



EMPLOYEE REIMBURSEMENT ACCOUNTS ENROLLMENT FORM

- 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.

CURRENT PAYROLL CENTER (if unsure, contact your HR/Benefits Specialist)

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Central | <input type="checkbox"/> Courts | <input type="checkbox"/> FRNSA |
| <input type="checkbox"/> Legislature | <input type="checkbox"/> UW System | <input type="checkbox"/> UW Hospitals & Clinics |
| <input type="checkbox"/> WEDC | <input type="checkbox"/> WHEDA | <input type="checkbox"/> Wiscraft Beyond Vision |

FOR EMPLOYER TO COMPLETE

Participant Plan Effective Date

Date of First Payroll

EMPLOYEE/PARTICIPANT INFORMATION

Last Name			First Name			Middle Initial	
Date of Birth		Date of Hire		Social Security Number			
Home Phone		Mobile Phone		Email ¹			
Home Address							
City				State		ZIP Code	

¹ Personal preferred. 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.

ANNUAL ELECTIONS

Prior to completing your election amounts below, please refer to the Instructions on page 4.

I request the following amount(s) to be deducted pretax:

			Employee Annual Salary Reduction Election Amount	IRS Contribution Limits
1	Health Care FSA	\$		\$2,650 per year
2	Limited Purpose Health Care FSA	\$		\$2,650 per year
3	Dependent Day Care FSA	\$		\$5,000 per year; \$2,500 if married filing single
4	Transit Reimbursement Account ²	\$		\$3,120 per year/\$260 per month
5	Parking Reimbursement Account ²	\$		\$3,120 per year/\$260 per month

² UW System and UW Hospitals & Clinics employees are not eligible to elect the above Commuter Fringe Benefits.

TASC CARD

You will receive one TASC Card for your ERA. 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 his/her name below:

Spouse or Dependent Name (Last, First, MI)

**I elect to participate and agree to be bound by the terms of the Plan. I understand that:**

- The Employee Reimbursement Accounts Program (ERA) is an optional benefit established for eligible state employees sponsored by the State of Wisconsin and administered by the Department of Employee Trust Funds (Plan Administrator). The ERA is also referred to as Flexible Spending Accounts or FSAs. The ERA has five pre-tax benefit program options: Health Care FSA, Limited Purpose FSA (LPFSA), Dependent Day Care FSA, Transit Account, and Parking Account. The ERA is authorized under Internal Revenue Service (IRS) Code Sections §125, §105, §129, and §132 and Wisconsin Statutes §40.85-§40.875.
- The Plan Administrator reserves the right to amend at any time, any or all of the provisions of the Plan. The Plan Administrator reserves the right to discontinue or terminate the Plan without prejudice at any time and for any reason without prior notice. Such decision to terminate the Plan shall be approved by the Group Insurance Board (Board) in accordance with its normal procedures for transacting business. Upon Board approval, affiliated employers may withdraw from participation in the Plan.
- A new enrollment must be completed each plan year. If I do not complete enrollment during open enrollment, I forfeit the opportunity to participate in the Health Care FSA, LPFSA, or Dependent Day Care FSA benefit options.
- Contribution(s) are deducted on a pre-tax basis. If I do not wish to have my ERA contributions deducted pre-tax and prefer to be taxed on these dollars, I am to contact my human resource or benefit office.
- Pre-tax contribution deductions reduce my compensation for Social Security benefit purposes.
- According to Wisconsin Statutes §40.87, participation in an ERA will not reduce my wages for calculating state retirement benefits. Also, my contributions in an ERA will not reduce my gross income for the purpose of calculating any other state benefits such as sick leave conversion credits, income continuation insurance, life insurance, deferred compensation, unemployment, or worker's compensation.
- Contributions made into one account cannot be transferred and used for expenses in any other account.
- Participating in an ERA is completely voluntary, and payments from my ERA are independently reviewed for compliance with IRS regulations.
- The IRS requires me to reimburse the Plan for any improper, erroneous, or excess reimbursement amount that I do not resolve within the timeframe provided by the Plan. In accordance with Wisconsin Statute §40.08(4), by enrolling in an ERA, I specifically authorize the Plan Administrator, Department of Employee Trust Funds and/or my employer to withhold from my wages on a post-tax basis such amounts as are necessary to replenish my ERA for any improper, erroneous or excess reimbursement.
- If my employment terminates, only expenses incurred through my period of coverage as defined by the Plan can be considered for reimbursement.
- Health Care FSA, LPFSA, and Dependent Day Care FSA elections can only be changed or revoked during the plan year if I experience a qualified life change event or no longer eligible to participate, as defined by the Plan. The new election must be consistent with my change in status, must be applied for within 30 days of the qualified life change event, and is subject to final approval by the Plan Administrator. I cannot lower my election to an amount that is less than what I have already been reimbursed from my account. Whether I increase or decrease my election, my new election will be spread out evenly over my remaining pay periods.
- Parking Account and Transit Account elections can be changed or revoked prior to the first day of the next monthly coverage period. Elections can only be changed for future months. Upon termination or cessation of eligibility, my elections will be immediately revoked.
- If I am enrolled in a Health Care FSA or an LPFSA, my eligible expenses must qualify as a health care deduction under IRS Publication 502 and 969.
- If I am enrolled in a Dependent Day Care FSA, my eligible expenses must qualify as a dependent care deduction under IRS Publication 503. The expenses are for a qualified dependent (child under age 13, spouse, or adult dependent unable to care for themselves), for care by a qualified dependent care provider such as a day care center or by an individual including a non-dependent family member over age 19, inside or outside the home.
- The maximum exclusion under a Dependent Day Care FSA for married individuals filing a joint return is \$5,000 per calendar year. Married individuals filing separately will get a lower exclusion (\$2,500 per calendar year). IRS Form 2441 must be filed with my personal income tax return.
- If I am enrolled in a Parking Account or Transit Account, my eligible expenses must qualify as a commuter benefit deduction under IRS Publication 5137.
- At the close of the plan year, any amounts remaining in a Health Care FSA or LPFSA in excess of \$500, and any amounts remaining in a Dependent Day Care FSA, will be forfeited in accordance with current Plan provisions and tax laws.
- Under IRS and Treasury regulations, payments from the ERA require third-party substantiation unless the transaction is auto-substantiated or substantiated by other appropriate means approved by the Plan. I am obliged to satisfy any documentation requirements and to retain those documents for tax purposes or in the event of an IRS audit. When I am unable to substantiate my claims with a TASC Card transaction, I am to substantiate those claims manually with supporting documentation, if applicable. When I make a mid-year ERA contribution election or enrollment change, I am re-certifying to the terms and conditions.
- In circumstances where my TASC Card is lost/stolen or become aware of fraudulent charges, I am to notify TASC immediately. TASC will deactivate the TASC Card and reissue a new TASC Card.
- If I am found to have used my ERA or TASC Card fraudulently, my participation in the ERA may be terminated and I may lose the ability to participate in the ERA in the future.



