



Rescind IYC Open Enrollment ERA or HSA Elections

You may request to rescind your It's Your Choice (IYC) Open Enrollment Employee Reimbursement Account (ERA) or Health Savings Account (HSA) enrollment election(s) by sending this completed form to your employer's Human Resource (HR) benefit/payroll staff **prior to your January 1 effective date**. After this date, you will need to follow the [Late Enrollment Appeal](#) process.

Note: Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account, and Dependent Day Care Flexible Spending Account enrollment elections may not be rescinded on or after your effective date of coverage. You can enroll or make changes to your Parking Account and Transit Account at any time during the plan year. You can make changes to your HSA annual contribution amount at any time during the plan year, however you cannot rescind your HSA enrollment after your January 1 effective date unless you experience a qualifying life event.

Upon your employer's receipt of your request to rescind your ERA and/or HSA election(s), your employer will forward your request along with any other applicable documentation to TASC and retain a second copy for their records.

TASC will notify you and your HR benefit/payroll department of the rescind request decision. Decisions are shared via the email provided on the other side of this form.

If someone represents you, complete the [Authorization of Release](#) form to allow us to communicate with your representative. The form can be found on the TASC landing page at <https://partners.tasconline.com/ETFEmployee>.

Sincerely,

TASC Appeals Department
stateofwiappeals@tasconline.com
P.O. Box 70791 Madison, WI 53704
Phone: 1-844-786-3947 or 1-608-316-2408
Fax: 1-877-231-1287



Rescind Request Form

Please complete the form below as it applies to rescinding your Employee Reimbursement Account (ERA) and/or Health Savings Account (HSA) election(s) and submit your HR benefit/payroll department. Retain a copy for your records.

Participant Information	
Participant Name	
Participant Address	
Participant Email Address	
Employer Information	
Employer Employee ID	
Employer / Agency Name	
Payroll Center Name	
HR / Payroll Staff Contact Name	
HR / Payroll Staff Contact Email	

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

ERA or HSA Election Rescinding			Annual Election Amount
<input type="checkbox"/>	Health Care Flexible Spending Account	\$	
<input type="checkbox"/>	Limited Purpose Flexible Spending Account	\$	
<input type="checkbox"/>	Health Savings Account	\$	
<input type="checkbox"/>	Dependent Day Care Flexible Spending Account	\$	
<input type="checkbox"/>	Parking Account	\$	
<input type="checkbox"/>	Transit Account	\$	

Brief statement on the reasoning for rescinding your ERA and/or HSA election:

Participant Signature _____ Date _____

HR Benefit / Payroll 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).

