

EMPLOYEE REIMBURSEMENT ACCOUNT

Participant Reference Manual

FLEX SPENDING ACCOUNTS

Health Care | Limited Purpose Health Care | Dependent Day Care | Parking & Transit



EMPLOYEE RESOURCES

TASC

Customer Care Center

PHONE: 844-786-3947 or 608-316-2408

HOURS: Monday-Friday, 8 am to 5 pm in all time zones

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Madison, WI 53707

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EMAIL: 1customercare@tasconline.com

ONLINE: <https://partners.tasconline.com/ETFEmployee>

State of Wisconsin Department of Employee Trust Funds

ETF WEBSITE: <http://etf.wi.gov>

The ETF website provides a link to the ERA program information and forms, along with access to your personal account information. Click on the "members" tab at the top of the page, then select "Employee Reimbursement Accounts Program" from the menu.

**Keep this booklet for your reference
throughout the plan year.**

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General Information

The Employee Reimbursement Accounts (ERA) program is an optional benefit established for eligible state employees. Also referred to as “Flex Spending Accounts,” or FSAs. The ERA Program is authorized under Sections [125](#), [105](#), and [129](#) of the Internal Revenue Code and Wisconsin Statutes [§40.85-§40.875](#). The ERA Program allows you to pay for eligible expenses using your pretax income rather than after tax income.

The Flex Spending Account is offered through your employer (State of Wisconsin) and administered by TASC.

The plan year begins on January 1. After that, you may change enrollment elections only if a change of status qualifying event affects your eligibility to participate in the Flex Spending Account. Submit any change of status qualifying event information to your Payroll/Benefits Office for approval.

For more about change of status qualifying events and how to request a change, refer to the [Change of Status](#) section.

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TERMINOLOGY

- The Employee Reimbursement Account (ERA) and Flex Spending Account (FSA) terms can be used interchangeably.
- This guide uses Flex Spending Account (FSA) terminology only.

Types of Accounts

The Employee Reimbursement Accounts (ERA) program has three pretax benefit account options:

- **The Health Care Flex Spending Account** is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by your medical, dental, or vision care insurance plan. See [Health Care Flex Spending Account](#) section for more information.
- **The Limited Purpose Health Care Flex Spending Account** is a pretax benefit account if you are enrolled in the HDHP health insurance plan used for eligible dental and vision care expenses. See [Limited Purpose Health Care Flex Spending Account](#) Section for more information.

REDUCE YOUR TAXES

The more you contribute to these accounts, the more you reduce your taxable gross salary.

- **The Dependent Day Care Flex Spending Account** is a pretax benefit account for dependent day care expenses incurred for the care of your eligible dependents under age 13, or a spouse or other tax dependent who is physically or mentally incapable of caring for him/herself, so that you can work. See [Dependent Day Care Flex Spending Account](#) section for more information. **NOTE: This account is for day care for your dependents, NOT for health care expenses for dependents.**
- **The Parking & Transit Account** covers eligible parking and/or transit expenses incurred for travel to and from your place of employment. See [Parking & Transit Account](#) section for more information. **Use this account for parking and transit expenses only, not for dependent commuter expenses.**

Contributions

When you enroll in a TASC Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, and/or Parking & Transit Account, you determine how much to contribute to each account. The dollar amount is based on your estimated expenses for the upcoming plan year. Your contributions deduct in equal amounts from each paycheck, pretax, throughout the plan year.

WHAT'S MY BUDGET?

Determine how much money you need to set aside. Plan carefully.

Limits

Each year, the IRS establishes ERA contribution dollar limits. The most up-to-date information regarding limits per plan is below. Meanwhile, there is no minimum ERA election amount.

	2018	2017	2016
ERAs			
Health Care Max Election	\$2,650	\$2,600	\$2,550
Health Care Rollover Max	\$500	\$500	N/A
Dependent Care Max Election	\$5,000	\$5,000	\$5,000
Standard Mileage Rate	\$0.18	\$0.17	\$0.19
Health Savings Accounts (HSAs)			
HDHP Min Annual Deductible — Single	\$1,300	\$1,300	\$1,300
HDHP Min Annual Deductible — Family	\$2,700	\$2,600	\$2,600
HDHP Out of Pocket Max — Single	\$6,650	\$6,550	\$6,550
HDHP Out of Pocket Max — Family	\$13,300	\$13,100	\$13,100
HSA Max Contribution Limit — Single	\$3,450	\$3,400	\$3,350
HSA Max Contribution Limit — Family	\$6,850	\$6,750	\$6,750
HSA Catch-Up Contribution Limit	\$1,000	\$1,000	\$1,000
Transportation Fringe Benefit			
Parking	\$260/mo	\$255/mo	\$255/mo
Mass Transit*	\$130/mo	\$130/mo	\$130/mo

* Note: Contribution of \$130 is pre-tax State and Federal. You may contribute up to \$260, however contributions over \$130 up to \$260 would be pre-tax Federal and post-tax State.

Participants should be advised to plan carefully. Depending on plan enrollment, any fund balance in participant's account at plan year end may be forfeited. See below for specifics.

- Participant **may** carry into the next plan year up to \$500 in unused Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account funds. Any amount over \$500 at plan year end will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Dependent Day Care Flex Spending Account will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Parking & Transit Account will be rolled over to the next plan year.

In determining (estimating) health care expenses, participants should consider their health insurance benefits, including coinsurance, deductible and copay requirements, and any out-of-pocket maximums. Participants should be advised to review any other coverage that may affect their health care costs.

- Participants may use the [Flex Spending Account Worksheet](#) to calculate the amount they expect to pay during the plan year for eligible out-of-pocket health care, dependent day care, or parking and/or transit expenses.

Availability of Contributions

Your total annual Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account contribution amount is available immediately at the start of the plan year. Conversely, available funds in your Dependent Day Care and/or Parking & Transit Account reflect the current contributed account balance only.

Eligible Expenses

Your TASC Flex Spending Account funds are applicable only for eligible expenses under your Health Care Medical, Limited Purpose Health Care Medical, Dependent Day Care, and/or Parking & Transit Accounts. Some eligible expenses include the following:

- Medical/Dental office visit copays
- Dental/Orthodontic care services
- Eye exams and Prescription Glasses/Lenses
- Prescriptions
- Vaccinations
- Daycare fees
- Bus fares
- Parking fees

WHAT ABOUT INSURANCE?

Insurance premiums—including qualified long-term care insurance premiums—are not eligible for reimbursement.



For a complete list visit [IRS Publications 502 and 503](#).

Reimbursement

As eligible expenses are incurred, you have two options to access your TASC Flex Spending Account funds:

- 1) **TASC Card:** You will be mailed a TASC Card to use when paying for eligible expenses at point of purchase. Simply swipe your TASC Card anywhere MasterCard is accepted.

The TASC Card uses smart card technology to automatically pay for and substantiate eligible expenses. Maintain your itemized receipts. TASC will notify you if substantiation documentation is required. (Detailed in the [Substantiation](#) section.)

- 2) **Request a Reimbursement:** If you paid for your expenses out of pocket, submit a request for reimbursement to TASC via one of these methods:
 - Submit via Mobile App (free [download](#)).
 - Submit via [TASC online account](#).
 - Download [Request for Reimbursement Form](#), submit via fax or mail.

If applicable, include proper documentation to support your claim (e.g., an itemized bill or receipt or an Explanation of Benefits (EOB) from your insurance company). TASC will promptly process your claim. Claims process daily and approved expenses reimburse by check or direct deposit within 48-72 hours.

Reimbursement options are detailed in the [Reimbursement](#) section.

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

Participant Responsibilities

Receipts/Documentation

Under IRS and Treasury regulations, all payments from your benefit account require third-party documentation. Some electronic transactions will not require after-purchase substantiation because they are documented automatically. These automatic substantiations are made possible by an Inventory Information Approval System, or IIAS, detailed in the [IIAS](#) section; Merchant Category Codes, or MCC; copay matching technology; and substantiated recurring payments.

You are obligated to meet all documentation requirements established by your plan sponsor and/or plan administrator. By using your TASC Card to pay for transactions, you agree to retain, verify, and reconcile your transactions and receipts.

Follow-Up

Be sure to check your online account and email often. When you (or an individual authorized by you) use the TASC Card you are obligated to provide eligible documentation if requested. Failure to do so may result in TASC Card suspension and repayment being required. See the [TASC Card Substantiation](#) section for more detail. If an expense is ineligible, you must repay your plan sponsor for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law).

Contact Information

As a Flex Spending Account participant, you are obliged to maintain up-to-date contact information; this includes email and mailing addresses, phone numbers. TASC periodically sends important plan notifications (regarding balances, TASC Card substantiation notifications, deadlines, and/or plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Adhere to Plan Rules

By submitting a claim or using the TASC card, you certify the expense is eligible, was incurred by an eligible plan participant (includes dependents) during an eligible plan year, has not been previously reimbursed under any benefit plan, and will not be claimed as an income tax deduction. You also acknowledge that it is your responsibility to comply with all plan guidelines and to avoid submitting duplicate or ineligible requests.

Enrollment Information

Enrollment Eligibility

Most full-time or part-time classified and unclassified state and university employees are eligible to participate.

Employees who are classified as fellows, scholars, and research assistants in the University of Wisconsin System, as well as limited term employees, student hourlies, per diems, and other temporary employees may not participate.

If your spouse is also eligible for enrollment in a Flex Spending Account, you are able to enroll separately, if desired, up to the IRS maximum.

IRS Maximum Election Amounts

The most accurate and up-to-date limits as established by the IRS can be found in the [limits section](#).

Open Enrollment

Employees must enroll (and must re-enroll) in the Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, and Parking & Transit Account during the annual open enrollment period.

Open Enrollment Dates

Open enrollment dates and additional information are updated prior to each annual open enrollment period.

Enrollment Options

Enrollment is fast and easy, via any of these three options:

- 1) **Online:** Via your [TASC online account](#).
 - Log in and click Enroll Now.
 - Enrolling online is further detailed in the [Enrollment Guide](#).
- 2) **Telephone:** Contact [TASC Customer Care](#) at 1-844-786-3947 or 608-316-2408.
 - One of TASC's friendly and knowledgeable Customer Service Representatives will assist you.
 - TASC Customer Care is open Monday through Friday, 8:00 a.m. to 5:00 p.m.
- 3) **Paper:** You can request a paper application from your payroll or benefits office, or download a copy from the

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[TASC](#) or [ETF](#) websites. You must submit the completed TASC ERA Enrollment form to your human resources/benefit office. **NOTE: If you are already enrolled in a Employee Reimbursement Account (ERA), you must re-enroll each year to continue participation. Enrollments do not carry forward from year to year.**

UW System Employees

Enrollments are done directly through the UW, not the TASC portal/website or by telephone. UW System employees should refer to www.wisconsin.edu/ohrwd/benefits or contact your UW institution human resources department for enrollment instructions.

State of Wisconsin & Legislature Employees

State of Wisconsin and Legislature employees who are paid through the STAR System should log in to STAR at ess.wi.gov to make all benefits elections during the annual It's Your Choice period. Contact your agency payroll and benefits staff with any enrollment questions.

WEDC Employees

Enrollments are done directly through WEDC, not the TASC portal/website or by telephone. WEDC employees should refer to **OneLogin > Kronos > My Account > My Benefits > Review/Select Benefits** or contact WEDC human resources for enrollment instructions.

Following Enrollment

Once you have enrolled, you will receive:

- **Welcome Brochure:** The ERA Welcome Brochure will provide you with information on how to set-up your TASC Online account, service tools available to manage your account, your responsibilities, and key dates.
- **TASC Card:** Your TASC Card allows you to conveniently pay for eligible expenses. Be sure to review the Cardholder Agreement included with your TASC Card. **NOTE: If you are a current TASC participant, you will not be issued a new TASC Card. You will continue to use your current TASC Card.**

ONLY DURING OPEN ENROLLMENT

Online and telephone enrollments are available during Open Enrollment only.

Election Changes

At any time during open enrollment you may change your election for the following plan year. Simply log into your [TASC online account](#) or contact the [TASC Customer Care](#) team to do so. *Only the last election made will be saved.*

After your change has been processed, you will be emailed an updated enrollment confirmation. Be sure to retain this for your records.

If you enroll in multiple accounts but are making a change to one account only, be sure to review the information to ensure that all accounts reflect the correct election amounts. If you are making the update online, the system will automatically provide information for all of your election amounts, meaning you need only update the account you are changing.

Rescinding Election

You may request to rescind your enrollment election(s) *prior to your January 1 effective date* by sending a completed [Election Rescind Request Form](#) to your Payroll/Benefits Office. Upon receipt of your request to rescind your election(s), your Payroll/Benefits Office 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 Payroll/Benefits Office of the rescind request decision.

Late Enrollment Appeal Process

All enrollments must be received during the open enrollment period. If you experienced unforeseen circumstances that impeded your ability to enroll during open enrollment, you can file a late enrollment appeal for consideration. All late enrollment appeals must be received **no later than January 31** and must be requested via the late enrollment process. After open enrollment ends, and prior to the start of the new plan year, any new enrollments must be requested via the late enrollment appeal process. These are submitted to stateofwiappeals@tasconline.com.

TASC requires the following information to process the appeal:

- A formal letter including circumstances impeding the enrollment during the open enrollment timeframe. Include proof of impediment with documentation.
- A completed TASC [Enrollment Form](#) clearly identifying the benefit under appeal for late enrollment. If prior to the start of the new plan year, you DID enroll via email, fax, or phone, but the enrollment is not showing with TASC, please provide the following:
 - a) **Fax:** A copy of the completed [Enrollment Form](#) and a copy of fax transmittal with the date and time.
 - b) **Secure Email:** A copy of the completed [Enrollment Form](#) and a copy of the email with the date and time.
 - c) **Phone:** A completed [Enrollment Form](#) and the date and time of the phone call.

Once made, TASC will notify you of the appeal decision. Late enrollment appeal decisions are shared via the email provided on the form. TASC also emails the decision to your Payroll/Benefits Office, where they will update payroll and other systems as necessary.

Enrollment Effective Date

If you enroll during open enrollment, your coverage will begin at new plan year start, January 1. Your first contribution will be made via payroll deduction from your first paycheck in the new plan year.

Mid-Year Enrollment

Newly Hired/Eligible Employees

To enroll in the Flex Spending Account, complete and submit an [Employee Reimbursement Accounts Enrollment Form](#) within 30 days following your date of hire/eligibility.

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

- 1) Determine the amount you wish to contribute for the remainder of the plan year following your effective date of coverage. Your Payroll/Benefits Office will assist you in determining the number of paychecks remaining in the year.
- 2) Access and print a [TASC Employee Reimbursement Accounts Enrollment Form](#) (also available via your [TASC online account](#)).
- 3) Return your completed [Employee Reimbursement Accounts Enrollment Form](#) to your Payroll/Benefits Office.
- 4) The Payroll/Benefits Office reviews the information and verifies the effective date of the change and first payroll affected by the change are correct.
- 5) Once your enrollment processes, TASC will send you an [Enrollment Confirmation](#) and [Welcome Letter](#) via email

or mail. The welcome letter will include the TASC website information along with your user name and temporary password. We encourage you to log into your [TASC online account](#) and download the [mobile app](#) for easy access and additional information regarding your Flex Spending Accounts. We encourage you to provide TASC with a personal email address to ensure delivery of important notifications regarding your Flex Spending Accounts.

- 6) Expect your TASC Card to arrive 7-10 business days after you receive your enrollment confirmation. (Sent to your home address.)

Change in Status Employees

Within 30 days after you experience a change of status qualifying event you may enroll/change enrollment in the Flex Spending Account. Submit an [Employee Reimbursement Accounts Enrollment Form](#) or [Change of Election Form](#).

For more information related to qualifying change of status events, and how to request a change, refer to the [Change of Status](#) section.

Enrollment Effective Date

If you enroll within 30 days following your hire date or your change of status qualifying event, your coverage will be effective on the first day of the month following your request for new enrollment or change of enrollment. (Example: For an individual hired on 2/15 who submits request for enrollment on 2/28, enrollment is effective on 3/1.) If the enrollment or change is due to birth, death, adoption, or placement for adoption, the effective date is the date of the event. Only eligible expenses for services provided to you or your eligible dependents on or after this effective date are reimbursable.

Your first contribution will be made via payroll deduction from your first available paycheck. The date of the first deduction will reflect payroll cutoff dates as well as the date your [Employee Reimbursement Accounts Enrollment Form](#) or [Change of Election Form](#) arrives at the Payroll/Benefits Office. The first deduction will occur after your coverage start date. For more information related to qualifying change of status events and information about how to request a change, refer to the [Change of Status](#) section.

Transfers

Payroll Center Transfer

When you transfer from one payroll center to another, please follow the following steps before the transfer. Doing so helps avoid disruption to your accounts and ensures that TASC is updated accordingly.

- Notify your current Payroll/Benefits Office of your upcoming transfer.
- Access and print a [Payroll Transfer Form](#). (Also available via your [TASC online account](#)).
- Complete your Transfer form and submit to your current Payroll/Benefits Office.
- The Payroll/Benefits Office reviews the information and verifies that effective date of the change and first payroll are correct.
- The Payroll/Benefits Office submits the Transfer Form to TASC for processing.
- TASC updates your account and notifies your new Payroll/Benefits Office to ensure all systems are updated.

NOTIFY YOUR CURRENT PAYROLL/BENEFITS OFFICE

To avoid disruption to accounts or contribution delays, please notify your Payroll/Benefits Office of any transfers.

There is no impact to your TASC accounts when you transfer from one payroll center to another. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Be sure to promptly communicate your upcoming transfer with both Payroll/Benefits Offices (current and future). Failure to do so in a timely manner could result in contribution delays.

Agency/Location Transfer

In the event that you transfer from one agency or location to another, TASC recommends that you notify your Payroll/Benefits Office to ensure that the necessary system updates are made.

There is no impact to your TASC accounts when you transfer from one agency/location to another. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Payroll Frequency Transfer

In the event that you transfer to a new payroll frequency, your Payroll/Benefits Office will notify TASC so we can update your contribution schedule accordingly.

The only change made to your account will be the frequency of your contributions. You will be able to continue to use your TASC Card as before; your TASC online account and mobile app access will remain the same.

Health Care Flex Spending Account

General Information

With this account you use pretax dollars to pay for qualified health care expenses for you, your spouse, and your qualified dependents. It reduces your taxable income. The qualified health care expenses must occur during the plan year or coverage period.

WHEN ARE MY FUNDS AVAILABLE?

Your full election amount is available to you on the first day of your plan start or coverage period.

Contribution Limits

There is no minimum contribution requirement. The maximum is subject to change each year based on IRS regulations. Please see the [limits section](#) for this year's annual limit. Your full election amount will be available to you on the first day of your plan start or coverage period. In sum, Health Care Flex Spending Account funds are available to you even before contributions occur.

MAXIMIZE YOUR TAX SAVINGS:

Health Care FSA vs. Itemizing Medical Expenses on IRS Form 1040

With a Health Care FSA you save pretax dollars... from the very start! Conversely, you can claim medical expenses (on IRS Form 1040) only if your itemized medical expenses exceed 10% of adjusted gross income (7.5% for those born before January 2, 1950).



For [IRS Form 1040](#) visit [IRS.gov](#)

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Qualified Dependents

Your Health Care Flex Spending Account reimburses eligible health care expenses incurred by these persons:

- Yourself,
- Your spouse,
- Your qualifying child, and
- Your qualifying relative.

An individual is considered a qualifying child if all of the following apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada.
- Is not already being declared as another person's qualifying child.
Is a US citizen, national or a resident of the US, Mexico, or Canada.
- Has a specified family-type relationship to you.
- Is a son/daughter, stepson/stepdaughter, eligible foster child, legally adopted child, or child legally placed with you for adoption.
- Has not reached age 27 during the taxable year.

An individual is considered a qualifying relative if all of the following four apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Receives more than half of his/her support from you during the taxable year.

OR:

- If no specified family-type relationship exists, is a member of and lives in your household (without violating local law) for the entire taxable year, and receives more than one-half of his/her support from you during the tax year.

NOTE

- » There is no age requirement for a qualifying child if physically and/or mentally incapable of self-care.
- » An eligible child of divorced parents is a dependent of both, so neither or both parents can establish a Health Care Flex Spending Account.

