



# 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/>



# Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



## HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

## DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

### TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

# Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example:  
(For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

### Here is his net monthly take-home pay:

#### Without FSA

(\$600 spent using post-tax dollars)

**\$1,932**

#### With FSA

(\$600 spent using pretax dollars)

**\$2,098**

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at [www.tasconline.com/tasc-calculators/tasc-fsa-calculator/](https://www.tasconline.com/tasc-calculators/tasc-fsa-calculator/)

# How to participate.

It's easy to start saving with an FSA.

Just follow 3 simple steps:

## 1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. A grace period or carryover may be in place for your plan. Check with your employer for plan specifics.

### PLANNING TIPS

**START** by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

**COMPARE** your estimate to the IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits). If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

## 2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

### SPECIAL FEATURES



**Identify Theft Protection:** All active participants receive TASC Identity Theft Protection.

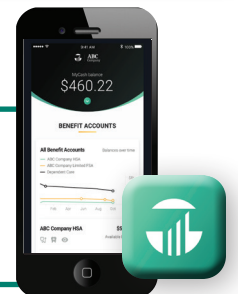


**MyCash Account:** Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

## 3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, 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!



Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!



Search for "TASC" (green icon)



# Do your dependent care expenses qualify for reimbursement?

CAA/ARPA provisions are set to expire after 2021.

The TASC Dependent 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 TASC Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which are 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.

## 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 dependent child who was under age 13 when care was provided and for whom a tax exemption can be claimed.
- A spouse who was physically or mentally unable to care for themselves and lived with you for more than half the year.
- A dependent who was physically or mentally unable to care for themselves and for whom an exemption can be claimed, and lived with you for more than half the year.

## Eligible and Ineligible Expenses for Dependent 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 eligible Dependent Care expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find current contribution limits on our resource page at:

[www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)

### To receive the dependent 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 (TIN) of the provider must be included. Under certain circumstances, the TIN will be a Social Security number (SSN).
- B) If the care is being provided by a center that cares for more than six (6) 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 they are your dependent.
- D) Use IRS 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, they are 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 themselves.
- 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 six (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 care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.



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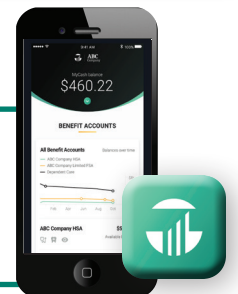


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Search for "TASC" (green icon)





## Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

**NOTE:** If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

### Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- 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
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- **Feminine care products** (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- 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
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- **Personal Protection Equipment (PPE)** (facial masks, hand sanitizer, sanitizing wipes)\*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & Flu Shots
- X-ray fees

### Eligible OTC Medicines and Drugs

**Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.**

Eligible OTC products include items that are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

\*PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.

Continued on next page...



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



## Eligible Dental Expenses

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

## Eligible Dependent 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 Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](http://irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

## Eligible 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 (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)



# How to Find and Use the TASC Mobile App

With the TASC mobile app you can track and manage all your TASC benefit accounts and access numerous helpful tools, anywhere at anytime. It's full of self-service features and boasts a user rating of over four stars!

## Download the TASC App

The TASC [mobile app](#) is a free download for your mobile device (Apple or Android). When you're in the Apple App Store or Google Play, search for "TASC" and locate the green app icon (see at right).



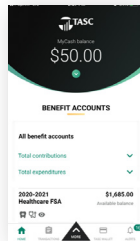
Search for "TASC" (green icon)

## Sign On to the TASC App

If not already established, you must create an account on Universal Benefit Account\* online ([uba.tasconline.com/login](http://uba.tasconline.com/login)) with an email and password. You will then use those same login credentials to sign on to the TASC mobile app.

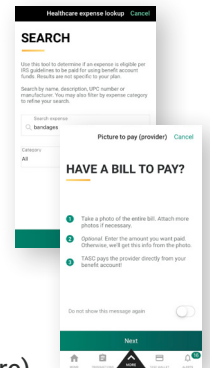
### What You Can View (Visibility)

- ✓ Total Contributions (and by account)
- ✓ Total Expenditures (and by account)
- ✓ Transactions
- ✓ Account Details
  - What's Covered (by account)
  - Available Balance
  - Annual Election Amount
  - Employer Contribution
  - Transactions
  - Account Summary



### What You Can Do (Functionality)

- ✓ Manage benefit cards in TASC Wallet
- ✓ Receive Alerts
- Actions available under the "MORE" button:**
- ✓ Pay a provider with "Picture to Pay"
- ✓ Upload/access substantiation
- ✓ Lookup eligible healthcare expenses
- ✓ Request a Reimbursement (see below)
- ✓ Transfer funds
- ✓ Manage MyCash Account
- ✓ Submit a Support Request (customer care)



### How to Request a Reimbursement via Mobile App

Begin by clicking the "More" button and selecting "Request a Reimbursement." Follow the screen prompts to complete the request. Have your substantiation (receipt, EOB, etc.) ready to capture with device camera (refer to your plan specifics to find out if substantiation is required for manual reimbursements).

**Important Note for medical expense reimbursements:** The reimbursement payment will draw from the healthcare account based on the depletion order set by your employer/plan, thus you are not able to choose which healthcare account to use.