I certify that:

- The information that I provided is complete and accurate to the best of my knowledge.
- I agree to have my compensation reduced by the contribution amount(s) I elected on a pre-tax basis. If I do not wish to have my ERA contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my human resource or benefit office.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.
- All dependents I list in my ERA will meet the eligibility requirements of the program.
- I will not claim a federal income tax deduction or credit for any expenses that were reimbursed through my ERA.
- My use of the TASC Card will comply with the terms and conditions of the Cardholder Agreement received with the TASC Card.
- All expenses charged on the TASC Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed and not reimbursable through any other means, including my or my dependent's insurance plans.
- I will keep all receipts and other documentation related to expenses charged on the TASC Card for account management and tax purposes. Upon request, within forty-five (45) days, I will fax, mail, or upload the required documentation of expenses to the Third Party Administrator.
- I understand additional TASC Cards issued to my spouse or dependent(s) will provide the named individual with access to my ERA. I accept responsibility for all TASC Card transactions incurred by the named individual and will submit documentation, as requested, for those transactions.
- I acknowledge and agree that use of the TASC Card in violation of this enrollment agreement or the Cardholder Agreement may result in the invalidation and forfeiture of the TASC Card. If the Third Party Administrator determines that an expense charged on the TASC Card was not a qualified expense under the Plan or according to IRS rules, I shall immediately reimburse the Plan for the entire amount of the unqualified expense. If I fail to reimburse the Plan in a timely manner, I understand the amounts may be withheld post-tax from my wages or from an otherwise valid expense in order to reimburse the unqualified expense.

Signature _____ **Date** _____



ENROLLMENT FORM INSTRUCTIONS

Instructions for entering elections under each applicable account type:

- 1. Health Care 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 of \$2,650 per Plan Year (indexed annually for inflation). Your annual election will be split into equal amounts to be deducted pre-tax 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. Limited Purpose Health Care Election:** 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 Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the Plan 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. Plan funds are available as they are contributed.
- 4. Transit Reimbursement Account Election:** 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. *University of Wisconsin and UW Hospitals & Clinics employees are not eligible to elect this account type.*
- 5. Parking Reimbursement Account Election:** Amount incurred for parking expenses 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. *University of Wisconsin and UW Hospitals & Clinics employees are not eligible to elect this account type.*

FREQUENTLY ASKED QUESTIONS

- 1. What does an ERA offer?** An Employee Reimbursement Account (ERA) offers you a choice to pay for certain qualified benefits on a pretax basis. Paying for certain benefits with pretax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pretax 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?** The ERA is not tied to any insurance plan or company. You may participate in an ERA 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 a Dependent Day Care FSA 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 with an ERA. 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 an ERA? Employee Reimbursement Accounts (ERAs) 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.

NON-DISCRIMINATION POLICY

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)

Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator. If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Lane, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-533-5020 (TTY: 1-800-947-3529)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

قم (1-5020-533-877) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية

هاتف الصم والبكم تتوافر لك بالمجان. اتصل برقم: 1-800-947-3529

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529). 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzschst, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວບຄູ່, ດມ່ນມີຢູ່ສຳລັບທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).