Eligible and Ineligible Expenses

Health Care Flex Spending Account funds may be used only for expenses deemed eligible per IRS regulations. Further, the eligible expenses are those you pay for out-of-pocket for medical care. Per IRS regulations, health care is generally for the diagnosis, cure, mitigation, treatment, or prevention of illness or disease.

ARE INSURANCE PREMIUMS AN ELIGIBLE EXPENSE?

Insurance premiums are **not** eligible for reimbursement under a Health Care FSA.

Health Care FSA Eligible Expenses (A partial list.)

These expenses are eligible for reimbursement under the Health Care FSA.

- | | |
|---|--|
| <ul style="list-style-type: none">• Acupuncture• Ambulance service• Birth control pills and devices (requires prescription)• Breast pumps• Chiropractic care• Contact lenses (corrective)• Dental fees (other than cosmetic)• Diagnostic tests/health screening• Doctor fees• Drug addiction/alcoholism treatment• Eyeglasses• Guide dogs• Hearing aids and exams | <ul style="list-style-type: none">• Nursing services• Optometrist fees• Orthodontic treatment• Over-the-counter medicines (requires prescription)• Over-the-counter supplies• Prescription drugs• Smoking cessation programs/treatments• Surgery (other than cosmetic)• Transportation/travel expenses for health care (including mileage, tolls and parking)• Wheelchairs, crutches and walkers• X-rays |
|---|--|

Health Care FSA Ineligible Expenses (A partial list.)

These expenses are **not** eligible for reimbursement under the Health Care FSA.

- | | |
|---|---|
| <ul style="list-style-type: none">• Cosmetic surgery and procedures• Expenses for services provided outside of the plan year or your coverage period• Health or athletic club membership fees• Herbs, vitamins, and supplements used for general health• Insurance premiums, all types• Marriage counseling• Maternity clothes• Personal use items like lotion, makeup, razors, and toothpaste | <ul style="list-style-type: none">• Physical treatment unrelated to specific health problems (massage for general well-being, stress, or depression; chiropractic wellness)• Prescription drugs imported from another country• Service contracts or warranties• Teeth whitening products• Weight loss drugs/programs for general well being |
|---|---|

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Over the Counter (OTC) Medicines and Drugs

Health Care Flex Spending Account funds may not be used for OTC medicines and drugs unless prescribed by a physician. (Insulin requires no prescription and is eligible.) The prescription must be included with each request for reimbursement.

IMPORTANT REMINDERS ABOUT OTC MEDS

Over-the-Counter (OTC) medicines **a)** require a prescription (to be Flex Spending Account-eligible) and **b)** cannot be purchased using your TASC Card.

Over the Counter Medicines and Drugs (A partial list.)

When accompanied by a prescription, these OTC expenses are eligible for reimbursement under the Health Care FSA.

- | | |
|--|--|
| <ul style="list-style-type: none">• Bengay, Flexall, and other pain relieving creams or gels• Calamine lotion• Canker/cold sore relievers• Cold medicines• Corn removal• Diaper rash ointment• GasX, baby gas drops• Hemorrhoid creams and treatments | <ul style="list-style-type: none">• Hydrogen Peroxide or rubbing alcohol• Indigestion or anti-acid relievers• Laxatives• Nicotine patch• Pain relievers (Advil, Aspirin, Tylenol, etc.)• Sinus medicines• Suppositories• Teething gel• Wart removal medication |
|--|--|

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Health Care Items that Require a Letter of Medical Necessity

In general, Health Care Flex Spending Account funds may not be used for the following expenses, unless deemed medically necessary by a physician to treat a diagnosed medical condition. A [Letter of Medical Necessity](#) from your physician is required; contents must detail the medical necessity of the expense, diagnosed condition, onset of condition, and be signed by the physician. The letter must be included with each request for reimbursement.

NEED A FORM?

The [Forms](#) Section of this guide links a [Letter of Medical Necessity](#), also available on [TASC online](#).

Health Care FSA Items that Require a Letter of Medical Necessity (A partial list.)

When accompanied by a Letter of Medical Necessity, these expenses are eligible for reimbursement under the Health Care FSA.

- | | |
|--|--|
| <ul style="list-style-type: none">• Ear plugs• Massage treatments• Nursing services for care of a special medical ailment• Orthopedic shoes (excess cost of ordinary shoes)• Oxygen and oxygen equipment | <ul style="list-style-type: none">• Support hose• Varicose vein treatment• Veneers• Vitamins and supplements• Wigs (for mental health condition of individual who loses hair because of a disease) |
|--|--|

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Weight Loss/Health Club/Gym Memberships

In general, Health Care Flex Spending Account funds may not be used for weight loss programs or health club/gym memberships used for your general health unless deemed medically necessary by a physician to treat a specific disease. For example, a doctor may treat obesity or diabetes by prescribing a weight loss program.

A [Letter of Medical Necessity](#) from your physician is required; contents must detail the medical necessity of the expense, diagnosed condition, onset of condition, and be signed by the physician. The letter must be included with each request for reimbursement. Only the monthly fees are eligible for reimbursement; sign up fees, processing fees, or enrollment fees are not reimbursable.

Orthodontia Expenses

Orthodontia expenses are reimbursable if designed to correct a medical condition such as malocclusion. Not reimbursable are orthodontia expenses to improve a person's appearance.

Per IRS regulations, generally orthodontia expenses must reimburse from the Flex Spending Account plan year in which they were incurred. Meanwhile, in certain circumstances IRS permits prepayment of orthodontia expenses.

NEED A FORM?

The [Forms](#) Section of this guide links [A Letter of Medical Necessity](#), the [Orthodontia Worksheet](#), and more.

Health Care FSA Eligible Expenses (A partial list.)

These expenses are eligible for reimbursement under the Health Care FSA.

Scheduled Orthodontia Payments:

In some cases a Service Agreement or contract—between the orthodontic provider and Participant—will detail services to be provided and a schedule of payments due over the course of the treatment.

Under such an agreement...

- The participant will receive monthly FSA reimbursements.
- These reimbursements may span over one or more FSA plan years.

For example, an agreement indicates a one-time payment of \$500 upon placement of braces, with a \$50 monthly fee thereafter for two years. In this scenario, the amounts eligible for reimbursement are those incurred within each plan year (up to your current remaining Health Care FSA balance).

- Prepayments of monthly fees are not reimbursable.
- Payments due in one plan year cannot reimburse from the next plan year.

Full Orthodontia Prepayment Required:

In some cases full payment is required before services can begin. If so...

- The total cost for the treatment is eligible for reimbursement when the prepayment was made/work began.
- The total cost of the treatment (up to your current Health Care FSA balance) can be reimbursed from the current plan year.

For example, a full prepayment of \$3,000 is required at the start, and your Health Care Flex Spending Account balance is \$2,500. In this scenario \$2,500 is reimbursable (the remaining \$500 exceeds your balance and is not reimbursable).

Orthodontia Worksheet:

Complete the [Orthodontia Worksheet](#)

- if the orthodontic provider does not offer either option above, or
- if no other receipt is available.

The worksheet will help you determine the monthly amount that may be eligible for reimbursement from your Health Care Flex Spending Account.

Special Equipment Needs (Medically Necessary Capital Expenditures)

If your reimbursement request includes expenses for items or services provided for either a medical purpose or a cosmetic, personal, living, and/or family purpose (or involves a capital expenditure), you may submit them for reimbursement. The request for reimbursement must include additional substantiation documentation.

The cost of home improvements or special equipment installed in your home may be reimbursable as a capital expenditure, but only when the main purpose is medical care for you, your spouse, or dependent. A capital expenditure is an item with a useful life extending beyond the tax year end (e.g., installing an air conditioner, widening doorways, installing support bars, etc.).

These general rules address medically necessary capital expenditures, and the extent of their eligibility for reimbursement via a Health Care Flex Spending Account or Limited Purpose Flex Spending Account (LPFSA).

- A special version of an otherwise personal item: only the amount beyond the normal item's cost is eligible.
- An item permanently attached to property: only the amount beyond the increase in the property value is eligible.
- An item (a) with no personal element (b) that is not permanently attached to the property, but (c) can be used only by the person who medically requires it: the item's cost is eligible.
- If the item is used by others, only a prorated amount of the cost is eligible.
- For more information about special equipment as related to Health Care Flex Spending Accounts, please contact the [TASC Customer Care Team](#).

Medically Related Travel Expenses

Health Care Flex Spending Account funds may be used to reimburse travel to-from a service provided that is medically necessary for vision, dental, or medical care. Also included are trips to and from your pharmacy, and associated parking and toll fees.

Submit these travel expenses when you request reimbursement for the provided service. When submitting your request for reimbursement online, include health care mileage, parking, and tolls. The system will add the amount(s) to your request, and will automatically use the current IRS mileage reimbursement rate.

Health Care FSA Eligible Expenses Provided in Another Country

Health care expenses incurred while outside the US, provided they are normally eligible for reimbursement under the Health Care FSA, are likewise eligible. When requesting reimbursement, you must include an English translation of any substantiation documentation and a currency conversion to US dollars.

Prescription drugs taken as part of eligible medical treatment provided in another country (i.e., consumed outside the US) are eligible; however, prescription drugs imported to the US from another country are ineligible.

Health Care FSA Eligible Medically Related Travel Expenses

These travel expenses are eligible for reimbursement under the Health Care FSA.

Mileage

Determined by the IRS, mileage reimbursement amounts are subject to change and are updated regularly (usually each year). Please see IRS [limits section](#) for the most recent rate.

To request reimbursement, simply submit your mileage claim for an amount of \$0.01 and include your round trip mileage. The system will automatically calculate the actual reimbursement based on the most current rate.

NOTE: To verify eligibility, please include the name of the provider visited.

Example: Your office visit to & from Dr. Jay amounts to 80 miles round trip. On the request for reimbursement form, you would enter a mileage claim amount of \$0.01 but the system will automatically calculate reimbursement at **(80 miles * 18 cents [2018 rate]) = \$14.40.**

Lodging expenses incurred during my dependent's out-of-town hospitalization

Health Care FSA funds may be used to reimburse out-of-town lodging if related to a dependent's hospital stay. The amount allowed for this medically related lodging may not exceed \$50 per night per person (maximum \$100).

If someone is traveling with the person receiving medical care, that person's lodging is also reimbursable.

Parking fees and tolls

Parking fees and tolls are reimbursable to the extent these relate to your travel to medical appointment or pharmacy

Travel expenses for out-of-town healthcare services (i.e., airfare, hotel room, and rental car)

Travel to another city is reimbursable if the trip is primarily for, and essential to, receive medical services. A trip or vacation taken for a change in environment, improvement of morale or a general improvement of health—even if taken on the advice of a doctor—is not eligible for reimbursement.

FOR REIMBURSEMENT

of health care related mileage, parking, or tolls...

- » You must validate your visit to doctor or pharmacy. Appropriate validation documents: a statement, bill, Explanation of Benefits (EOB), or receipt from health care provider/pharmacy.
- » You must provide a receipt for the parking and/or toll fees.

FOR REIMBURSEMENT

of out-of-town health care related lodging, airfare, or rental car expenses...

- » You must validate your visit to doctor or pharmacy. Appropriate validation documents: a statement, bill, Explanation of Benefits (EOB), or receipt from health care provider/pharmacy.
- » You must provide a receipt for the lodging, airfare, and/or rental car fees

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Limited Purpose Flex Spending Account

General Information

Participants enrolled in a Health Savings Account (HSA) may also enroll in a Limited Purpose Health Care Flex Spending Account (LPFSA) through their employer-sponsored FSA program. When you, or your spouse, enroll in a Health Savings Account, the enrollee becomes eligible to participate in a Limited Purpose Health Care Flex Spending Account through the employer-sponsored Flex Spending Accounts Program.

A Limited Purpose Flex Spending Account allows you to continue to contribute to a Health Savings Account while also contributing to an FSA for vision and dental expenses. This additional pretax deduction helps you maximize your tax savings.

WHEN ARE MY FUNDS AVAILABLE?

Your full election amount is available to you on the first day of your plan start or coverage period.

Contribution Limits

There is no minimum contribution requirement. The maximum is subject to change each year based on IRS regulations. Please see the [limits section](#) in this guide for this year's annual limit. Your full election amount will be available to you on the first day of your plan start or coverage period. In sum, Limited Purpose Health Care Flex Spending Account funds are available to you even before contributions occur.

Qualified Dependents

Your Limited Purpose Health Care Flex Spending Account reimburses eligible health care expenses incurred by these persons:

- Yourself,
- Your spouse,
- Your qualifying child, and
- Your qualifying relative.

An individual is considered a qualifying child if all of the following apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada.
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Is a son/daughter, stepson/stepdaughter, eligible foster child, legally adopted child, or child legally placed with you for adoption.
- Has not reached age 27 during the taxable year.

An individual is considered a qualifying relative if all of the following four apply.

- Is a US citizen, national, or a resident of the US, Mexico, or Canada
- Is not already being declared as another person's qualifying child.
- Has a specified family-type relationship to you.
- Receives more than half of his/her support from you during the taxable year.

OR:

- If no specified family-type relationship exists, is a member of and lives in your household (without violating local law) for the entire taxable year, and receives more than one-half of his/her support from you during the tax year.

Eligible and Ineligible Expenses

Limited Purpose FSA Eligible Expenses (A partial list.)

These expenses are designated as eligible for reimbursement under the Limited Purpose Health Care FSA.

Eligible Dental Expenses

- Braces and orthodontia
- Cleanings
- Crowns
- Fillings
- Dentures
- Dental co-payments and deductibles

Eligible Vision Expenses

- Eye exams
- Prescription eyeglasses/contacts
- Contact lens solution
- Prescription drugs/medications
- Laser eye surgery; LASIK
- Vision co-payments and deductibles

Post-deductible medical expenses

Once you meet your out-of-pocket deductible, the Flex Spending Account can be used for eligible medical expenses (IRS §213d). You must submit manual claims for all post-deductible medical expenses and include your Explanation of Benefits (EOB) with all such claims.

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Orthodontia Expenses

For more information on Orthodontia expenses, please click [here](#).

IMPORTANT: You and/or your spouse must be enrolled in a Health Savings Account to enroll in a Limited Purpose Health Care FSA.

MAXIMIZE YOUR TAX SAVINGS:

Are Insurance Premiums an Eligible Expense?

Insurance premiums are not eligible for reimbursement under a Health Care FSA or Limited Purpose FSA.

Dependent Day Care Flex Spending Accounts

General Information

With the Dependent Day Care Flex Spending Account you 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.

Health care expenses for your dependent pay from your Health Care Flex Spending Account, not through the Dependent Day Care Flex Spending Account.

Contribution Limits

There is no minimum contribution requirement. Determined by the IRS, the maximum is subject to change and updated regularly (usually each year). For this year's annual limit, follow this link to access [limits section](#).

The Dependent Day Care Flex Spending Account is a money in-money out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses. In sum, Dependent Day Care Flex Spending Account funds are available to you only as contributions occur.

MAXIMIZE YOUR TAX SAVINGS:

Dependent Day Care FSA versus the Child Care Tax Credit

Does your adjusted family gross income meet the IRS requirements? (Per [IRS publication §503](#).)

If so, the Dependent Day Care Flex Spending Account will most likely provide the greatest benefit.

Detailed [later in this section](#).

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Qualified Dependents

Dependent Day Care expenses must be for the care of one or more qualifying persons, defined as the following:

- A dependent under age 13 when the care occurred and for whom you can claim an exemption. A child's eligible Dependent Day Care expenses are those incurred until age 13 only. Within 30 days of child reaching age 13 (but not later) you may reduce the Dependent Day Care annual election, to reflect the total reimbursement amount or total contribution amount (whichever is greater).
- A spouse who is physically or mentally unable to care for him/herself, and lived with you for more than half the year.
- A dependent who is physically or mentally unable to care for him/herself, for whom an exemption can be claimed, and lived with you for more than half the year.

If you are married, your spouse must be unable to provide dependent day care because he/she works full-time, is actively looking for work, is enrolled in and attends school full-time, or is him/herself physically or mentally incapable of self-care.

To receive the Dependent Day Care benefit, follow these procedures:

- a) Identify all persons and organizations that provide dependent day care for a qualified person as requested on [IRS Form 2441](#), including name, address, and taxpayer identification number (or SSN).
- b) If provided by a center caring for more than six persons, the center must comply with all state and local regulations.
- c) Payments made to relatives (not dependents) are eligible. Do not include payments if you can claim an exemption for your child who is under age 19 at year end, whether he/she is or is not your dependent.
- d) Use [IRS Form W-10](#) to request the required information from the care provider.

NOTE

- » Dependent Day Care expense must be for the physical care of a dependent, either inside or outside of the home.
- » The care need not be by a licensed provider.
- » Care provided by yourself, your spouse, or another dependent is not eligible for reimbursement.

Special rules apply to children of divorced or separated parents. Even if you cannot claim your child as a dependent, his/her expenses are eligible if all of the following are true:

- The child was under age 13 or was physically or mentally unable to care for him/herself.
- One or both parents provided more than half of the child's support for the year.
- Parents are divorced, legally separated, or lived apart at all times during the last six 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, defined as the parent with custody for the greater portion of the calendar year; OR if parents have equal custody (same number of nights), then the parent with the higher adjusted gross income is the custodial parent.
- For a noncustodial parent, the child's expenses are not eligible for the dependent day care benefit, even if said parent is financially responsible for providing the care, and even if said parent is entitled to claim the child as a dependent. Only the custodial parent qualifies for the dependent day care benefit for a taxable year. Finally, a noncustodial parent may not submit expenses for the portion of the year in which they have custody of the child.

NOTE

You may claim eligible expenses only once, either via the Dependent Day Care FSA or via the Child Care Tax Credit.

Elder Care

Dependent Day Care funds may be used to reimburse expenses incurred for care of an elderly parent who has lived with you for at least half of the year. Such Elder Care is eligible only if the care is incurred while you (or your spouse) are at work, looking for work, or attending school full time. Furthermore, the care outside the home is eligible if the dependent spends at least eight hours a day in your home.

Eligible and Ineligible Expenses

Dependent Day Care Flex Spending Account funds may be used only for expenses deemed eligible per IRS regulations.

NOT ELIGIBLE

Health care expenses are not eligible under the Dependent Day Care FSA.

Dependent Day Care FSA Eligible and Ineligible Expenses (A partial list.)

These expenses are designated as eligible or ineligible for reimbursement under the Dependent Day Care FSA.

Eligible Expenses

- Fees for licensed day 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 for dependent day care.
- Nursery school (preschool) fees.
- Summer Day Camp—custodial care.
- Late pick-up fees.

Ineligible Expenses

- Health care expenses.
- Baby-sitter for non-work activities.
- Activity fees/educational supplies.
- Child support payments.
- Kindergarten fees.
- Overnight camp.
- Late payment charges.

A complete list of eligible AND ineligible expenses is at [IRS.gov](https://www.irs.gov) in IRS Publications [502](#) and [503](#).

Dependent Day Care Flex Spending Account vs. Child Care Tax Credit

A Dependent Day Care Flex Spending Account will usually provide greater savings than the Child Care Tax Credit. Your income affects your total savings.

- Does your adjusted family gross income meet the IRS requirements? (Per [IRS publication §503](#).) If so, the Dependent Day Care Flex Spending Account is most likely to provide the greatest benefit. Consult a tax advisor to determine your best option.
- You may use the Dependent Day Care benefit as well as the Child Care Tax Credit, but only if the amount you contributed to the Flex Spending Account plus the amount you spent on day care when added together do not exceed the [maximum IRS limit](#).
- You may not use the tax credit if you are married and are filing separately.
- You may claim eligible expenses only once, either via the Dependent Day Care account or the Child Care Tax Credit.
- Carefully follow IRS reporting requirements for Dependent Day Care accounts. Per [IRS Form 2441 \(1040\)](#) and Schedule 2 ([1040A](#)) you must provide the daycare provider's name and tax identification number (or Social Security Number) when you file your taxes.

Dependent Day Care Flex Spending Account and the TASC Card

The TASC Card is a convenient way to pay for Dependent Day Care expenses. TASC requires you to substantiate your reimbursement request. To do so, submit a receipt; be sure to include the below information:

- 1) Name of Dependent Day Care provider
- 2) Name of dependent receiving the care
- 3) Date of service
- 4) Expense type (Dependent Day Care)
- 5) Expense amount

Since Flex Spending Accounts are tax benefits, they may be subject to an IRS audit (to ensure that all expenses are eligible per the [IRS regulations](#)). Consequently, you should retain all receipts with your yearly tax documentation, including the Dependent Day Care provider's Taxpayer Identification Number (TIN), Employer Identification Number (EIN), or Social Security Number.

