



## Late Enrollment Request Form

The annual It's Your Choice Open Enrollment period for the 2019 plan year was October 1 - October 26, 2018. Employee Reimbursement Account (ERA) and Health Savings Account (HSA) enrollment forms for the 2019 plan year must have been submitted on or before October 26, 2018.

If you did not enroll by the It's Your Choice Open Enrollment period deadline on October 26, 2018, you are not able to enroll until the next annual open enrollment period or you experience a qualified life change event.

If you believe you were not offered an It's Your Choice enrollment opportunity or experienced an unforeseen circumstance that impeded your ERA and/or HSA enrollment, your employer may submit a late enrollment request to Total Administrative Services Corporation (TASC) on your behalf. Your late enrollment request must be received by your employer no later than January 31, 2019. Late appeals after the due date will not be accepted.

In order for your late enrollment request to be considered by TASC, you must follow the Late Enrollment Request Process outlined below. **Note:** The submission of a late enrollment request does **not** guarantee approval.

### Late Enrollment Request Process:

1. Submit a late enrollment request to your employer by January 31, 2019. Your late enrollment request must include the following:
  - A written cover letter or email outlining all pertinent facts or details of the circumstances as to why you are submitting a late enrollment request.
  - A completed Late Enrollment Request Form (see the reverse side of this document).
  - Documentation that supports the facts and/or claims outlined in your cover letter or email, including proof that you were not offered an enrollment opportunity and/or proof of circumstances that impeded your enrollment. See the Late Enrollment Request Form for examples of valid documentation and/or proof.
  - A completed [Employee Reimbursement Account Enrollment Form](#) and/or [Health Savings Account Enrollment Form](#) for the benefit(s) in which you would like to enroll.
2. Your employer will develop a cover memo, letter, or email addressed to TASC Appeals Department detailing the process used to distribute the It's Your Choice enrollment materials and information to their employees, the date of receipt of your late enrollment request, and any additional pertinent facts.
3. Your employer will submit a complete late enrollment request (employer cover memo/letter, employee cover letter, completed Late Enrollment Form, employee documentation, and completed enrollment form) to TASC Appeals Department for review.
4. TASC Appeals Department will review the materials submitted with your late enrollment request and issue a written decision within **60 days**, informing you as to whether your late enrollment request was approved or denied. Your employer will be copied on this communication.

If someone represents you, complete the Authorization of Release Form to allow us to communicate with your representative. The Authorization of Release Form can be located on the TASC landing page at <https://partners.tasconline.com/ETFEmployee>.

Sincerely,

TASC Appeals Department  
[StateOfWIAppeals@tasconline.com](mailto:StateOfWIAppeals@tasconline.com)  
P.O. Box 70791 Madison, WI 53704  
Phone: 1-844-786-3947 or 1-608-316-2408



# Late Enrollment Request Form

Please read and complete each section.

Participant Information		
Participant Name		
Participant Address		
Participant Email		
Employer Information		
Employer Employee ID		
Employer Name		
HR Benefit Contact Name		
HR Benefit Contact Email		
Benefit Program(s)		
<input type="checkbox"/> Health Care Flexible Spending Account	<input type="checkbox"/> Dependent Day Care Flexible Spending Account	<b>NOTE:</b> UW System & UWHC employees are not eligible to participate in a Parking Account or Transit Account
<input type="checkbox"/> Limited Purpose Flexible Spending Account	<input type="checkbox"/> Transit Account	
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> Parking Account	

The reason for my late enrollment request: *(Choose option below.)*

- ☐ **My employer did not provide me with an enrollment opportunity.** A statement from your employer confirming you were not provided with an enrollment opportunity must be included with your late enrollment request.
- ☐ Completed Appeal Form      ☐ Completed Enrollment Form      ☐ Employer Statement
- ☐ **I enrolled through my employer's payroll benefit system during the open enrollment period, however my enrollment was not processed due to a technological issue.** A statement from your employer confirming your enrollment was not correctly processed due to a technological issue must be included with your late enrollment request.
- ☐ Completed Appeal Form      ☐ Completed Enrollment Form      ☐ Proof of Enrollment Attempt  
(ex. screenshot from Benefits Staff)
- ☐ **I submitted accurate enrollment information during the open enrollment period, however my enrollment was not recorded accurately due to an administrative error.** (Examples of administrative errors include incorrect entry of your contribution amount or an incorrect benefit program selection.) A statement from your employer confirming an administrative error was made during the enrollment process must be included with your late enrollment request.
- ☐ Completed Appeal Form      ☐ Completed Enrollment Form      ☐ Employer Statement
- ☐ **I enrolled in a benefit program during the open enrollment in good faith, however I entered an incorrect contribution amount, am not eligible for a program, enrolled in the wrong program, or discovered I am already paying for the benefit in which I enrolled via payroll deduction.** A statement from your employer verifying your enrollment error must be included in your late enrollment request.
- ☐ Completed Appeal Form      ☐ Completed Enrollment Form      ☐ Proof of Original Enrollment  
(ex. Enrollment Form or screenshot)
- ☐ Proof of Ineligibility of Benefits  
(ex. Payroll Center verification of no eligible dependents)
- ☐ Proof of Pre-Taxed Benefit Enrollment  
(Benefits Staff confirmation)
- ☐ **Other** \_\_\_\_\_
- ☐ Completed Appeal Form      ☐ Completed Enrollment Form

By signing this form, you certify that this late enrollment request is complete and accurate to the best of your knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Payroll/Benefit Signature \_\_\_\_\_ Date \_\_\_\_\_

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  
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).

