

**We look forward to the opportunity to serve your benefits needs!**