Substantiation is further detailed in the [Substantiation](#) section.

TASC adds funds to your TASC Card balance as payroll deductions are taken. Be mindful that your card may have no balance until your first payroll deduction is taken each plan year.

You may opt not to pay via your TASC Card. If so, and you charge dependent day care expenses in advance, these are eligible only when the expense incurs within the plan year. You must submit a request for reimbursement to receive compensation for the eligible expense.

The Dependent Day Care Flex Spending Account is a money in-money out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses. In sum, Dependent Day Care Flex Spending Account funds are available to you only as contributions occur.

Submitting requests for reimbursement is detailed in the [Reimbursement](#) section.

CHANGES OF NOTE

Dependent Day Care FSA and the Grace Period

Effective January 1, 2015, a grace period no longer applies to the Dependent Day Care FSA.

- » All expenses must be incurred during the plan year.
- » Reimbursement requests must be submitted to TASC within the 90 day runout period (by March 31 of the following year).

Parking & Transit Account

General Information

With a Parking & Transit Account, you establish a pretax account (to contribute each month) to pay for qualified work-related commuting and/or parking expenses. Depending on your needs, you may enroll in one or both of the transportation accounts: Parking and Transit.

WHEN ARE MY FUNDS AVAILABLE?

The Parking & Transit Account is a money in-money out benefit.

A [Parking Account](#) allows you to pay for work-related parking expenses.

A [Transit Account](#) allows you to pay for work-related transit or commuter expenses.

Parking & Transit Account participants help to reduce pollution because they use mass transit.

- Up to 40% tax savings on eligible [parking and transit expenses](#).
- Online enrollment and account management.
- Convenient TASC Card for eligible purchases.
- Multiple methods to access your account and request reimbursement: online, mobile app (free [download](#)), text messages, IVR, phone, fax, or mail.

Contribution Limits

There is no minimum contribution requirement. Determined by the IRS, the maximum is subject to change regularly (usually each year). Please click the [limits section](#) for this year's annual limit.

The Parking & Transit Account is a money in-money out benefit. Each pay period a contribution posts to your account(s), after which you may submit reimbursement requests for eligible expenses. In sum, Parking & Transit Account funds are available to you only as contributions occur.

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PARKING COSTS

Are your parking costs presently deducted from your payroll?

If so, do not enroll in this program. You are already receiving a pretax advantage.

Eligible and Ineligible Expenses

Parking & Transit Account Eligible and Ineligible Expenses (A partial list)

These expenses are designated as eligible or ineligible for reimbursement under the Parking & Transit Account.

Parking Expenses

Eligible parking expenses

- Park n' Ride
- Parking lots
- Parking ramps

Ineligible parking expenses

- Personal parking expenses
- Tolls

Transit Expenses

Eligible Public Transportation

- Bus
- Train
- Ferry
- Subway
- Commuter Highway Vehicles (including uberPOOL & Lyft Line)
- Vanpools

Ineligible transit expenses

- Transit expenses for personal use
- Tolls

A complete list of eligible AND ineligible expenses is at [IRS.gov](#) in IRS Publications [502](#) and [503](#).

Election Changes

You may change your Parking & Transit elections at any time during the plan year. Simply complete a [Change of Election Form](#) and submit it to your Payroll/Benefits Office.

ELECTION CHANGES

You may change your Parking & Transit elections at any time during the plan year.

Parking & Transit Account and the TASC Card

The TASC Card is a convenient way to pay for Parking & Transit expenses. When you use your TASC Card to pay for eligible Parking & Transit expenses, TASC does not require substantiation. Even so, since Parking and Transit Accounts are tax benefits, they may be subject to an IRS audit (to ensure that all expenses are eligible per the [IRS regulations](#)). Consequently, you should retain all receipts with your yearly tax documentation.

TASC adds funds to your TASC Card balance as payroll deductions occur, so be mindful that your card may have no balance until the plan year's first payroll deduction.

You may opt not to pay via your TASC Card. If you charge parking and transit expenses in advance (before your funds are available), these are eligible only when the expense incurs within the plan year. You must submit a request for reimbursement to receive recompense for the eligible expense.

Submitting requests for reimbursement is detailed in the [Reimbursement](#) section.

Reimbursement Information

Reimbursement Options

As eligible expenses incur, you have two options to access your TASC Flex Spending Account funds:

- 1) TASC Card:** Swipe your TASC Card at the point-of-purchase. It pays for and automatically substantiates many expenses, eliminating the need to submit reimbursement requests. For details, see the [TASC Card](#) section.
- 2) Request a Reimbursement:** If you paid for your expenses out of pocket, submit a request for reimbursement to TASC using one of the following methods:
 - Submit via Mobile App (free [download](#)).
 - Submit via [TASC online account](#).
 - Download a [Request for Reimbursement Form](#) and submit via fax or mail.

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Reimbursement Request Tips

Include applicable documentation to support your request (detailed below). TASC will promptly process your claim. Claims process daily and approved expenses reimburse by check or direct deposit within 48–72 hours.

You can use your TASC Card to pay for eligible expenses if your provider accepts MasterCard payments. The amount of the eligible expense deducts from your benefit account. You may be required to submit a copy of the documentation for that health care expense, along with a completed [Request for Reimbursement Form](#) to substantiate the claim.

TIMELY SERVICE

Reimbursement requests process daily and approved expenses reimburse promptly by check or direct deposit.

Deadlines for Requesting Reimbursement

The deadline for submitting claims is March 31 following the plan year end. All Health Care, Limited Purpose Health Care, Transit, Parking, and Dependent Day Care reimbursement requests must be received by TASC or postmarked by this date to reimburse from your current plan year funds.

Reimbursement Denial Appeal Process

If all or a portion of your reimbursement request has been denied as ineligible, you or your authorized representative may file an appeal in 90 days of your receipt of the denial.

Submit your written appeal request along with all documentation, including the [Appeal Information/Form](#), to TASC via mail or fax:

TASC Appeals

PO Box 70791

Madison, WI 53707-0791

Fax to 1-608-316-6096

If someone represents you, complete a written authorization to allow us to communicate with that person. TASC will review the appeal and provide you with a written determination within 60 days. You may request copies (free of charge) of any documents used to reach a decision.

REQUEST TO APPEAL A DENIED CLAIM

Your request, required in writing, must include this information:

- » Name of your employer
- » Date of service
- » A copy of the claim or request
- » A copy of the denial letter and
- » Any other documents/information pertaining to your appeal request.

TASC Card

General Information

The convenient TASC Card makes it easy to pay for eligible health care, dependent day care, transit, and/or parking expenses (as defined by your Flex Spending Account and IRS guidelines). Because it is a payment card, when you use your TASC Card to pay for eligible expenses, funds will automatically be deducted from your account.

TASC Card Advantages

- Instant reimbursements for health care, dependent day care, parking, and transit expenses.
- Instant approval of most prescription expenses as well as some health care, dental, and vision expenses.
- No out-of-pocket expenses.
- Easy access to your funds.

Receiving Your TASC Card

When you enroll in a Flex Spending Account, you are sent a TASC Card, which is good for four years. You'll be sent a new card when the old one expires, as long as you are still enrolled. You are not required to use the TASC Card and may opt instead to submit claims via mail, TASC online account, or via the TASC Mobile application (free [download](#)).

You may request additional TASC Cards for any dependents over 18. You are not charged for these dependent cards.

If your card has a misspelling or your name has changed, you may update the information via your [TASC online account](#), and request a new card via your TASC online account. Be sure to notify your Payroll/Benefits Office of any name changes or misspellings.

Whenever requesting a new TASC Card, be sure to provide correct information (mailing address, name spelling, etc.). Detail about how to order an additional TASC Card is in the [TASC online account](#) section.

Lost/Stolen TASC Card and Fraudulent Charges

Immediately report via your [TASC online account](#) if your TASC Card is lost/stolen or you identify fraudulent charges. This inactivates your TASC Card to prevent any fraudulent charges. You can review your recent TASC Card transactions to identify any fraudulent charges. Contact [TASC Customer Care](#) to assist you with reporting the transactions as fraudulent. For additional information on how report your card lost/stolen, please refer to the [TASC Online Account Management](#) section.

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BY ACCEPTING AND USING YOUR TASC CARD...

You agree to the [cardholder agreement](#).

Using your TASC Card

TASC Card Purchases

TASC Card purchases are limited to your account type (Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, etc.), and to merchants with an Inventory Information Approval System ([IIAS](#)) in place or eligible Merchant Category Code (MCC) assigned to identify Flex Spending Account-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, parking facilities, transit pass vendors, and day care centers.

When you swipe your card, the [IIAS](#) or MCC automatically approves the purchase of eligible items and deducts the amount from your appropriate Flex Spending Account.

You can use your TASC Card to pay for billed expenses if your provider accepts MasterCard payments. Simply enter your TASC Card number as payment on the bill and return it to your provider.

NOTE: The provider's expense and payment must both occur in the current plan year. All expenses or services incurred in the previous year must be submitted as a manual claim prior to the end of the runout period, March 31.

The amount of the eligible expense deducts from your appropriate Flex Spending Account. Your reimbursement request may require a copy of documentation that substantiates the expense. For details, see the [Substantiation](#) section.

If you use your TASC Card at a merchant that does not have an IIAS in place or an eligible MCC assigned, your transaction will decline. For additional information, please refer to the [IIAS](#) section.

Over-the-Counter (OTC) Purchases

Per the IRS, OTC medicines are Flex Spending Account-eligible only when prescribed by a physician (written prescription). And even when accompanied by a prescription, you cannot use the TASC Card to purchase OTC drugs, OTC medicine, or OTC biological productions.

Conversely, you may use the TASC Card to purchase non-medicine OTC items. Examples include bandages, contact lens solutions, nasal strips, pregnancy tests, reading glasses, etc.

Detail about OTC Medicines and Drugs that require prescription is presented in the Flex Spending Account [Eligible and Ineligible Expenses](#).

TASC Card Declines

Use the TASC Card to pay for Flex Spending Account-eligible expenses only, incurred at eligible IIAS merchants only. (The IIAS system is detailed in the [IIAS](#) section.) In addition, the card may be declined in some situations.

If your TASC Card declines, simply pay the expense out of pocket and [submit a request for reimbursement](#). TASC reimburses by check or direct deposit within 48 to 72 hours of approval.

WHAT'S MY BALANCE?

Be mindful of your TASC Card balance. Check your account balance via the [TASC Mobile App](#) or [TASC online account](#).

SAME YEAR...

The provider's expense and payment must both occur in the current plan year.

TASC Card Declines: Reasons and Solutions

Explanation of Decline

What to Do

INSUFFICIENT FUNDS

At point of purchase the TASC Card automatically checks your account balance to ensure funds are adequate to cover the entire purchase. If the purchase exceeds the account balance, your TASC Card will decline.

- 1) Ask the merchant to deplete the card's account balance, and pay the difference out of pocket.
OR
- 2) If your account balance is \$0 or unable to check balance, use another form of payment for the expense.

INELIGIBLE EXPENSE

At point of purchase the TASC Card automatically checks for eligible expenses based on your plan type. Example: you are purchasing a prescription and a gallon of milk. The TASC Card pays for the prescription and the merchant will request another form of payment for the milk.

Use another form of payment for the ineligible expenses.

EXPENSES INCURRED OUTSIDE OF PLAN YEAR OR COVERAGE PERIOD

At point of purchase the TASC Card automatically checks your eligibility dates to ensure that the expense is incurred during your coverage period. If the purchase is outside of the coverage period or plan year, your TASC Card will be declined.

Use another form of payment for the ineligible expenses. If the service date of the expense was incurred during your coverage period or plan year, submit a request for reimbursement. TASC provides check or direct deposit reimbursements within 48-72 hours of approval.

INACTIVE CARDS DUE TO UNSUBSTANTIATED CLAIM > 45 DAYS OLD

Within 45 days of a transaction (or by December 31, whichever comes first), you must submit required substantiation documentation. Otherwise, your unsubstantiated Flex System Account claim will be denied, repayment will be requested, and your TASC Card will be suspended until TASC receives repayment or required [substantiation](#). If you attempt to use your TASC Card when it is inactive it will decline.

Finally, if you fail to repay the claim or provide necessary documentation, your employer will withhold the claim amount from your paycheck.

Three Steps:

- 1) Use another form of payment to pay the expense.
- 2) Submit documentation for the unsubstantiated claims.
- 3) Submit a request for reimbursement.

For more information about TASC Card declines, contact the [TASC Customer Care team](#).

Inventory Information Approval System (IIAS)

An IIAS is a retailer's point-of-sale system that automatically identifies FSA-eligible healthcare purchases. The IIAS compares product UPC or SKU numbers against a list of eligible health care expenses. As defined by the IRS, the list includes eligible nonprescription products.

At point-of-sale, eligible expenses are totaled and sent electronically to the card system, which in turn immediately approves or denies the payment, per coverage (i.e. type of coverage provided, covered participant, etc.). The IRS requires an IIAS to accept card transactions at non-healthcare merchants. IIAS transactions fully substantiate. You can ask the retailer if they are IIAS-approved.

90% Rule

The IRS requires merchants that sell qualified health care goods and services—but have no healthcare Merchant Category Code (MCC) system or qualify under the IRS 90% Rule exemption*—to have an IIAS to approve Flex Spending Account/HRA card purchases. The following MCCs (not all-inclusive) are some of the Merchant Category Codes required to implement an IIAS.

- Convenience Stores: 5499
- Discount Stores: 5310
- Druggist Proprietaries: 5122*
- Drug Stores/Pharmacies: 5912*
- Grocery/Supermarkets: 5411
- Online Pharmacies: 5960, 5964 5965, 5969
- Other Non-Healthcare: Various MCCs
- Warehouse Clubs: 5300

* May be eligible to register as a 90% Merchant with SIGIS (Special Interest Group for IIAS Standards). This applies only to pharmacies and drug stores whose gross receipts are 90% or more from "eligible medical expenses" (including eligible non-prescription items) as defined by the IRS.

If a pharmacy has no IIAS system in place, the card will not work. For a complete list of retailers with an IIAS system in place, please refer to the [SIGIS website](#).

LET'S NOT ASSUME...

Transactions at merchants that meet the 90% Rule still generally require substantiation by the participant.

TASC Card Substantiation

General Information

Under [IRS and Treasury regulations](#), payments from your Flex Spending Account require third-party substantiation unless the transaction is auto-substantiated (Rx, office visit copays, IIAS items). Other transactions may require substantiation by providing documentation (coinsurance payments, laboratory, or x-ray expenses). You are obliged to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit.

Substantiation Types

There are two ways to substantiate purchases per IRS requirements:

Types of Substantiation

Auto Substantiation

Automatically through electronic evidence:

- **Copay matching:** Charges that exactly match the dollar amount for a copay under the employer's group health plan Or charges up to 5 times the dollar amount. For example: a \$10, \$20, \$30, \$40, or \$50 charge at a doctor's office in a health plan with \$10 office visit copays.
- **Recurring Claims:** Charges that exactly match the provider and dollar amount for a previously approved and substantiated transaction (e.g. a fixed monthly orthodontia payment).
- **Real-time substantiation:** Charges verified as eligible expenses by the merchant, service provider, or other third-party vendor. For example, a store that automatically approves using [IIAS](#) & MCC.

Manual Substantiation

All purchases that do not qualify for auto-substantiation must be manually substantiated with receipts or other documentation submitted for review.

- Doctor or other provider payment when the amount paid does not equal the copay amount.
- Prescription and over-the-counter transactions when the amount paid does not equal the copay amount, and/or the merchant is not IIAS compliant.

NOTE: You are obliged to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit.

Substantiation Notification Process

If expenses require additional documentation, TASC will provide Substantiation Notifications. You may also view transactions and your receipt status online or via the mobile app. More detail about proper documentation is presented in the [Substantiation Documentation](#) section.

TASC will send up to three Substantiation Notifications via mail or email:

- One day after the TASC Card transaction; notifies you that substantiation is required,
- 15 days after the initial TASC Card transaction; reminder that substantiation is required, and
- 30 days after the initial TASC Card transaction; final reminder that documentation is still lacking.

You must submit required substantiation documentation within 45 days of a transaction or by December 31 (whichever comes first). Otherwise, your unsubstantiated Flex Spending Account claim will deny, repayment will be requested, and your TASC Card will be suspended until TASC receives repayment or required substantiation. Any transaction attempted with an inactive TASC Card will decline. Finally, if you fail to repay the claim or provide necessary documentation, your employer will withhold the claim amount from your paycheck.

If your unsubstantiated claim is in the recovery process through payroll deduction with your employer, you are no longer able to resolve your unsubstantiated claim through the normal substantiation process. You may file a [Plan Correction Request](#) in effort to resolve your unsubstantiated claim. Your Plan Correction Request must be sent to stateofwiappeals@tasconline.com by March 31. Any Plan Correction Requests received after March 31 will not be accepted.

Your TASC Card will be activated within 48 hours after we receive proper substantiation documentation or repayment.

Substantiation Documentation

To substantiate Health Care expenses, your statement, invoice, bill, receipt, or Explanation of Benefits (EOB) must include the items detailed in the box at right.

Examples of documents with all required information: a statement, invoice, bill, or Explanation of Benefits (EOB). Examples of documents that lack all required information: credit card receipts with no description of service, or canceled checks.

Orthodontia expenses are treated differently than other health care expenses because services generally span longer than one plan year. There are several options for reimbursement of these expenses explained on the [Orthodontia Worksheet](#).

To substantiate **Dependent Day Care expenses**, your statement, invoice, bill, or receipt must include the items detailed in the second box.

Letter of Medical Necessity: Keep in mind, some health care expenses that require additional information, such as A [Letter of Medical Necessity](#). Examples include those deemed to be cosmetic, for general health purposes, and over-the-counter expenses falling under the category of “medicines and drugs” (except insulin, which requires no prescription and is eligible). The Letter of Medical Necessity Form and instructions are available at the end of this guide and also [online](#). (Detailed in the [Health Care FSA](#) section.)

All substantiation documentation must include an English translation and a currency conversion to US dollars, if applicable.

Parking & Transit Flex Spending Account expenses require no substantiation. You should retain these receipts and documentation for tax filing purposes and in case of an IRS audit.

WAYS TO SUBMIT SUBSTANTIATION DOCUMENTATION...

Four ways to submit documentation:

- Attach the receipt to the [online request for reimbursement](#).
- Upload the receipt to the claim in the online portal. (see [Upload Substantiation](#) section)
- Use the mobile app (free [download](#)) to photograph the receipt and attach it to the claim.
- Submit the receipt along with your printed [Substantiation Notification](#), via fax to 608-316-6097 or mail to the address found [here](#).

HEALTH CARE FSA EXPENSES REQUIRE 7 SUBSTANTIATION ITEMS

- » Patient name (person who received the service)
- » Provider name
- » Provider address
- » Date of service
- » The amount charged or your cost (e.g. deductible or copay amount not covered by your insurance)
- » Type of service provided
- » Name of the drug (and Rx number if a prescription), if applicable.

DEPENDENT DAY CARE FSA EXPENSES REQUIRE 5 SUBSTANTIATION ITEMS

- » Provider name
- » Dependent name (person receiving care)
- » Date of service
- » Expense type (Dependent Day Care)
- » Expense amount

Additional information may be required when you file your taxes.

Carryover

General Information

As of January 1, 2015, you may carry over into the next plan year a Flex Spending Health Care Account and Limited Purpose Health Care Flex Spending Account balance of up to \$500. This carryover option means carryover funds are available to you throughout the entire next plan year (instead of only 75 days) if you remain an eligible employee for the entire plan year. The Parking & Transit Account allows you to carry over unused funds into the next plan year. You are allowed to carryover/rollover your balance up to the annual IRS maximum election.

Carryover Limits

The \$500 carryover option is available only for the Health Care Flex Spending Account plan and Limited Purpose Health Care Flex Spending Account. The carryover limit is not cumulative, meaning you may not carry over \$500 from prior plan year and \$500 from the current plan year.

The Dependent Day Care Flex Spending Account has no carryover option, but does have a runout period. You must submit reimbursement requests prior to the end of the 90-day runout period (March 31 of the following calendar year to avoid forfeiture of any remaining balances.

The Parking & Transit Account allows you to carry over unused funds into the next plan year. You are allowed to carryover/rollover your balance up to the annual IRS maximum election.

Runout Period

All three Flex Spending Accounts include a runout period. This provides additional time after plan year end to request reimbursement for expenses incurred during the prior plan year. The State of Wisconsin plans allow a 90-day run out period so you may submit reimbursement requests until March 31.

For the Health Care FSA, Limited Purpose FSA and Parking & Transit accounts, during the 90 run out period (until March 31), the funds that are carried over will be available to pay claims from the prior plan year and TASC will automatically adjust your plan balances accordingly. **See example below:**

If you file a claim with a date of service from the prior plan year, TASC will automatically move the approved claim reimbursement amount to the prior plan year to pay claim. The system will make an adjustment to the current plan year account to reduce the carryover funds available and apply them to the prior plan year. Then the claim will be paid from the prior plan year account and the transaction will be listed under the prior plan year account details.

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CARRYOVER VARIES!

- » Health Care FSAs and Limited Purpose Health Care FSAs limit carryover to \$500.
- » The Dependent Day Care FSA has no carryover option but extends a runout until March 31.
- » The Parking & Transit Account allows unlimited carryover.

Carryover Process

At the end of your current plan year, a balance of up to \$500 of your Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account and the entire remaining balance of your Parking and Transit Account will carry forward to the next plan year automatically.

- **Automatic Carryover:** At the end of your current plan year, a balance of up to \$500 of your Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account and your remaining balance of your Parking and Transit Account will carry forward to the next plan year automatically if you were an active employee on the last day of the previous plan year. If you terminated employment and elected to COBRA your Health Flex Spending Account or Limited Purpose Health Care Flex Spending Account, please see [Termination of Employment](#) section below.
- **No election in new plan year:** If your Health Care Flex Spending Account balance or Limited Purpose Health Care Flex Spending Account is \$500 or less at plan year end and you make no election in the new plan year, TASC will automatically enroll you in a Health Care Flex Spending Account or Limited Purpose Health Care Flex Spending Account and deposits the carryover balance in that account.
- **Make no Flex Spending Account election, but enroll in a Health Savings Account for new plan year:** If you enroll in an HSA for the new plan year, TASC will automatically enroll you in a Limited Purpose Health Care, Flex Spending Account and deposits the Flex Spending Account carryover balance in that account, where the funds may be used for dental, vision, or post-deductible health care eligible expenses.

Access to Carryover Funds

Once the carryover funds are transferred and added to your Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account and/or your Parking & Transit Account available balance, you may access the funds just as you access your annual election funds. You may use the TASC Card or submit requests for reimbursements online, via fax or mail, or via the mobile app (free [download](#)). These funds can be used for expenses incurred beginning January 1 of the current plan year.

To view your Carryover funds available to you, access your new plan year account activity via your [TASC online account](#).

For the Health Care Flex Spending Account and the Limited Purpose Flex Spending Account, if your prior plan year has a remaining balance greater than \$500, the balance greater than \$500 will appear in the prior plan year account details as those funds can only be used for claims incurred during the prior plan year.

Funds may be used in any order. Carryover funds added to your account become an available part of the balance.

If you terminate employment with your employer, your employer will provide you options to COBRA your TASC benefits. See [Termination of Employment](#).

You will continue to have access to your carryover funds while on a leave of absence.

Timing of Carryover

TASC will automatically carry over balances up to \$500 of Health Care Flex Spending Accounts and Limited Purpose Flex Spending Accounts and remaining balance of Parking and Transit Accounts beginning on January 1.

Carryover Scenarios*

Health Care Flex Spending Account (FSA)	Parking & Transit Account	Limited Purpose Health Care Flex Spending Account (FSA)
CARRYOVER TIMING		
TASC automatically carries over balances of \$500 or less beginning on January 1. This will allow you to access your funds for claims incurred in the previous plan year or the current plan year.	TASC automatically carries over the entire remaining balance into the next plan year beginning on January 1. This will allow you to access your funds for claims incurred in the previous plan year or the current plan year.	TASC automatically carries over balances of \$500 or less beginning on January 1. This will allow you to access your funds for claims incurred in the previous plan year or the current plan year.
TERMINATED PARTICIPANTS		
To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Health Care FSA balance will be forfeited.	To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Parking & Transit balance will be forfeited.	To use the carryover funds, submit reimbursement requests for eligible expenses incurred prior to termination. Any unused Limited Purpose Health Care FSA balance will be forfeited.
BALANCES > \$500		
TASC automatically carries over \$500 into the next plan year; the amount over \$500 will be reflected in the prior plan year balance and you will have access to use those fund through the end of the run out period. Any fund remaining in the prior plan year balance after the end of the run out period will forfeit.	TASC automatically carries over the entire balance into the next plan year.	If you remain enrolled in a Health Savings Account (in the next year), TASC will automatically carry over \$500 into that year's Limited Purpose FSA. The amount over \$500 will be reflected in the prior plan year balance and you will have access to use those fund through the end of the run out period. Any fund remaining in the prior plan year balance after the end of the run out period will forfeit.
NO ENROLLMENT IN NEW PLAN YEAR		
TASC automatically enrolls you in a Health Care FSA for the new plan year and funds the account with your prior plan year balance up to \$500.	TASC automatically enrolls you in the Parking & Transit for the new plan year and funds the account with your entire prior plan year balance.	As long as you remain enrolled in a Health Savings Account for the new plan year, TASC automatically enrolls you in a Limited Purpose Health Care Flex Spending Account for the new plan year and funds the account with your prior plan year balance up to \$500.
HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT		
Due to the HSA enrollment in the new plan year, you are not eligible for the Health Care FSA. See Limited Purpose Health Care FSA column.	N/A	Due to the HSA enrollment in the new plan year, TASC will automatically enroll you into a Limited Purpose Health Care FSA; the funds can be used for eligible dental, vision, or post-deductible health care expenses.

*Dependent Day Care FSAs have no carryover option but extend a runout period until March 31.

Change in Status During the Year

General Information

You may enroll, terminate, or change your FSA election mid-plan year if you have experienced a qualified change in status event as provided by [IRS regulations](#) and the State of Wisconsin Flex Spending Account program. The desired mid-year election change must correspond to and be consistent with the event and must meet [IRS consistency rules](#). Mid-plan year election changes are applied going forward (do not address coverage in the past).

To request a mid-year election change, complete and submit a [Change of Election Form](#) within 30 days after a qualifying event, as detailed below.

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Effective Date

Your election change or enrollment is effective on the first day of the month following your request for new enrollment or change of election. The date of the first payroll deduction will reflect payroll cutoff dates as well as the date your [Change of Election Form](#) arrives at the Payroll/Benefits Office. In the event there is a change due to birth, death, adoption, or placement for adoption, the effective date is the date of the event.

A mid-plan year change will result in split periods of coverage. Any funds balance from a previous period of coverage can combine with amounts contributed after the mid-plan year election change and be used through the plan year end. Conversely, any expenses incurred before the permitted election change will reimburse only up to the annual election amount in effect prior to the change.

WHEN DOES MY ELECTION CHANGE GO INTO EFFECT?

On the first day of the month that begins on or after the qualifying event date.

Request a Change of Election

- 1) Review the table [Qualifying Event Changes Permitted by IRS](#). For questions, call [TASC Customer Care](#).
- 2) Obtain a [Change of Election Form](#) or [Employee Reimbursement Accounts Enrollment Form](#) from your Payroll/Benefits Office, from your [TASC online account](#).
- 3) Determine the amount you wish to contribute for the remainder of the plan year following effective date of coverage.
- 4) Complete, sign, and date the form. Submit it to your Payroll/Benefits Office for processing along with any necessary supporting documentation.
- 5) Your Payroll/Benefits Office will review the information and provide TASC with any approved change in election qualifying events for processing.
- 6) Once TASC has processed the Change in Election, you will be emailed an [Enrollment Confirmation](#).

RECEIVE IMPORTANT COMMUNICATIONS

TASC encourages you to provide a personal email address to ensure receipt.

Change in Your Election Status Scenarios

New Account Enrollment	Decrease in Your Election	Ceased Participation
You'll receive an Enrollment Confirmation and Welcome Letter via email or mail. The welcome letter will include the TASC online account user name and temporary password.	TASC will process the Change in Election and send you an Enrollment Confirmation via email. Your TASC online account access and TASC Cards will remain the same.	TASC will terminate your account and inactivate your TASC Card. You may continue to submit claims manually for reimbursement after you cease participation, per the plans you are enrolled in.

We encourage you to log into your [TASC online account](#) and [download the mobile app](#) for easy access and additional information regarding your Flex Spending Accounts. We also encourage you to provide TASC with a personal email to ensure delivery of important notifications regarding your Flex Spending Accounts. Expect your TASC Card to arrive 7–10 business days after you receive your enrollment confirmation. (Sent to your home address.)

The IRS prohibits changes in Health Care Flex Spending Account coverage due to change in your health care plan coverage or eligibility. This includes a change in your health plan's drug plan.

Qualifying Event Changes Permitted by IRS

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
LEGAL MARITAL STATUS CHANGE—MARRIAGE								
Add dependents.	Yes	Yes	No	No	Yes	Yes	No	No
(a) You, your spouse, or dependents become eligible under your new spouse's employer's Health Care FSA; and (b) Your spouse participates in employer's plan; then (c) Coverage for the affected individual becomes effective or is increased under the other employer's plan.	No	No	Yes	Yes	No	No	Yes	Yes
Your new spouse is not employed or makes a Dependent Day Care coverage election through his/her employer.			N/A		No	No	Yes	Yes
LEGAL MARITAL STATUS CHANGE—DEATH, DIVORCE, LEGAL SEPARATION, ANNULMENT								
Your former spouse loses eligibility.	No	No	No	Yes	N/A			
You lose coverage under your former spouse's Health Care FSA.	Yes	Yes	No	No	N/A			
You can accommodate your newly eligible dependent (due to the divorce).			N/A		Yes	Yes	No	No
Eligibility is lost due to an event (your dependent resides with your ex-spouse).			N/A		No	No	Yes	Yes
CHANGE IN NUMBER OF DEPENDENTS								
You gain a dependent (birth, adoption, eligible dependent moves in with you).	Yes	Yes	No	No	Yes	Yes	No	No
You lose a dependent or dependent loses eligibility (result of death, or as when an individual is no longer financially supported by you or your child no longer satisfies the age requirements for health coverage).	No	No	Yes	Yes	No	No	Yes	Yes
DEPENDENT SATISFIES OR CEASES TO SATISFY ELIGIBILITY REQUIREMENTS								
Your dependent gains eligibility.	Yes	Yes	No	No	Yes	Yes	No	No
Your dependent ceases to be eligible.	No	No	Yes	Yes	No	No	Yes	Yes

Qualifying Event Changes Permitted by IRS

	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
CHANGE IN EMPLOYMENT STATUS – TERMINATION								
Your spouse terminates employment and your spouse or dependent loses eligibility for participation in their employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Your spouse or dependent commences employment that triggers a gain in eligibility under his/her employer's plan, then your spouse or dependent gains eligibility and enrolls in his or her employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Your spouse terminates employment and it renders your dependent ineligible for participation in the Dependent Day Care Flex Spending Account.	N/A				No	No	Yes	No
Your spouse returns to work and your dependent is now eligible for participation in the Dependent Day Care FSA (your spouse previously did not work).	N/A				Yes	Yes	No	No
Your spouse returns to work and your dependent is added to a Dependent Day Care FSA offered by your spouse's employer.	N/A				No	No	Yes	No
CHANGE IN EMPLOYMENT STATUS - LEAVE OF ABSENCE								
You commence an unpaid leave of absence.	No	No	Yes	Yes	No	No	Yes	Yes
You return from an unpaid leave of absence.	Yes	Yes	No	No	Yes	Yes	No	No
Your spouse commences an unpaid leave of absence and your spouse or dependent loses eligibility for participation in their employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Your spouse or dependent returns from an unpaid leave of absence that triggers a gain in eligibility under his/her employer's plan, if your spouse or dependent gains eligibility and enrolls in his or her employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Your spouse commences an unpaid leave of absence and it renders your dependent ineligible for participation in the Dependent Day Care FSA.	N/A				No	No	Yes	No
Your spouse returns to work from an unpaid leave of absence and your dependent is now eligible for participation in the Dependent Day Care FSA (your spouse previously did not work).	N/A				Yes	Yes	No	No

Qualifying Event Changes Permitted by IRS

	Health Care FSA and Limited Purpose Health Care FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
CHANGE IN PLACE OF RESIDENCE (YOUR OWN, THAT OF YOUR SPOUSE OR DEPENDENT)...								
...results in a decrease in your dependent day care cost.			N/A		No	No	No	Yes
...results in an increase in your dependent day care cost.			N/A		No	Yes	No	No
...results in a loss of coverage for your dependent.			N/A		No	No	Yes	No
...results in a gain of coverage for your dependent.			N/A		Yes	No	No	No
SIGNIFICANT COVERAGE CURTAILMENT								
Your dependent day care provider significantly reduces its available hours or goes out of business and you switch dependent day care providers and make a new election			N/A		Yes	No	Yes	No
You switch dependent day care providers and it results in a cost increase			N/A		No	Yes	No	No
You switch dependent day care providers and it results in a cost decrease			N/A		No	No	No	Yes
COST INCREASE OR DECREASE								
The cost charged by your dependent day care provider* increases			N/A		No	Yes	No	No
The cost charged by your dependent day care provider* decreases			N/A		No	No	No	Yes
CERTAIN JUDGMENT, DECREES, OR COURT ORDERS								
Per a judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody...								
You must provide accident or health coverage for your child/foster child.	Yes	Yes	No	No				N/A
Your spouse, former spouse, or other individual must provide accident or health coverage for your child/foster child.	No	No	Yes	Yes				N/A
ELIGIBILITY FOR MEDICARE AND MEDICAID								
You, your spouse or your dependent...								
Become entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines).	No	No	Yes	Yes				N/A
Lose eligibility for Medicare or Medicaid.	Yes	Yes	No	No				N/A

* Note: If your day care provider is related by blood or marriage, you CANNOT change your election amount solely on desire to increase or decrease amount being paid to the relative.

Termination of Employment

Upon termination of employment, your Health Care Flex Spending Account will terminate the last day of the month following your last payroll deduction unless you choose to participate in COBRA.

If you terminate your employment, or become ineligible for the Flex Spending Account, your TASC Card will deactivate, and reimbursement requests must be submitted online or via paper form (until date specified in #1 or #2 above, and chart below, as pertinent).

Your Dependent Day Care Flex Spending Account terminates on the last day of the plan year. Your Parking & Transit Accounts terminate on the last day of the month following your final contribution.

Termination of Employment Options			
	Health Care FSA & Limited Purpose Health Care FSA	Dependent Day Care FSA	Parking & Transit Account
	No COBRA Continuation Coverage Elected	COBRA Continuation Coverage Not an Option	COBRA Continuation Coverage Not an Option
Final Date to Incur Expenses	Last day of the month following your final contribution	Last day of the plan year (December 31)	Last day of the month following your final contribution
Final Date to Submit Expenses	March 31	March 31	March 31
TASC Card Status	Inactive as of date of termination	Inactive as of date of termination	Inactive as of date of termination
Carryover Fund Access	Last day of the month following your final contribution	N/A	Last day of the month following your final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

Retirement

Upon retirement, your Health Care Flex Spending Account terminates.

Your Dependent Day Care Flex Spending Account terminates on the last day of the plan year. Your Parking & Transit Account terminates on the last day of the month following your final contribution.

Retirement Options			
	Health Care FSA & Limited Purpose Health Care FSA	Dependent Day Care FSA	Parking & Transit Account
	No COBRA Continuation Coverage Elected	COBRA Continuation Coverage Not an Option	COBRA Continuation Coverage Not an Option
Final Date to Incur Expenses	Last day of the month following your final contribution	Last day of the plan year (December 31)	Last day of the month following your final contribution
Final Date to Submit Expenses	March 31	March 31	March 31
TASC Card Status	Inactive as of termination date	Inactive as of termination date	Inactive as of termination date
Carryover Fund Access	Last day of the month following your final contribution	N/A	Last day of the month following your final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

Divorce

Divorce is a change of status qualifying event. As such, you may decrease your election for your former spouse who loses eligibility. You may enroll in or increase your own election only if you have lost coverage under your former spouse's Health Care Flex Spending Account or Limited Purpose Health Care Flex Spending Account.

For the Dependent Day Care Flex Spending Account, you may enroll in or increase your election to accommodate your newly eligible dependent (due to the divorce). You may also decrease or cease coverage if eligibility is lost due to an event (dependent resides with your ex-spouse).

Death

In the event of the death of the participant, payment reflects the following priority:

- 1) Executor of the Estate of the deceased Participant,
- 2) Spouse, or,
- 3) Family member held responsible for payment of deceased's health care bills.

By calling [TASC Customer Care](#), the deceased participant's executor or personal representative, acting on behalf of the participant, can request reimbursement for eligible expenses that were incurred by the participant (or spouse or tax dependents for health coverage purposes, if any) before the participant's death. The executor or representative must complete and submit a [Request for Reimbursement Form](#) and satisfy the plan's substantiation requirements like any other participant. The reimbursement request must be submitted before the end of the plan's run-out period.

For approved claims, TASC issues a reimbursement check to the estate on behalf of the deceased participant. Any changes to the participant's name, address, or bank account information require providing TASC with a document showing legal authority.

A death of a dependent is a change in status qualifying event allowing for cease or decrease of election for the dependent that loses eligibility. This applies to the Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, and Dependent Day Care Flex Spending Account.

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[Wisconsin Retirement System and Other State Benefits](#)

[Tax-sheltered Annuities and Deferred Compensation](#)

Impact of ERAs on Social Security, WRS, and Other Benefits

Social Security

Participation in the ERA program, including the Premium Conversion component, will reduce salary used for calculating your eventual Social Security benefit. Usually the benefit reduction is small compared with the tax savings earned.

Wisconsin Retirement System and Other State Benefits

State Law ([Wisconsin Statute §40.87](#)) specifically states that participation in the ERA program will not reduce your wages for calculating state retirement benefits or for the purpose of calculating any other state benefits such as sick leave conversion credit, income continuation insurance, life insurance, unemployment, or Workers' Compensation.

Tax-sheltered Annuities and Deferred Compensation

Participation in the ERA program does not affect your participation in a tax-sheltered annuity or Deferred Compensation Program through ETF.

TASC Account—Website

Online Account Management

Access your account information online at any time, day or night, 24/7/365. In your account, you can do the following:

- View your account balance and details.
- View your claims history.
- Submit claims (then upload, fax, email or mail documentation to us).
- Sign up for Direct Deposit (get your money faster!)
- Access helpful online tools including tax savings calculators, health care expense tables and forms, and more.

Initial Access

Follow these simple steps to access your secure account.

Log into your account <https://partners.tasconline.com/ETFEmployee>

Enter your TASC Username: Your first initial, last name, date of birth (mmddy), and last 4-digits of your Social Security Number

Enter your Password. The first time you log into the system, your password is the same as your username described above. Prompts will ask for a new, unique password and set up security questions before accessing your account.

If you forget your Username or Password, click Forgot Username or Forgot Password and answer the security questions to reset your information.

If you have any trouble when accessing the [TASC online account](#) or issues logging in, please contact [TASC Customer Care](#) for further assistance.

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Existing User?
Login to your account
Username [Forgot Username?](#)
Password [Forgot Password?](#)

New User?
Create your new username and password

Contact Us - Call Customer Care at (608) 243-8277, Toll Free at (877) 933-3539 or Email us at 1customer@tasconline.com

Profile Settings

To view and update your profile settings click **Profile** and select **Update Profile**. Edit your contact and demographic information, including your phone number and email address, and click **Submit**.

The screenshot shows the 'Profile / Profile Summary' page. The navigation bar includes Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. The left sidebar has Profile, Banking, and Login Information. The main content area displays the following information:

Profile	Update Profile	Dependents	Add Dependent
Bob camp 2740 Ski Lane Madison, WI 53713		No dependents	
Gender Unspecified	Marital Status Unspecified	Beneficiaries No beneficiaries	
Participant Account ID bcamp1117			

The screenshot shows the 'Profile / Update Profile' page. The navigation bar and sidebar are the same as in the previous screenshot. The main content area displays the 'Contact Information' form with the following fields:

- Name: Bob (with a dropdown for MI) and camp
- Birth Date: 11/15/1957 (with a calendar icon)
- Address: United States (dropdown), 2740 Ski Lane, Address Line 2, Madison, Wisconsin (dropdown), 53713
- Home Phone: [] - [] - []
- Email Address: []
- Confirm Email Address: []

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

*Required

Buttons: Cancel, Submit

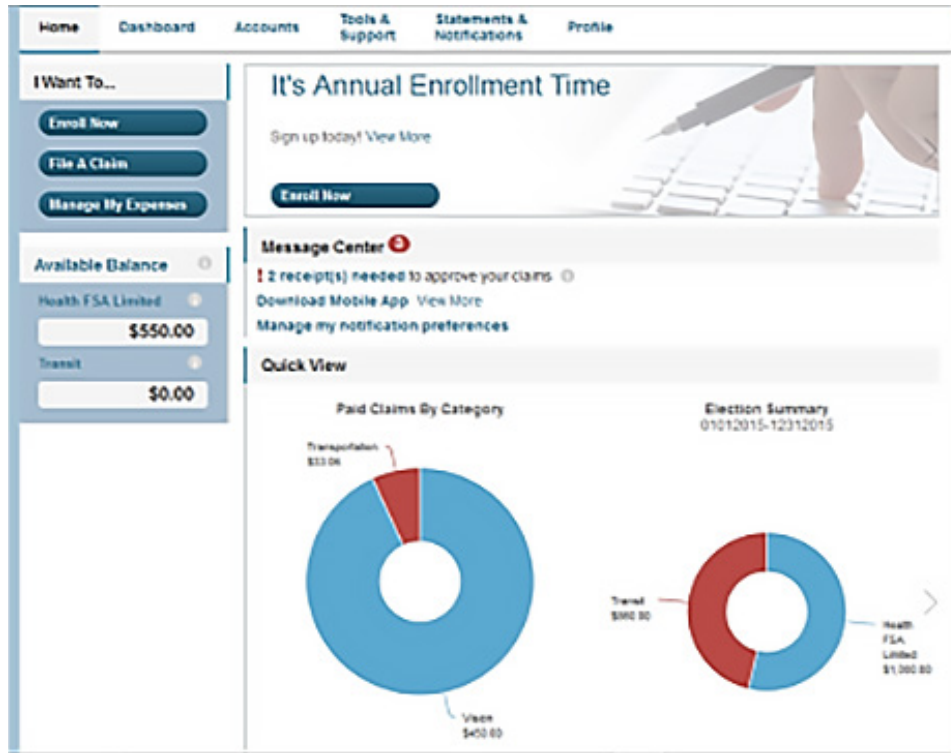
To view and or update your login Username, Password, or Security Questions click Login Information. Select the item you wish to update, make the desired change, and click **Submit**.

The screenshot shows the 'Profile / Login Information' page. The navigation bar and sidebar are the same as in the previous screenshots. The main content area displays the following options:

Password	Change Password
Username	Change Username
Security Questions	Change Security Questions

Account Summary

The Home page provides a Quick View of your current plan year elections and reimbursements.



Click **Accounts** to view a more detailed summary of your elections, claim submissions, reimbursements, and account balances.

The screenshot shows the Accounts / Account Summary page with the following table:

Accounts / Account Summary						
The information displayed on the Account Summary page will vary depending upon your specific healthcare benefits. View More						
01012015-12312015						
Estimated Per Pay Period Deduction: \$35.76						
Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
Health FSA Limited	\$1,000.00	\$995.00	\$450.00	\$0.00	\$545.00	\$550.00
Transit	\$960.00	\$143.32	\$33.06	\$110.26	\$0.00	(\$110.26)

Pay check deductions are based on your election and the number of scheduled pay periods within the plan year. True deductions will be determined by your employer.

Click **Account Activity** for a detailed listing of your activity on your account, including payroll deductions, claim submissions, and claim denials.

Date	Description	Amount	Available Balance	Notes
11/8/2015	Denied Claim	\$45.00	\$550.00	
10/4/2015	Denied Claim	\$500.00	\$505.00	
9/24/2015	Claim Submission	(\$45.00)	\$5.00	
8/20/2015	Claim Submission	(\$500.00)	\$50.00	
6/15/2015	Claim Submission	(\$450.00)	\$550.00	
1/9/2015	Payroll Deduction	\$19.23	-	
1/2/2015	Payroll Deduction	\$19.23	-	
1/1/2015	New Election	\$1,000.00	\$1,000.00	

On the Account Activity screen, each claim listed is also a link/shortcut to a full listing of all claim activity on your account.

Click **Claims** for a detailed list of claim activity on your account, including the date of service, merchant/provider, status, and amount of each claim submission.

To narrow or expand the range of claims listed, select the Plan Year, Claim Status, and Receipt Status you wish to view.

Date of Service	Account	Merchant/Provider	Claim Status	Amount
08/20/2015	Health FSA Limited	-	Denied	\$500.00
03/29/2015	Health FSA Limited	-	Paid	\$450.00
02/01/2015	Transit	-	Pending Reimbursement	\$71.66
01/15/2015	Health FSA Limited	-	Denied	\$45.00
01/01/2015	Transit	-	Pending Reimbursement	\$71.66

Click **Payments** to view reimbursements issued from your account.

To narrow or expand the range of reimbursements listed, select the Method, Status, and Dates you wish to view.

The screenshot shows the 'Accounts / Payments' page. The top navigation bar includes 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', and 'Profile'. A dropdown menu 'I Want to...' is on the right. The left sidebar has 'Account Summary', 'Account Activity', 'Claims', and 'Payments' (selected). Below 'Payments' are filter options for 'Method' (All Methods, Check), 'Status' (All Statuses, Paid), and 'Date' (All Dates, 2015). The main content area is titled 'Accounts / Payments' and contains a table with the following data:

Date	Number	Method	Status	Amount
11/24/2015	0000123426	Check	Paid	\$16.53
06/17/2015	0000107029	Check	Paid	\$16.53

Online Request for Reimbursement

It is easy to submit reimbursement requests along with substantiation online. Follow these steps (click **Next** to move forward and **Previous** to return to the previous screen).

The screenshot shows the 'It's Annual Enrollment Time' page. The top navigation bar is the same as in the previous screenshot. The left sidebar has 'I Want To...' with buttons for 'Enroll Now', 'File A Claim', and 'Manage My Expenses'. Below that are 'Available Balance' sections for 'Health FSA Limited' (\$510.00) and 'Transit' (\$0.00). The main content area features a banner for 'It's Annual Enrollment Time' with a 'Sign up today! View More' link and an 'Enroll Now' button. Below the banner is a 'Message Center' with a notification: '3 receipt(s) needed to approve your claims'. There are links for 'Download Mobile App', 'View More', and 'Manage my notification preferences'. At the bottom is a 'Quick View' section with two donut charts: 'Paid Claims By Category' (with a slice for 'Transportation \$33.00') and 'Election Summary' (01012015-12312015).

- 1) On the Home page, click **File A Claim**.

The screenshot shows the 'Accounts / File A Claim' page. On the left, there is a sidebar with 'Available Balance' for Health FSA Limited at \$510.00 and Transit at \$0.00, and 'Plan Filing Rules' for 01/01/2015 - 12/31/2015. The main content area is titled 'Accounts / File A Claim' and contains a 'Create Reimbursement' section. It includes instructions on how to file a claim and two dropdown menus: 'Pay From' (set to Health FSA Limited (1/1/2015 - 12/31/2015)) and 'Pay To' (set to Me). A note states that a bank account is not set up and a Direct Deposit Form is needed. A 'Cancel' button is on the left and a 'Next' button is on the right.

- 2) Select the account from which the claim should reimburse and who should receive the reimbursement Payee, yourself, or the service provider (physician, hospital, etc.)

The screenshot shows the 'Accounts / File A Claim' page at a later stage. The sidebar is the same. The main content area now shows a 'Receipt / Documentation' section with a 'Receipt(s)' field and an 'Upload Valid Documentation' button. Below that is a 'Summary' section with 'Pay From' (Health FSA Limited (1/1/2015 - 12/31/2015)) and 'Pay To' (Me). A 'Cancel' button is on the left, and 'Previous' and 'Next' buttons are on the right.

If you are the Payee:

Support Notifications

Available Balance ⓘ

Health FSA Limited ⓘ \$510.00

Transit ⓘ \$0.00

Plan Filing Rules

01/01/2015 - 12/31/2015

Health FSA Limited

Transit

Accounts / File A Claim

Claim Details

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service * ⓘ

End Date of Service ⓘ

Amount * \$

Provider *

Category * ⓘ

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *

Bob camp

Ernie Stark

Add Dependent

Did You Drive To Receive This Product/Service? * Yes No ⓘ

Summary

Pay From Health FSA Limited (1/1/2015 - 12/31/2015)

Pay To Me

Documentation Uploaded No

* Required

- Move ahead to Step 3.
- Once on the Claim Details screen enter the; Start Date of Service, End Date of Service, Amount, Provider, Category, Type, Recipient (Click **Add Dependent** if the dependent who incurred the expense is not listed), Mileage.

If you are not the Payee:

- If you have not requested reimbursement to the Payee previously:
 - Choose **Add a New Payee**.
 - Enter the Payee's contact information.
 - To save the information for future reimbursements leave the **Save new payee information** box checked. Otherwise uncheck it.
 - Review for accuracy and click **Next**.

The screenshot shows a web application interface with a navigation bar at the top containing 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', 'Profile', and 'I Want to...'. The main content area is titled 'Accounts / Add Another Transaction'.

Available Balance (left sidebar):

- Health FSA Limited: \$498.85 **
- Transit: \$0.00
- ** Balance reflects claims not yet submitted

Plan Filing Rules (left sidebar):

- 01/01/2015 - 12/31/2015
- Health FSA Limited
- Transit

Payee Details (main form):

- Payee ***: Add a New Payee, Select a Saved Payee
- Payee Name ***:
- For**: (When appropriate, provide the name of the person who received service.)
- Account Number ***: (Enter the account number that the payee uses to identify the service or recipient.)
- Payee Address ***:
 - Address Line 1:
 - Address Line 2:
 - Address Line 3:
 - City:
 - Select a state...:
 - Zip Code:
 (Enter the address of physician, hospital, etc. who provided the service.)
- Save new payee information

Summary (main form):

- From**: Health FSA Limited (1/1/2015 - 12/31/2015)
- To**: Someone Else

Navigation buttons at the bottom: , ,

- If you have requested reimbursement to the Payee previously, and opted to save their information in your account:

The screenshot shows the 'Accounts / Add Another Transaction' form. On the left, there is a sidebar with 'Available Balance' for Health FSA Limited (\$498.85) and Transit (\$0.00). The main form area is titled 'Accounts / Add Another Transaction' and contains a 'Receipt / Documentation' section with an 'Upload Valid Documentation' button. Below this is a 'Summary' section with 'From: Health FSA Limited (1/1/2015 - 12/31/2015)' and 'To: Someone Else'. At the bottom are 'Cancel', 'Previous', and 'Next' buttons.

- Choose **Select a Saved Payee** and choose the appropriate Payee from the dropdown.

The screenshot shows the 'Accounts / Add Another Transaction' form with the 'Claim Details' section expanded. It includes a warning about unreimbursable claims. The form fields include: 'Start Date of Service' and 'End Date of Service' (both with date pickers), 'Amount' (with a dollar sign), 'Provider', 'Category' (dropdown), 'Type' (dropdown), and 'Description' (text area). Below these is a 'Recipient' section with radio buttons for 'Bob camp' and 'Ernie Stark', and an 'Add Dependent' link. A 'Summary' section at the bottom shows 'From: Health FSA Limited (1/1/2015 - 12/31/2015)', 'To: Someone Else', and 'Documentation Uploaded: No'. 'Cancel', 'Previous', and 'Next' buttons are at the bottom.

Review for accuracy and click **Next**.

- 3) If applicable, click **Upload Valid Documentation** to upload the receipt, or documentation of service, and click **Submit**.
- 4) Once on the Claim Details screen enter the Start Date of Service, End Date of Service, Amount, Provider, Category, Type, Recipient (Click **Add Dependent** if the dependent who incurred the expense is not listed), and Mileage.
- 5) Review your request carefully to ensure accuracy and click **Next**.
- 6) Click **Add Another** to enter additional reimbursement requests or accept the Terms & Conditions and click **Submit**.

From	To	Expense	Amount	Approved Amount	
Health FSA Limited	Me	Dental Services	\$11.15	\$11.15	Remove Update
Total Amount			\$11.15	\$11.15	

NOTE

If applicable, if documentation was not uploaded during the online claim submission, click **Claim Confirmation Form** to print a copy of your request for reimbursement and fax or mail it to TASC, along with the corresponding documentation.

Online Substantiation Submission

It is easy to submit substantiation for claim card transactions through the online portal. Follow these steps.

Important Message

We're Making it Easy to Manage Your Healthcare Expenses [View More](#)

Message Center 2

! 2 receipt(s) needed to approve your claims

[Download Mobile App](#) [View More](#)

1) On the **Home** page, under the Message Center, it will show if any receipts are needed.

Receipts Needed						
Receipts Needed						
Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
Health Care FSA 2016 Debit Card	4/13/2016	AVADYNE HEALTH		\$22.68	Required	Upload Receipt View Confirmation
Health Care FSA 2016	1/25/2016	Optimum Vitality		\$49.00	New Needed	Upload Receipt View Confirmation Review Requests

2) Click on **Receipts Needed**. Once on the Receipts Needed screen, click **Upload Receipt**.

3) Click **Browse** and attach the receipt, or documentation of service, and click **Submit**.

Upload Receipt(s) ✕

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB
[Add Another Receipt](#)

Manage your TASC Card

Report a Lost or Stolen TASC Card

Notify TASC immediately to report a lost or stolen TASC Card. Click **Profile**, then **Banking/Cards**, and **Report Lost/Stolen**. Once you report your TASC Card as Lost/Stolen, it will deactivate your TASC Card and order you a new card. Your new card mails to your home address on file and typically takes about 7 to 10 days to arrive. Should you find your Lost/Stolen card after you report it, cut it up and throw it away, as it is inactive.

Request a Replacement TASC Card

In the event that you do not receive your TASC Card or you have updated the spelling of your name/have a name change, you can order a replacement TASC Card online. Click **Profile**, **Banking/Cards**, and then **Request a Replacement Card**. Your new card mails to your home address on file and typically takes about 7 to 10 days to arrive.

Dependent TASC Card

Dependents over the age of 18 can have the flexibility of their own TASC Cards. Ordering an additional TASC Card is easy and there is no fee for additional cards. Your dependent card mails to your home address on file and typically takes about 7 to 10 days to arrive.

To request a TASC Card for your spouse or dependent(s) over the age of 18 already listed on your account:

- 1) Click **Profile** tab.
- 2) Click **Banking/Cards**.
- 3) Select **Issue Card** next to dependent(s) you wish to receive a card.
- 4) Click **Submit**.

To request a TASC Card for your spouse or dependent(s) over the age of 18 not already listed on your account:

- 5) Click **Profile** and click **Add Dependent**.
- 6) Entered the dependent's demographic information click **Submit** (repeat step to enter additional dependents).
- 7) Click **Banking/Cards**.
- 8) Select **Issue Card** next to dependent(s) you wish to receive a card and click **Submit**.

Direct Deposit

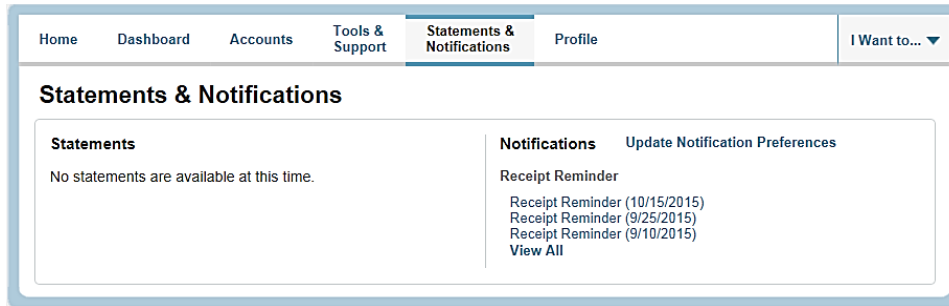
To review and verify the existing direct deposit reimbursement account in your TASC account click **Profile**. To establish reimbursements via direct deposit click **Banking/Cards** and select **Add Bank Account**. Complete each field and click **Submit**.

You may also establish reimbursement via direct deposit by completing and submitting the Direct Deposit Authorization Form. The Direct Deposit Authorization is available [here](#) and is also available on the [TASC online account](#).

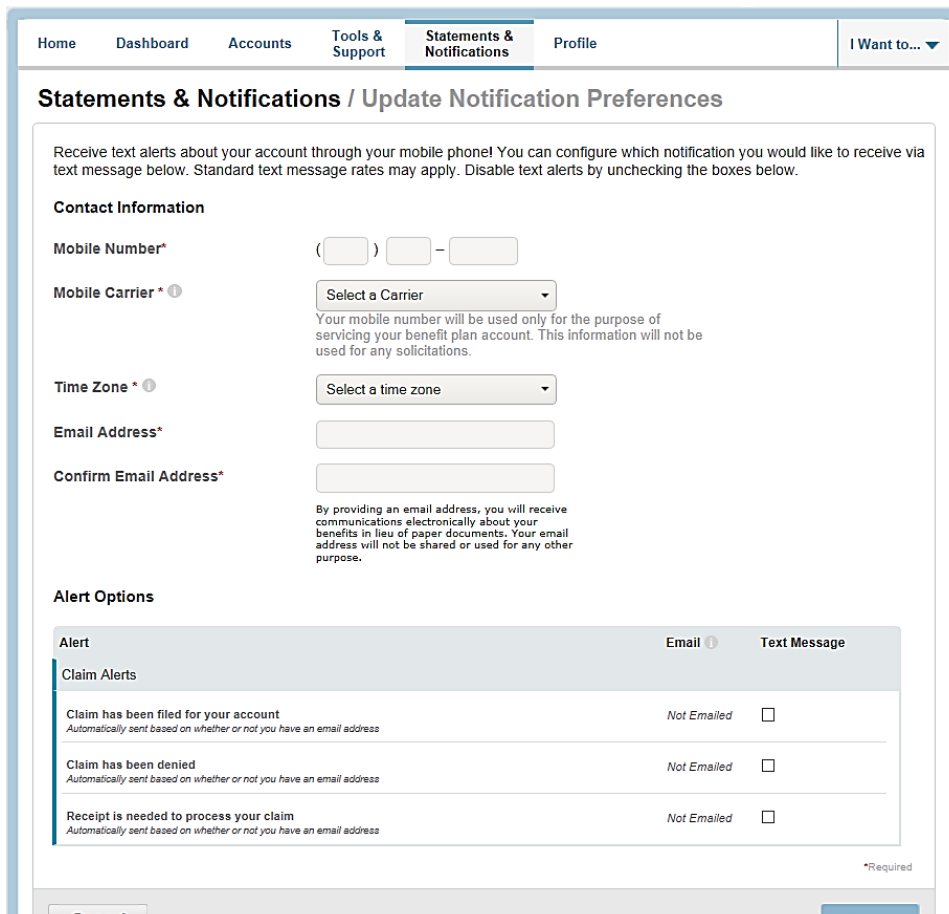
Statements and Notifications

You can access any of the TASC statements and notifications regarding your TASC accounts online. You also have the ability to sign up for text message notifications.

To access your statements & notifications, click **Statements & Notifications**. You can then click on the statement or notification to view the information.



Click **Update Notification Preferences** to sign up or review your notification settings.



MyTASC Mobile App

Mobile App Download

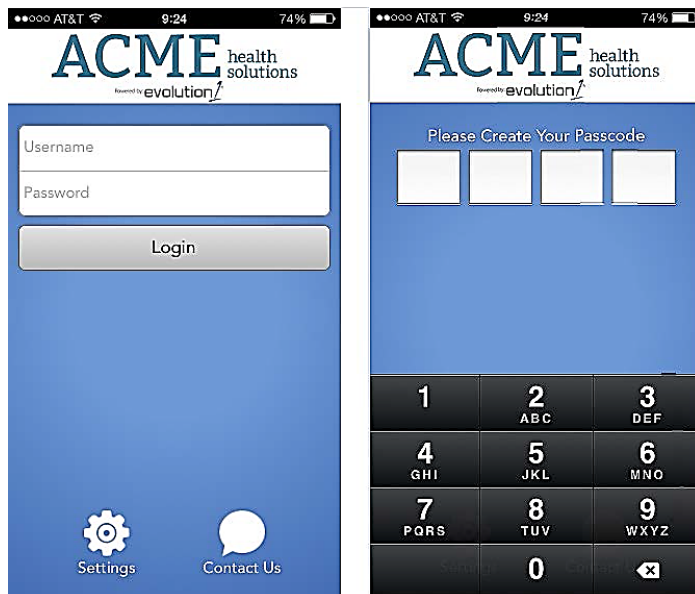
The TASC Benefits mobile app lets you access your account information wherever you are, 24/7/365.

Just visit the Apple iTunes® App Store or the Android® Marketplace and search for “**eflex Benefits**” to download. With the App, you can securely view account balances and filing deadlines, file claims and upload receipts, claims status and history, payment status, notifications and more.

Mobile App Log In

To log into the App, enter your TASC online username and password.

If you do not know your User Name and Password, go to [TASC online account](#) and click **Forgot Username** or **Forgot Password**, or contact [TASC Customer Care](#) for assistance. With your initial log into the App, prompts to create a 4-digit PIN will occur. Subsequent access to the App only requires you to enter your 4-digit PIN.



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[Resetting Login Information for Expired Password](#)

[Request for Reimbursement](#)

[Adding Receipts to Claims](#)

[Claims Requiring Receipts Screen](#)

[New Receipt Screen](#)

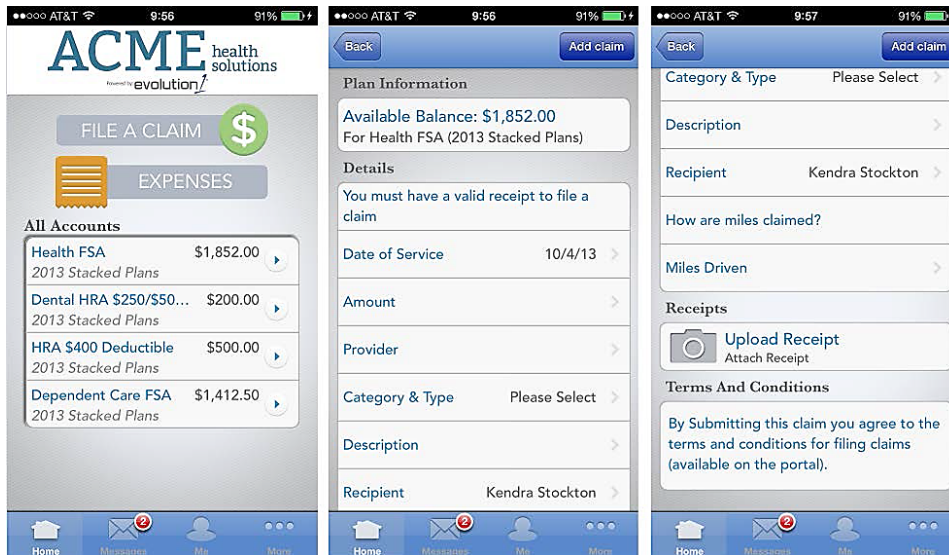
[Getting Help](#)

Resetting Login Information for Expired Password

If your password expires (or is changed or reset), use the **Settings > Change Passcode > Reset Passcode** link on the passcode entry screen, to re-enter the correct username and password and define a 4-digit passcode.

Request for Reimbursement

Requesting a reimbursement is quick and easy. Tap **File A Claim** and enter the data requested. If you tap **Upload Receipt**, it will activate your camera so you can simply photograph and upload the receipt. To submit the claim and any attached receipts just tap **Add Claim**.

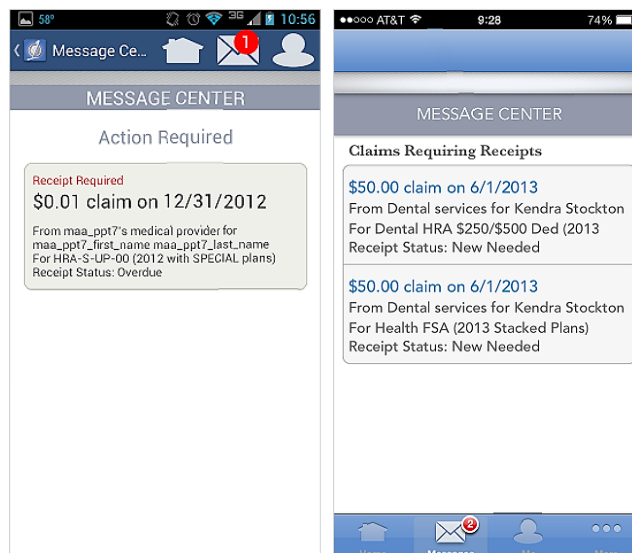


Adding Receipts to Claims

You can add receipt images via your mobile devices for claims already submitted. The Message Center Tab displays the number of claims requiring receipts, if applicable. The list does not display if there are no receipt required. Tapping the **Message Center** will display the claims requiring receipts.

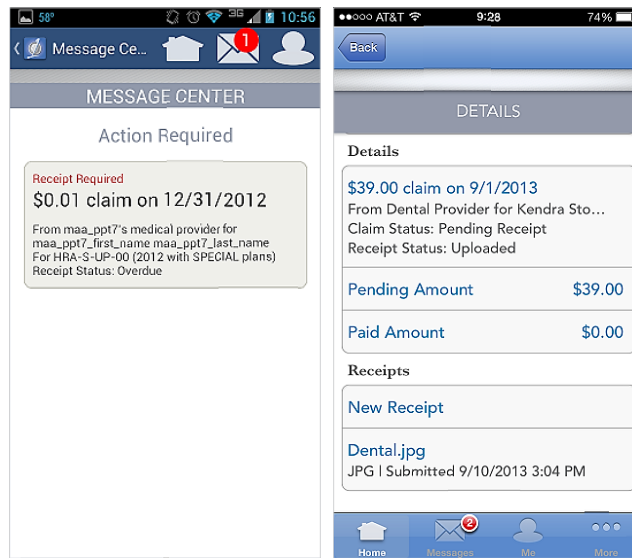
Claims Requiring Receipts Screen

The Claims Requiring Receipts screen displays all claims requiring receipts. Tapping a **claim requiring receipt list item** displays the New Receipt screen.



New Receipt Screen

The New Receipt screen activates the device's camera (if available) and allows you to take a photo of a receipt and submit. The first screen activates the camera to take a picture. Once taken, preview on the second screen, and submit or opt to retake.



Getting Help

The Contact Us screen displays contact information based on administrator and employer settings; when not logged in, a default phone number and email address will be used.

Participant Communications

Participant Introductory Communications

Enrollment Confirmation Email

Thank you for enrolling! By enrolling in a pre-tax savings benefit option(s), you've made an important decision to maximize your tax-advantage contributions toward health care, dependent day care, transit, and/or parking expenses.

Getting Started:

- Visit the [TASC Online Landing Page](#) to view important resources and reminders.
- Log in to your TASC Online account or the TASC mobile app to easily manage your pre-tax savings benefits.
- Check your mail for your TASC Card, which will arrive in a plain white envelope. Be sure to review the Cardholder Agreement affixed to the card!
- **Note:** If you are a current TASC participant, you will not be issued a new TASC Card. Continue to use your current TASC Card.

If you have questions, contact one of our Customer Care Representative Toll Free at 844.786.3947, Monday through Friday 8 am to 5 pm in all time zones.

TASC Customer Care
608-316-2408

1customercare@tasconline.com

All communications regarding your accounts will be sent to the email address listed in your online account. If there is no email address on file, you will receive the communication by mail.

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[Participant TASC Card Substantiation Communications](#)

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[Email](#)

[Online Message](#)

[Overdue Notice—Final Request for Documentation](#)

[Email](#)

[Repayment Notice](#)

[Email](#)

[Request for More Information](#)

[Email](#)

Participant TASC Card Substantiation Communications

First Notice

Email:

Substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible within 15 days of this notice

Online Message:

Our records indicate that substantiation is missing or incomplete for a recently incurred TASC Card expense. Substantiation is required for all transactions, per the terms of your TASC Card.

Please submit documentation (itemized statement, detailed receipt, or Explanation of Benefits) within 15 days to verify the transaction as FSA-eligible. The documentation must state (a) vendor name and contact information, (b) date of service and of transaction, and (c) expense amount and description. A credit card receipt is not adequate documentation.

If you fail to provide substantiation within 45 days of the transaction date, the expense will be considered ineligible and an overpayment will be created on your account. Your TASC Card will be deactivated until you repay your account for the ineligible transactions. To repay, either (a) submit a check/money order for the transaction amount, or (b) submit other eligible expenses (not reimbursed, to offset your unsubstantiated amounts). Please note, if your card is deactivated, eligible non-card claims will not be reimbursed and instead will automatically offset your unsubstantiated card transaction balance. (Do not destroy your TASC Card; it will be reactivated after transactions are substantiated or repaid.)

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to **Claims** page, click **View Requests**, then click **Upload** to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-877-231-1287; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Second Reminder

Email:

SECOND NOTICE: As communicated to you in an earlier email, substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible within 15 days of this notice.

Online Message:

Our records indicate that substantiation is missing or incomplete for a recently incurred TASC Card expense. Substantiation is required for all transactions, per the terms of your TASC Card.

Please submit documentation (itemized statement, detailed receipt, or Explanation of Benefits) within 15 days to verify the transaction as FSA-eligible. The documentation must state (a) vendor name and contact information, (b) date of service and of transaction, and (c) expense amount and description. A credit card receipt is not adequate documentation.

If you fail to provide substantiation within 45 days of the transaction date, the expense will be considered ineligible and an overpayment will be created on your account. Your TASC Card will be deactivated until you repay your account for the ineligible transactions. To repay, either (a) submit a check/money order for the transaction amount, or (b) submit other eligible expenses (not reimbursed, to offset your unsubstantiated amounts). Please note, if your card is deactivated, eligible non-card claims will not be reimbursed and instead will automatically offset your unsubstantiated card transaction balance. (Do not destroy your TASC Card; it will be reactivated after transactions are substantiated or repaid.)

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to **Claims** page, click **View Requests**, then click **Upload** to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-877-231-1287; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Overdue Notice—Final Request for Documentation

Email:

FINAL NOTICE: As communicated to you in earlier emails, substantiation is required for a recent TASC Card transaction. To review claim details and documentation instructions, log in to your online account at <https://partners.tasconline.com/ETFEmployee>.

Please verify the transaction as FSA-eligible immediately. At Plan Year end, any remaining card transactions requiring substantiation or repayment may be addressed by the State of Wisconsin via withdrawal from your pay.

Repayment Notice

Email:

Dear Debit Cardholder:

The below expense(s) paid with your TASC Card do/does not comply with IRS regulations and therefore must be repaid to your TASC Benefit Account.

{list expense}

To make the repayment online, click the Home tab, Repayments from the Message Center, and then Repay. This option requires direct deposit (ACH) be set up.

To repay by mail, access the Claim Repayment Form via <https://www.tasconline.com/benefits-participant-materials>. Print this notification and the form, detach the payment coupon, and send along with check/money order (made payable to TASC Claims) to TASC Customer Care, P.O. Box 7511 Madison, WI 53707-7511.

If you do not repay your expense(s) within 45 days of the date of this notice, your expense(s) will be considered overdue and your TASC claim card will be deactivated until your repayment has been received and processed.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

Request for More Information

Email:

Dear Debit Cardholder:

Thank you for using your TASC Card. We have reviewed the documentation previously submitted for the card expense(s) listed below. Please note, *the claim is on hold and requires additional substantiation information.*

{list expense}

Choose from these options for submitting the documentation: (1) upload directly to the claim via your online account (go to Claims page, click View Requests, then click Upload to attach documentation), or the mobile app for Android or iPhone; (2) toll-free fax to 1-844-786-3947; or (3) mail to TASC, P.O. Box 7511 Madison, WI 53707-7511.

If you have questions or concerns, please contact us at **1-844-786-3947**.

Sincerely,
TASC Customer Care

APPENDIX

Glossary

Carryover

An option that permits you to carry over unused plan funds to the next plan year. The carryover funds may not exceed a maximum established by the IRS.

Dependent Day Care Flex Spending Account

Flexible Spending Account that 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.

EOB

Explanation of Benefits.

ERA

Employee Reimbursement Accounts (ERA) program or Flexible Spending Accounts (FSAs) include Health Care Flex Spending Account, Dependent Day Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account, and Parking & Transit Flex Spending Account.

FSA

Flexible Spending Accounts.

FlexSystem

FlexSystem is the system utilized to administer the TASC Flex Spending Accounts, Health Care Flex Spending Account—Flex Spending account that allows you to use pretax dollars to pay for qualified health care expenses for you, your spouse, and your dependents.

Health Care Flex Spending Account

The Health Care Flex Spending Account is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by your medical, dental, or vision care insurance plan.

IIAS

The Inventory Information Approval System is a retailer's point-of-sale system that identifies eligible Healthcare Flex Spending Account purchases by comparing the inventory control information (e.g., UPC or SKU number) for the products being purchased, against a pre-established list of eligible health care expenses.

IRS

Internal Revenue Service

Letter of Medical Necessity

Letter provided by your doctor to indicate that otherwise ineligible items are medically necessary and as such are eligible for reimbursement from a Flex Spending Account.

Limited Purpose Health Care Flex Spending Account

Flexible Spending Account for employees who are enrolled in a Health Savings Account (HSA): Participants use pretax dollars to pay for qualified healthcare expenses incurred during the plan year, but are limited to only vision and dental expenses and health care post-deductible expenses.

Parking

The Parking account covers eligible parking expenses incurred for travel to and from your place of employment. **Use this account for parking expenses only, not for dependent commuter expenses.**

Run Out Period

Provides you with additional time after plan year end to request reimbursement for eligible expenses you incurred during the prior plan year.

Substantiation

Process of providing documentation that confirms an expense as FSA-eligible.

TASC

The third party administrator that administers the Health Care, Limited Purpose Health Care, Dependent Day Care Flex Spending Accounts and Parking and Transit Accounts.

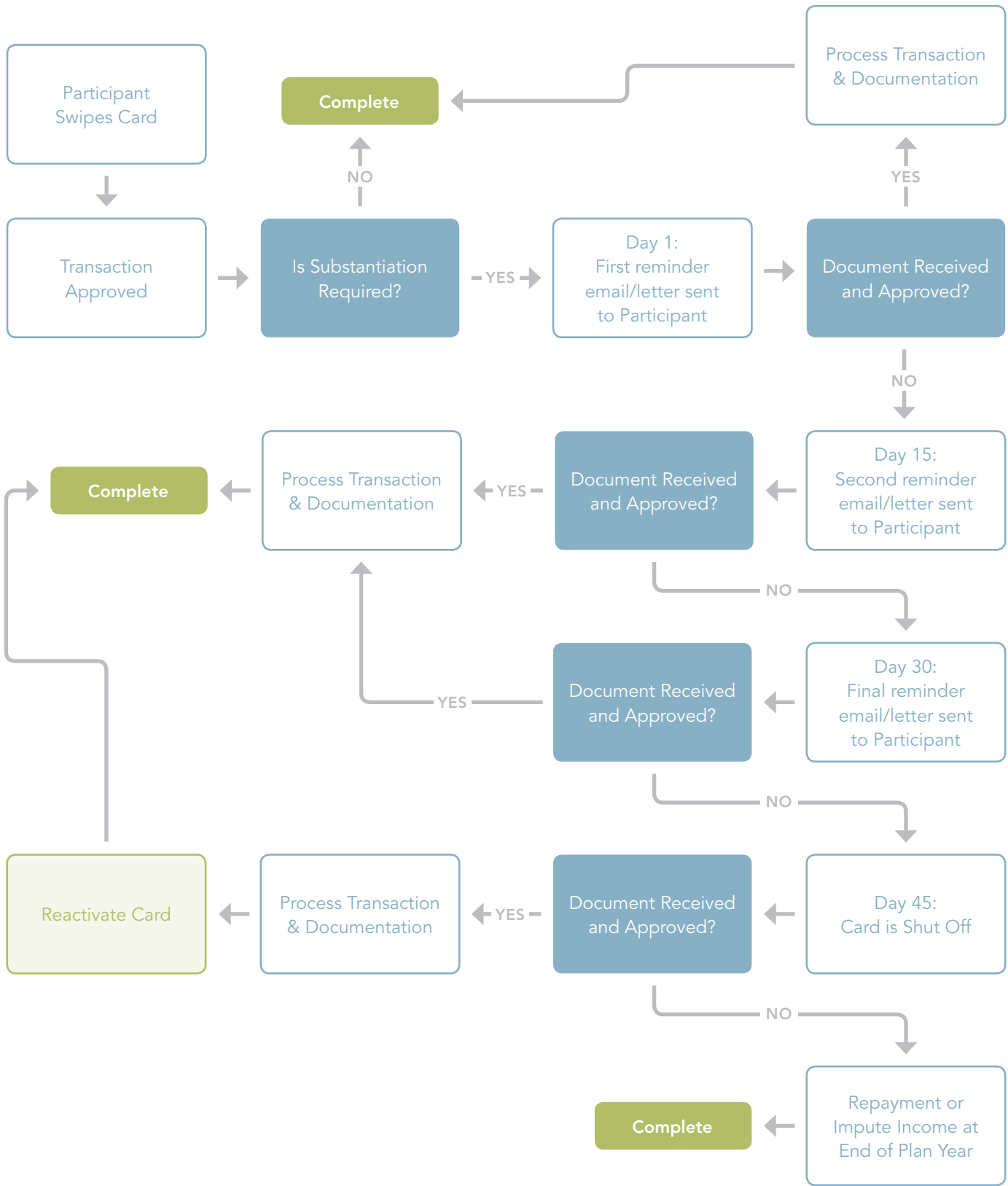
Transit

The Transit account covers eligible transit expenses incurred for travel to and from your place of employment. **Use this account for transit expenses only, not for dependent commuter expenses.**

WRS

Wisconsin Retirement System.

Receipt Request Process



Forms

Please visit <https://partners.tasconline.com/ETFEmployee> to download forms and other documents as needed.

Any ERA Account

- [Appeal Information Form](#)
- [Change of Address Form](#)
- [Change of Election Form](#)
- [Claim Repayment Form](#)
- [Direct Deposit Authorization Form](#)
- [Letter of Medical Necessity](#)
- [Payroll Transfer Form](#)
- [Request for Reimbursement Form](#)

FSA—Health Care, Limited Purpose Health Care or Dependent Day Care, Parking & Transit

- [Authorization for Release of Information Form](#)
- [Carryover Authorization](#)
- [Dependent Care Contract](#)
- [Employee Reimbursement Account Enrollment Form](#)
- [Orthodontia Contract](#)
- [Late Enrollment Request Form](#)
- [Plan Correction Request Form](#)

TASC Card/Mobile App

- [Additional Debit Card Request](#)
- [TASC Cardholder Agreement](#)
- [TASC Mobile App Information Flyer](#)

ERA Enrollment Brochure

- [Welcome](#)
- [ERA Overview](#)
- [Health Care FSA](#)
- [Limited Purpose FSA](#)
- [Dependent Day Care FSA](#)
- [Parking Account](#)
- [Transit Account](#)
- [How to Enroll](#)
- [ERA Annual Expense Estimate Worksheet](#)
- [TASC Tools](#)



FLEX SPENDING (FSA) APPEAL INFORMATION/FORM

Reimbursement requests are to be submitted for an appeal only when all missing or additional information has been received at TASC and the reason description indicates the request is ineligible. If all or a portion of your reimbursement request has been denied as an ineligible expense, you or your authorized representative may file an appeal in writing within 90 days of your receipt of this notice. The written request must include the reason you feel this reimbursement request should be paid and any additional documentation.

To file an appeal, you must submit the following:

- (1) Your written appeal request;
- (2) The completed information below; and
- (3) All pages of the reimbursement request denial notice to:

FlexSystem Appeals
PO Box 7511
Madison, WI 53707-7511

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	

If someone represents you, complete an authorization to allow us to communicate with your representative. The Plan will review the appeal and provide you with a written determination within 60 days. You may request copies (free of charge) of any documents used to reach a decision to deny your reimbursement request. The Plan will provide a review that does not defer to the initial denial and is conducted by an individual other than and not subordinate to the individual who completed the initial review.

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).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



CHANGE OF ADDRESS

There are several ways to tell us your address has changed:

1. Update your information immediately via your [TASC Online Account](#).
2. Update your information immediately via the [TASC Mobile App](#).
3. Fax or mail this Change of Address form to TASC. Updates will be made within 10 business days.

NOTE: If you are an active employee, you must notify your Human Resource office of your new address.

Please enter your new address information below.

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>						
Participant Name:						
Employer Name:						
Employee Number/ID:						
NEW ADDRESS INFORMATION						
Street:				Apt #:		
City:			State:		ZIP:	
Email Address:			Telephone #:			

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.

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Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511

Phone: 844-786-3947 • Fax: 877-231-1287



Change of Election Form

A change of election must be (1) on account of and correspond to one of the Qualifying Events below, and (2) made within 30 days of the qualifying event. These events are *not* required for changes to the Transit or Parking Flexible Spending Account and Health Savings Accounts.

Plan Participant: Complete the form below, sign, and submit to your Payroll/Benefits Office. Retain a copy for your records.

Client/Employer: Make changes to an employee's account in your HRIS/Payroll System and submit changes to TASC via eligibility file. If you do not submit eligibility files to TASC, please submit completed forms to stateofwi@tasconline.com. Detailed instructions are provided in the TASC Administration Manual.

This form is for your internal use only. Retain for your records.

Participant Name: _____

Employer:

Participant ID:	Effective date of change:	First payroll date affected by change:
-----------------	---------------------------	--

Type of Change

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

	Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
Healthcare Flex Spending Account	\$	\$	\$
Dependent Day Care Flex Spending Account	\$	\$	\$
Limited Purpose Healthcare Flex Spending Account	\$	\$	\$
Transit Reimbursement Account	\$	\$	\$
Parking Reimbursement Account	\$	\$	\$
Health Savings Account (HSA)	\$	\$	\$

***Required to be entered.** The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

Reason for Change (Qualifying Events)

<input type="checkbox"/> Change in Legal Marital Status	<input type="checkbox"/> Change in the Cost of Coverage*	<input type="checkbox"/> Judgement, Decree or Order
<input type="checkbox"/> Change in Number of Dependents	<input type="checkbox"/> HIPAA Special Enrollment Rights*	<input type="checkbox"/> Entitlement to Medicare/Medicaid
<input type="checkbox"/> Dependent Satisfies or Ceases to Satisfy Eligibility Requirements	<input type="checkbox"/> Significant Curtailment of Coverage*	<input type="checkbox"/> COBRA
<input type="checkbox"/> Change in Employment Status	<input type="checkbox"/> Addition/Elimination of Benefit Package*	<input type="checkbox"/> FMLA
<input type="checkbox"/> Change in Residence*		
<input type="checkbox"/> Change in Coverage of Spouse or Dependent Under Other Employer's Plan*		
<input type="checkbox"/> Loss of group health coverage sponsored by governmental or educational institutions*		
<input type="checkbox"/> Exchange Event: reduction in hours (less than 30)*		
<input type="checkbox"/> Exchange Event: Exchange enrollment during Exchange open or special enrollment period*		
<input type="checkbox"/> Rescind my enrollment application prior to the start of the Plan Year**		

*The Medical Out-of-Pocket FSA cannot be changed due to one of these nine events.
**The ability to rescind an application can only occur if the Request to Change form is received prior to the start of the Plan Year. You cannot make mid-year changes, including canceling your account, unless you experience a qualifying event.

Participant Signature _____ Date _____

Client/Employer Signature _____ Date _____

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 Way, 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).

ال لغوية المساعدة خدمات ف بان ال لغة، اذكرت تحدث نتيك اذا ملحوظة 1-877-533-5020 رقم

برقم ات صل بالمجان لك توافر وال بكم ال صم هات ف: 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)] schwetzsch, kannscht 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, ໂດຍບໍ່ເສັຽຄ່າ, ຕະມັນມີພ້ອມໃຫ້ທ່ານ. 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)



CLAIM REPAYMENT FORM

The Claim Repayment Form is for the repayment of ineligible charges only. Please read and complete each section as it applies to your repayment request.

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	

COMPLETE THIS SECTION FOR INELIGIBLE CLAIM(S) REQUIRING REPAYMENT. (ATTACH CLAIM REPAYMENT NOTIFICATION)

Date of Card Charge	Provider/Merchant of Ineligible Service	Total Card Charge	Repayment Amount Due

I hereby certify that the treatment plan(s) listed above is/are medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

CHOOSE REPAYMENT OPTION

- Electronic Funds Transfer (EFT):** Withdrawal from your TASC Direct Deposit account. If you do not have direct deposit set-up, log in to your online account.
- Check/Money Order:** Mail repayment to the address listed on this form made payable to "TASC Claims Repayments".
- Replacement Receipts:** To submit out-of-pocket expenses to apply toward repayment amount due, complete below section.

Date of Service	Description of Service	Provider	Total Charge Amount

AUTHORIZATION

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I or (we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person, who knowingly and with intent to injure, defraud or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Signature of Plan Participant

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).

Please fax or mail completed forms to:
Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



DIRECT DEPOSIT AUTHORIZATION

There are several ways you can set-up direct deposit:

1. Set-up your direct deposit immediately via your [TASC Online Account](#).
2. Set-up your direct deposit immediately via the [TASC Mobile App](#).
3. Fax or mail this Direct Deposit Authorization form to TASC. Updates will be made within 10 business days.

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>				
Participant Name:				
Employer Name:				
Employee Number/ID:				
Address:		Apt #:		
City:		State:	ZIP:	
Email Address:				
BANK ACCOUNT INFORMATION				
Bank Name:		<input checked="" type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Bank Address:				
City:		State:	ZIP:	
Name on Account:				
Account Number:		Routing Number:		

IMPORTANT: Please provide a voided check for the account listed above. We will not process without a voided check. Do not use a deposit slip, as the number may be invalid.

AUTHORIZATION	
I authorize reimbursements from my TASC Health Care FSA, Limited Purpose FSA, Dependent Day Care FSA, Transit, Parking, or HSA, benefits to be sent to the financial institution named above to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize TASC to debit my account(s) not to exceed the original amount of the credit. I also understand that all direct deposits are made through the automated clearing house (ACH) and that fund availability is subject to the terms and limitations of the ACH as well as my financial institution.	
Signature of Plan Participant:	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).

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



LETTER OF MEDICAL NECESSITY

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:

Employer Name:

Employee Number/ID:

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER

Patient Name	Prescribed Treatment Product/Services	Reason for Treatment	Instructions/Restrictions (if applicable)

I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

Medical Practitioner's Name (PLEASE PRINT)

Medical Practitioner's Signature

Date

The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefits account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.

Signature of Plan Participant

Date

When filling out your TASC Claim Form, please be sure to note that you have this Medical Necessity Form on file with us. Please note: TASC reserves the right to verify the eligibility of the expense in accordance with IRS regulations.

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).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511

Phone: 844-786-3947 • Fax: 877-231-1287



PAYROLL TRANSFER FORM – STATE OF WI

To be completed by current employer. (Payroll Center: Retain a copy for your records.)

PARTICIPANT INFORMATION					
Participant Name: <i>(Last, First, Middle Initial)</i>					
Participant ID:					
Street:				Apt #:	
City:		State:		ZIP:	
Current Email Address: <i>(personal preferred)</i>					

TRANSFER INFORMATION				
Effective Date of Change:			First Payroll Affected by Change:	
Current Payroll Center:	<input type="checkbox"/> Central Courts	<input type="checkbox"/> Legislature	<input type="checkbox"/> UW	<input type="checkbox"/> UW Hospitals & Clinics
	<input type="checkbox"/> WHEDA	<input type="checkbox"/> WEDC	<input type="checkbox"/> Wiscraft Beyond Vision	
Payroll Center Transferring to:	<input type="checkbox"/> Central Courts	<input type="checkbox"/> Legislature	<input type="checkbox"/> UW	<input type="checkbox"/> UW Hospitals & Clinics
	<input type="checkbox"/> WHEDA	<input type="checkbox"/> WEDC	<input type="checkbox"/> Wiscraft Beyond Vision	

ACCOUNT INFORMATION			
Benefit Type	Election Amount	Total Amount Contributed To Date (required)	Current Per Pay Period Contribution Amount (required)
Medical FSA:			
Medical LPFSA:			
Dependent Day Care FSA:			
HSA:			
Transit Benefit:			
Parking Benefit:			

INSTRUCTIONS:

Between Payroll Centers:

1. Communicate with your appropriate colleague to ensure that the Participant is established in the NEW payroll system and TERMINATED in the current payroll center.
2. Complete this form and submit to stateofwi@tasconline.com.
3. Upon receipt, TASC will update the Participant's account. **Note:** There is no impact to Participant accounts as a result of a transfer from one Payroll/Benefits Office to another. These Participants may continue to use the TASC Card as before, and their TASC online account and mobile app access will remain unchanged.

Within the same Payroll Center (different agency or campus location):

1. Communicate with your appropriate colleague to ensure that all necessary payroll requirements have been completed. No form is needed for TASC purposes.

Signature of Payroll/Benefits Representative

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).

2302 International Lane | Madison, WI 53704-3140 | 1-844-786-3947 | Fax: 877-231-1287 | <https://partners.tasconline.com/ETFEmployee>
SW-5261-101116

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.



FLEX SPENDING ACCOUNT (FSA) REIMBURSEMENT CLAIM FORM

Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Care at 1-844-786-3947.

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	
Email Address:	
Home Address:	

Please list each eligible expense below:

Under the **Benefit Type** column, select one of the following benefit codes for each expense.

- | | | | |
|-------------------------|---|--|----------------------|
| FSA – Health FSA | LPFSA - Limited Purpose Health FSA | DCA – Dependent Care Account | TRN – Transit |
| PKG – Parking | DVFSFA – Dental/Vision Health FSA | PRA – Premium Reimbursement Arrangement | |

Under the **Service Code** column, select one of the following service codes.

- | | | | |
|------------------------------|---------------------|---------------------|---------------------------------|
| MT – Mass Transit | PK – Parking | MD – Medical | RX – Prescription Drugs |
| OT – Over-the-Counter | VS – Vision | DN – Dental | IP – Individual Premiums |

Paid with TASC Card	Benefit Type	Date of service	Service Code	Service Provider	Dollar Amount

For quick reimbursement, file online via your employee portal or Mobile App!

Submit your claim form with supporting documentation via FAX to 877-231-1287.

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Signature of Plan Participant

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).

Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287 • SW-5531-010617



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary, that I may refuse to sign this authorization, and that I may revoke it at any time by submitting my revocation in writing to TASC.

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:	
Employer Name:	
Employee Number/ID:	

Below, list all Persons/Organizations authorized to receive the information:

--

All of my health information can be disclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If no, please provide specific description of information to be used or disclosed:	
--	--

I understand the specific purpose of the disclosure may be made at the request of the authorized individual.

This authorization will expire upon termination of coverage. However, I may revoke authorization at any time by submitting written revocation to TASC.

I have read and understand the following statements about my rights

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization, in writing, but the revocation will not have any effect on any actions that the business associate took before receiving the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving business associate. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Signature of Individual or Individual's Representative (form must be completed prior to signing):	Date:
Printed Name:	

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).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



FLEX SPENDING ACCOUNT (FSA) CARRYOVER AUTHORIZATION

PARTICIPANT INFORMATION			
Participant Name:			
Employee Number/ID:		Social Security Number:	
Employer Name: <i>(select one)</i>	<input type="checkbox"/> Central	<input type="checkbox"/> UW	
	<input type="checkbox"/> Courts	<input type="checkbox"/> WEDC	
	<input type="checkbox"/> Legislature	<input type="checkbox"/> WHEDA	
	<input type="checkbox"/> UW Hospitals & Clinics	<input type="checkbox"/> Wiscraft Beyond Vision	
CARRYOVER INFORMATION			
Balances to Transfer: <i>(check all that apply)</i>	<input type="checkbox"/> Healthcare FSA (Flexible Spending Account)		
	<input type="checkbox"/> Transit Reimbursement Account		
	<input type="checkbox"/> Parking Reimbursement Account		

By checking this box, I certify that all the information I provided on this form is correct and that I understand the remaining funds in my 2015 Flexible Spending Account (FSA), including medical out-of-pocket, transit, and/or parking benefits, will be moved to my 2016 account up to the IRS allowed maximum amount. I also understand that I will not be able to carryover funds to my 2016 account prior to the end of the runout period that my employer has in place, if I have any outstanding unsubstantiated 2015 claims. Finally, I understand that I must complete this entire form, as incomplete forms will not be processed.

Signature of Plan Participant

Date

Please fax or mail completed forms to:
Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287



DEPENDENT CARE CONTRACT

PARTICIPANT INFORMATION (to be completed by participant)			
Participant Name:			
Employer Name:			
Employee Number/ID:			
Dependents for Whom Care Will Be Provided (child under 13, spouse, or adult dependent unable to care for self)			Date of Birth
DAYCARE PROVIDER CERTIFICATION & INFORMATION (to be completed by daycare provider)			
Daycare Provider Name:		Tax ID:	
Provider Rate:		<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Other (please describe fees):			
Rate Start Date:		Rate End Date:	
Provider Signature:			Date:

Examples of Eligible Dependent Care Expenses	Examples of Ineligible Dependent Care Expenses
Daycare Centers	Transportation Fees
Nanny Services	Meals
Family Childcare	Overnight Camps
Day Camps	Diapers
Preschool	Educational Expenses
After School Care	Kindergarten/school tuition
Adult daycare	Misc. Fees (activity fees, field trips, etc.)
Day nursing care	Summer School

PARTICIPANT CERTIFICATION	
<p>I understand that reimbursements will be limited to my annual salary reduction and are only available for the amount that has been withheld at the time a reimbursement is made for services that have already been incurred.</p> <p>I understand and agree that I am obligated to inform TASC in writing if the amount charged for the dependent care services change, the service is terminated, or if there is any reason the expenses are not incurred. Failure to notify TASC will jeopardize the tax-free nature of my reimbursements, making it necessary to repay the Plan with after-tax dollars.</p>	
Signature of Plan Participant:	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.
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Please fax or mail completed forms to:
 Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



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.

Please indicate your current payroll center (if unsure, contact your HR/Benefits Specialist): Central Courts
 Legislature Univ. of WI UW Hospital & Clinics WHEDA WEDC Wiscraft Beyond Vision

For Employer to complete:

Employer Name: **STATE OF WISCONSIN**

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 (Personal Preferred)* _____

Home Address (Street) _____

City _____ State _____ ZIP Code _____

**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 2.

I request the following amount(s) to be deducted pretax:	Employee Annual Salary Reduction Election Amount	IRS Contribution Limits
1 Health Care FSA	\$	\$2,600 per year
2 Limited Purpose Health Care FSA	\$	\$2,600 per year
3 Dependent Day Care FSA	\$	\$5,000 per year; \$2,500 if married filing single
4 Transit Reimbursement Account	\$	\$1,560 per year/\$130 per month
5 Parking Reimbursement Account	\$	\$3,000 per year/\$255 per month

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): _____



AUTHORIZATION:

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

- Employee Reimbursement Accounts (ERA) program is an optional benefit established for eligible state employees. The ERA program is also referred to as Flexible Spending Accounts or FSAs. The ERA program has five pretax benefit account options; Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account, Dependent Day Care Flexible Spending Account, Transit Account, and Parking Account. The ERA Program is authorized under Internal Revenue Code Sections §125, §105, §129, and §132 and Wisconsin Statutes §40.85-§40.875.
- 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 Flexible Spending Account, Limited Purpose Flexible Spending Account, or Dependent Day Care Flexible Spending Account benefit options.
- The contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.
- According to Wisconsin Statutes §40.87, participation in an Employee Reimbursement Account will not reduce my wages for calculating state retirement benefits. Also, my contributions in an Employee Reimbursement Account 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.
- My share of eligible group insurance premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible group insurance premium(s) deducted pre-tax and prefer to be taxed on these dollars, I will contact my human resource or benefits office.
- Salary contributed into one account cannot be transferred and used for expenses in any other account.
- Participating in an Employee Reimbursement Account is completely voluntary, and that payments from my Employee Reimbursement Account 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 Employee Reimbursement Account 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 Employee Reimbursement Account(s) for any improper erroneous or excess reimbursement.
- If my employment terminates, only expenses incurred through my period of coverage as defined in the Plan can be considered for reimbursement.
- Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account, and Dependent Day Care Flexible Spending Account elections can only be changed or revoked during the plan year if I have a qualified life change event as defined in the Plan or if I am no longer eligible to participate. 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 my employer. 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 Flexible Spending Accounts or a Limited Purpose Flexible Spending Accounts, my eligible expenses must qualify as a medical deduction under Internal Revenue Service Publications.
- If I am enrolled in a Dependent Day Care Flexible Spending Account, my eligible expenses must qualify as Dependent Care deduction under Internal Revenue Service Publication 503. The expenses are for a qualified dependent (child under 13, spouse, or adult dependent unable to care for self), for care by a qualified dependent care provider, such as a day care center or individual, including non-dependent family member over 19, caring for my dependent(s) inside or outside the home.
- The maximum exclusion under a Dependent Day Care Flexible Spending Account 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 Internal Revenue Service Publication 5137.
- Any amounts remaining in excess of \$500 in a Health Care Flexible Spending Account or Limited Purpose Flexible Spending Account and any unused Dependent Day Care Flexible Spending Account at the close of the plan year will be forfeited in accordance with current Plan provisions and tax laws.



I certify that:

- I agree to have my compensation reduced by the contribution amount(s) I elected.
- That the information I have provided is complete and accurate to the best of my knowledge.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.
- That all dependents listed meet the eligibility requirements of the program.
- I shall not claim a federal income tax deduction or credit for any expenses that were reimbursed through my Employee Reimbursement Account(s).
- That my use of the Card will comply with the terms and conditions of the cardholder agreement received with the card.
- That all expenses charged on the Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed and are 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 Card. 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 Cards issued to my spouse or dependent(s) will provide the named individual with access to my Employee Reimbursement Account(s). I accept all responsibility for Card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Card in violation of this enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of the Card.
- If the Third Party Administrator determines that an expense I charged on the 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 timely reimburse the Plan, I understand that amounts may be withheld from my wages or from an otherwise valid expense under this Plan 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 \$2,600 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.
- 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.

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).

ال لغوية المساعدة خدمات في إن اللغة، اذكر ت تحدثك نت إذا بملاحظة 1-877-533-5020 (رقم

برقم اتد صل بالمجان لك ت توافر وال بكم ال صم هات ف: 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)] schwetzsch, kannsch 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, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸນນະພາບໃຫ້ທ່ານ. ໂທສ 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)



ORTHODONTIA CONTRACT

PARTICIPANT INFORMATION *(to be completed by participant)*

Participant Name:			
Employer Name:			
Employee Number/ID:			
Name of Patient:		Date Treatment Begins:	

ORTHODONTIA SERVICES INFORMATION *(to be completed by orthodontist)*

Total Cost of Orthodontia Services	\$	_____	
Subtractions:			
Insurance Payments:	\$	_____	
Provider Discount:	\$	_____	
Initial Payment Amount Due:	\$	_____	
Total Remaining Balances:	\$	_____ / _____	= _____
		Number of Months	Monthly Payment and Eligible Monthly Reimbursable Amount

ADDITIONAL INFORMATION *(optional)*

Please enter any additional information below. Additional information can include down payments, special explanation of services etc.:

--

Recurring Claim Option: Please accept this contract and set up monthly recurring payments for this plan year. I understand that I can only be reimbursed my monthly payments as they are owed to my provider on a recurring basis. **NO PAYMENTS WILL GENERATE UNLESS THIS BOX IS CHECKED**

I certify that the expenses for reimbursement requested from my TASC accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return.

This form must be signed by both the Consumer and Orthodontia Provider. Forms without both signatures will not be processed.

Signature of Participant	Date
Printed Name of Orthodontic Service Provider	Date
Signature of Orthodontic Service Provider	

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).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511
 Phone: 844-786-3947 • Fax: 877-231-1287



Late Enrollment Request Form

The annual It's Your Choice Open Enrollment period for the 2018 plan year was October 2 – October 27, 2017. Employee Reimbursement Account (ERA) and Health Savings Account (HSA) enrollment forms for the 2018 plan year must have been submitted on or before October 27, 2017.

If you did not enroll by the It's Your Choice Open Enrollment period deadline on October 27, 2017, 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, 2018.

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, 2018. 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
P.O. Box 70791 Madison, WI 53704
Phone: 1-844-768-3947 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
<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.
- 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.
- 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.
- 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.
- Other** _____

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 _____

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Plan Correction Request

Expenses incurred during the plan year, January 1 through December 31 of each year, must be substantiated by December 31 to avoid further action on your unsubstantiated claim(s). If you failed to provide the necessary documentation or repay your claim(s) during the plan year, your claim is now considered ineligible and repayment is required. Your employer will attempt to recover the unsubstantiated claim amount via payroll withholding, pursuant to Wis. Stat. § 40.08 (4).

If your unsubstantiated claim(s) is in the recovery process through payroll deduction with your employer, you are no longer able to resolve your unsubstantiated claim through the normal substantiation process. You may file a Plan Correction Request in effort to resolve your unsubstantiated claim. Your Plan Correction Request must be sent to TASC Appeals by March 31. Any Plan Correction Requests received after March 31 will not be accepted.

How to File a Plan Correction Request:

1. Complete the Plan Correction Request Form (See reverse side of this document.)
2. Attach all applicable supporting documents (itemized statement, detailed receipt, Explanation of Benefits). If applicable, include check/money order made payable to "TASC Claims Repayment".
3. Send completed Plan Correction Request Form and applicable supporting documents to TASC Appeals at stateofwiappeals@tasconline.com and your human resource/payroll department. If you selected the repayment option, please send your completed plan correction request form, supporting documentation, and payment to:

TASC Appeals
Attn: SOW Plan Correction Request
P.O. Box 70791
Madison, WI 53704

TASC will review your plan correction request. You and your human resource/payroll department will be provided with a written determination.

Note: If you do not include your human resource/payroll department when you submit your Plan Correction Request, this may delay notification to your employer of the determination. A delay in notification to your human resource/payroll department, may impact your employer's ability to adjust or stop payroll deductions in a timely manner.

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>.

The ERA Participant Guide and additional resources are available on the TASC landing page at <https://partners.tasconline.com/ETFEmployee>. If you have any questions, please call TASC Customer Care at 1-844-786-3947 or your human resource/payroll department.

Sincerely,

TASC Appeals

P.O. Box 70791
Madison, WI 53704
1-844-786-3947 or 1-608-316-2408





Plan Correction Request Form

Please read and complete each section as it applies to your plan correction request.

Participant Information	
Participant Name	
Participant Address	
Participant Email Address	
Employer/Agency Name	
Payroll Center Name	
Human Resource/Payroll Staff Contact Name	
Human Resource/Payroll Staff Email Address	

Ineligible Claim(s) Requiring Repayment

TASC Card Transaction Date	Provider/Merchant	Total Card Charge	Repayment Amount Due

Choose Plan Correction Option:

- Substantiate Claim:** Submit documentation to substantiate claim(s). Send this completed form, a copy of your unsubstantiated claim repayment notification, and all applicable supporting documentation (itemized statement, detailed receipt, Explanation of Benefits) to TASC Appeals.
- Repayment:** Repay the amount of the unsubstantiated transaction. Send this completed form, a copy of your unsubstantiated claim repayment notification, and check/money order made payable to "TASC Claims Repayments" to TASC Appeals.
- Replacement Receipts:** To apply another out-of-pocket eligible expense toward the repayment amount due, complete the below section. Send this completed form, a copy of your unsubstantiated claim repayment notification, and replacement receipts to TASC Appeals.
 - o **Note:** The replacement receipts cannot include any previously reimbursed expenses.

Date of Service	Provider/Merchant	Description of Eligible Service	Total Claim Amount

Send completed Plan Correction Request Form with applicable supporting documentation to TASC Appeals at stateofwiappeals@tasconline.com and your human resource/payroll department. If you selected the repayment option, please send your completed Plan Correction Request Form, supporting documentation, and payment to:

TASC Appeals
 Attn: SOW Plan Correction Request
 P.O. Box 70791
 Madison, WI 53704

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ADDITIONAL DEBIT CARD REQUEST

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name:					
Employer Name:					
Employee Number/ID:					
Street:				Apt #:	
City:		State:		ZIP:	
Email Address:			Telephone #:		

Additional Card Holder Information

First Name		Middle Initial	
Last Name			
Date of Birth (mm/dd/yyyy)			

I certify that:

- I authorize the “Additional Card Holder” listed above to receive a TASC Card tied to my TASC account.
- That the use of the Card will comply with the terms and conditions of the cardholder agreement received with the Card.
- That all expenses charged on the Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed and are 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 Card. Upon request, within forty-five (45) days, I will fax, mail, or upload the required documentation of expenses to TASC.
- If TASC determines that an expense charged on the 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 timely reimburse the Plan, I understand that amounts maybe withheld from my wages or from an otherwise valid expense under this Plan in order to reimburse the unqualified expense.
- I understand additional Cards issued to my spouse or dependent(s) will provide the named individual with access to my TASC account. I accept all responsibility for Card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Card in violation of this enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of the Card.

Signature of Plan Participant

Date

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Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511 Phone: 844-786-3947 • Fax: 877-231-1287

«PL011»
«PL012»
«PL013»
«PL014»

«PL015»
«PL016»
«PL017»
«PL018»
«PL019»
«PL020»
«PL021»

TASC Prepaid MasterCard®

Your TASC Card is provided to you by your Employer under a Benefit Account as allowed by the IRS under applicable Sections of the U.S. Tax Codes and as such there may be restrictions on its use.

To report your card lost or stolen:

- Call 844-786-3947
- <https://partners.tasconline.com/ETFEmployee>
Click Profile, Banking/Cards,
Select Report Lost/Stolen

Number of cards issued: 1

(if requested, Dependent cards are issued separately)

You may use your card for eligible benefits expenses everywhere Debit MasterCard is accepted.

This card is issued by The Bancorp Bank pursuant to license from MasterCard International Incorporated. The Bancorp Bank; Member FDIC. The Bancorp is not a party to the Benefit Plan or other plan documents. They are not a fiduciary with respect to the Benefits Plan and are not responsible for the plan documents or administration of the Benefit Plan. MasterCard is a registered trademark of MasterCard International Incorporated.

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How To Use Your TASC Card

IMPORTANT – PLEASE READ CAREFULLY

1. Read the front and back of this Cardholder Agreement carefully.

At the time of your TASC Card activation and each TASC Card transaction, you affirm that you have read understand, and agree to the Cardholder Agreement and terms of the Plan.
2. Record your TASC Card number, and retain it for your records.
3. Sign the back of your TASC Card before using it. Your TASC Card is not valid until you sign it.
4. Keep your TASC Card until it expires; it will be reloaded at the beginning of each Plan Year.
5. Use your TASC Card to pay for eligible products and services connected to your employee benefits account(s). Purchases are limited to specific merchants and specific expenses deemed eligible by your benefits account(s).
6. Your TASC Card will be activated upon first usage. You do not need to call to activate your TASC Card.

Select the "CREDIT" option to complete your transaction via the signature debit. If you are prompted to enter your PIN and you do not have it, or you enter your PIN and your purchase is declined, ask the merchant to process the purchase as a signature debit transaction, and then sign for your purchase receipt. To request a PIN for your TASC Card call Customer Care at 844-786-3947.
7. Retain all itemized receipts and documentation. If requested by TASC, Employer, or IRS, you are obligated to submit your receipts to substantiate your expenses are eligible under your Benefit Plan and applicable IRS regulations.

Failure to submit receipts /documentation to substantiate your expenses may result in:
 - the expense being deemed ineligible in which case you would be obligated to repay the amount to the Benefit Plan
 - immediate suspension or revocation of your TASC Card
 - taxable payroll deductions by your Employer of the ineligible expense
 - taxable gross income being subject to an additional tax on that amount
8. Visit <https://partners.tasconline.com/ETFEmployee> to log into your MyTASC account. From your MyTASC account you can, download the Mobile App, view account balances, submit reimbursement requests, and substantiate your expenses.

Questions related to your TASC Card or Benefit Account(s) should be directed to TASC Customer Care at 844-786-3947.

Cardholder Agreement
IMPORTANT – READ CAREFULLY

Terms and Conditions/Definitions for the TASC Prepaid MasterCard®

This Cardholder Agreement (Agreement) outlines the terms and conditions under which the TASC Prepaid MasterCard has been issued to you by The Bancorp Bank, Wilmington, Delaware (“The Bancorp Bank” or “Issuer”). The Issuer is an FDIC insured member institution. “Card” means the TASC Prepaid MasterCard issued to you by The Bancorp Bank. By accepting and using the Card, you agree to be bound by the terms and conditions contained in this Agreement. “Card Account” means the records your Plan Administrator maintained to account for the value of claims associated with the Card linked to a flexible spending account (FSA), health reimbursement arrangement (HRA), transit/parking benefits account (each a “Benefit Account”) “you” and “your” mean the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. “We,” “us,” and “our” mean the Issuer, our successors, affiliates or assignees. “Plan Sponsor” means your employer or the association who is sponsoring your benefit plan (“Benefit Plan”). “Plan Administrator” means TASC, an agent for your Plan Sponsor assisting in the administration of your Benefit Plan. You acknowledge and agree that the value available in the Card Account is limited to the funds that have been loaded into the Card Account(s) on your behalf. You agree to sign the back of the Card immediately upon receipt. The expiration date of the Card is identified on the front of your Card. The Card is a prepaid card. The Card is not connected in any way to any checking, savings, or bank account. The Card is not a credit card. The Card is not for resale. You will not receive any interest on your funds in the Card Account. The Card will remain the property of the Issuer and must be surrendered upon demand. The Card is nontransferable and it may be canceled, repossessed, or revoked at any time without prior notice subject to applicable law. This Card is not designed for business use beyond Employee Benefit Plans and your Plan Administrator may close your Card Account if it is determined that it is being used for disallowed business purposes. Your Plan Administrator may refuse to process any transaction that they believe may violate the terms of this Agreement. Our business days are Monday through Friday, excluding federal holidays, even if we or your Plan Administrator are open. Any references to “days” found in this Agreement are calendar days unless indicated otherwise. This Agreement governs the relationship between you and us regarding your Card, our services related to the Card, and funds from a Benefit Account accessed using your Card (“Funds”). The types of benefits that are available to you under your plan documents, the limitations on those benefits, and the qualifications to participate in the Benefit Plan are governed by other documents, including plan documents that your Plan Sponsor has provided to you. Either the Plan Sponsor or Plan Administrator will determine what accounts are available to you, your spouse and/or dependents. We are not a party to the Benefit Plan or those other plan documents. We are not a fiduciary with respect to the Benefit Plan and are not responsible for the plan documents or the administration of your Benefit Plan.

You acknowledge and agree that the amount available for Card use is limited to the amount available in your Card Account. Write down your Card number and the customer service phone number provided in this Agreement on a separate piece of paper in case your Card is lost, stolen, or destroyed. Keep the paper in a safe place. Please read this Agreement carefully and keep it for future reference.

Card Activation.

Your Card will be activated automatically upon its first successful use. No further action is required.

Personal Identification Number.

You will not receive a Personal Identification Number (“PIN”) with your Card Account. However, you may request a PIN. To request a PIN, call your Plan Administrator at the number printed in your plan document or on the back of your Card and provide the personal information requested. You should not write or keep your PIN with your Card. Never share your PIN with anyone. When entering your PIN, be sure it cannot be observed by others and do not enter your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unauthorized access to your PIN, you should advise your Plan Administrator immediately following the procedures in the paragraph labeled “Your Liability for Unauthorized Transfers.” For security reasons, your Plan Administrator may limit the number of consecutive PIN failures allowed.

Authorized Card Users.

You are responsible for all authorized transactions initiated and fees incurred by use of your Card. If you permit another person to have access to your Card or Card number, it will be treated as if you have authorized such use and you will be liable for all transactions and fees incurred by those persons. You are wholly responsible for the use of each Card according to the terms and conditions of this Agreement.

Your Representations and Warranties.

By activating the Card or by retaining, using or authorizing the use of the Card, you represent and warrant to us that: (i) you are at least 18 years of age (or older if you reside in a state where the majority age is older); (ii) you are a U.S. citizen or legal alien residing in the United States or the District of Columbia; (iii) you have provided us with a verifiable U.S. street address (not a P.O. Box); (iv) the personal information that you provide to us in connection with the Card is true, correct and complete; (v) you received a copy of this Agreement and agree to be bound by and to comply with its terms; and (vi) you accept the Card.

Secondary Cardholder.

You may request an additional Card for another person. The maximum number of Cards permitted is four (4). You must notify your Plan Administrator to revoke permission for any person previously authorized to use the Card. If you notify your Plan Administrator to revoke another person's use of the Card, the Plan Administrator may revoke your Card and issue a new Card with a different number. You remain liable for any and all usage of any additional Card you authorize.

Loading Your Card.

You may not load additional funds to your Card Account. Only your Plan Sponsor or Plan Administrator may load additional funds to your Card Account. Funds are loaded in the Benefit Account based on annual election amounts, depending on the Benefit Account, or as payroll deductions are made. You will have access to your funds in your Benefit Account(s) pursuant to your Benefit Plan design. Each time you use the Card, your Plan Administrator will debit the amount of the transaction and any applicable fees or charges will be debited from the appropriate available balance(s) accessed by your Card as determined by your Plan Administrator. If you believe that a transaction was deducted from the incorrect plan account, contact your Plan Administrator. Any individual purchase or series of purchases may not exceed the available balance in your Card Account. If, however, a transaction does occur that exceeds the appropriate available balance(s) in your Card Account, you agree to have the amount of the overdraft debited from any amount subsequently loaded to your Card Account. A transaction presented for authorization may be denied if it exceeds the appropriate available balance(s) in your Card Account or if there is a dispute over the Funds. Personal checks, cashiers checks, and money orders sent to the Plan Administrator are not an acceptable form of loading towards a negative balance, in which case the check or money order may or may not be loaded to your Card Account at the discretion of your Plan Administrator.

Using Your Card/Features.

The maximum value of your Card is restricted to the amount of the funds in your Benefit Account as dictated by your Plan.

To initiate a MasterCard debit transaction at the POS, swipe your Card through a POS terminal, sign the receipt, or provide your Card number for a mail order, telephone, or Internet purchase.

Some merchants do not allow cardholders to conduct split transactions where you would use the Card as partial payment for goods and services and pay the remainder of the balance with another form of legal tender. If you wish to conduct a split transaction and it is permitted by the merchant, you must tell the merchant to charge only the exact amount of funds available to the Card. You must then arrange to pay a difference using another payment method. Some merchants may require payment for the remaining balance in cash. If you fail to inform the merchant that you would like to complete a split transaction prior to swiping your Card, your Card is likely to be declined.

Any preauthorization amount will place a “hold” on your available funds until the merchant sends the final payment amount of your purchase. Once the final payment amount is received, the preauthorization amount on hold will be removed. It may take up to seven (7) days for the hold to be removed. During the hold period, you will not have access to the preauthorized amount. If you use your Card number without presenting your Card such as for a mail order, telephone, or Internet purchase, the legal effect will be the same as if you used the Card itself.

For security reasons, your Plan Administrator may limit the amount or number of transactions you can make with your Card. Your Card cannot be redeemed for cash. You may not use your Card for any illegal transaction.

Each time you use your Card, you authorize your Plan Administrator to reduce the value available in your Card Account by the amount of the transaction and any applicable fees. You are not allowed to exceed the available amount in your Card Account through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of the funds available in your Card Account, you shall remain fully liable for the amount of the transaction and any applicable fees. You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card. You may not make preauthorized regular payments from your Card Account. If you authorize a transaction and then fail to make a purchase of that item as planned, the approval may result in a hold for that amount of funds for up to thirty (30) days

Returns and Refunds.

If you are entitled to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card for such refunds and agree to the refund policy of that merchant. The Issuer is not responsible for the delivery, quality, safety, legality, or any other aspects of goods or services that you purchase from others with a Card. All such disputes must be addressed and handled directly with the merchant from whom those goods or services were provided.

Card Replacement.

If you need to replace your Card for any reason please contact your Plan Administrator at the number printed in your plan document or on the back of your Card to request a replacement Card. You will be required to provide personal information which may include your Card number, full name, transaction history, copies of identification, etc. There is a fee for replacing your Card.

Transactions Made in Foreign Currencies.

If you obtain your funds or make a purchase in a currency other than the currency in which your Card was issued, the amount deducted from your funds will be converted by MasterCard International Incorporated into an amount in the currency of your Card. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by MasterCard from the range of rates available in wholesale currency markets for the applicable central processing date, which may vary from the rate MasterCard itself receives or the government-mandated rate in effect for the applicable central processing date. If you obtain your funds or make a purchase in a currency other than the currency in which your Card was issued, the Issuer may assess a foreign currency conversion fee of 1% of the transaction amount. Transactions made outside of the 50 United States and the District of Columbia are also subject to this conversion fee even if they are completed in U.S. currency.

Receipts.

Under IRS and Treasury regulations, all payments from your Benefit Account require third-party documentation. Some transactions will be electronically documented and will not require after purchase documentation. You are responsible for meeting any documentation requirements. Failure to meet documentation requirements established by your Plan Sponsor and/or Plan Administrator could result in Card suspension or termination. Ask your Plan Sponsor or Plan Administrator for examples of electronic documentation and further instructions. You should get a receipt at the time you make a transaction using your Card. You agree to retain, verify, and reconcile your transactions and receipts.

Certification.

Each Benefit Account Card transaction is a claim against your Benefit Account(s) as appropriate, and all IRS, Treasury and Plan Sponsor/Plan Administrator rules and regulations governing your Benefit Plan apply. Therefore, you may only use this Card to purchase eligible services and products for you and, if applicable, your spouse or a qualifying individual that you are entitled to claim as a dependent. Furthermore, you may only use this Card to pay for services or products that you are responsible for paying for which you have no other insurance coverage or reimbursement. When you (or an individual authorized by you) use this Card you accept responsibility to repay your Plan Sponsor for ineligible transactions against your Benefit Account. If you fail to repay your Plan Sponsor for such amounts, you authorize your Plan Sponsor (to the extent permitted by law) to collect from you personally or withhold such funds from your pay or any other amounts due to your Plan Sponsor including any taxes, fines, surcharges or penalties that may be assessed for the use of your Card for ineligible services or products. You also understand that your Card may be immediately suspended and/or permanently terminated for failure to pay such amount.

Suspension/Termination.

Your Plan Sponsor and/or Plan Administrator have the right to suspend or terminate your Card access to your Benefit Account. Your Plan Sponsor and/or Plan Administrator may suspend, revoke, or terminate it at any time in their sole discretion. Your Benefit Account access may be suspended for inappropriate and/or abusive transactions including, but not limited to, purchase of clearly non-eligible products or services, purchases for ineligible individuals, providing Card access to inappropriate individuals, or delinquent claim submission to document transactions, and failure to make necessary fund replacements in your Benefit Account.

Your Benefit Account access will be terminated if you lose eligibility status for your Benefit Account. Such a status change may include an employment status change or your Plan Sponsor no longer offering such accounts. Your Card's access to your Benefit Account may also be terminated at the request of your Plan Sponsor or Plan Administrator if you (or an individual authorized by you) repetitively fail to use your Card in the manner it was intended. You will receive notice if your Card is terminated.

Card Account Balance/Periodic Statements.

You are responsible for keeping track of your Card Account available balance. Merchants generally will not be able to determine your available balance. It's important to know your available balance before making any transaction. You may access your available balance by accessing your Card Account by calling your Plan Administrator at the number printed in your plan document or on the back of your Card. You will not automatically receive paper statements. You may choose to have a paper statement mailed to you by contacting your Plan Administrator. However, there is a fee for this service.

Fee Schedule.

All fee amounts will be withdrawn from your Benefit Account and will be assessed as long as there is a remaining balance in either your Benefit Account except where prohibited by law.

Claim Card Fee	\$10.00 per Card Replaced
Foreign Currency Conversion Fee	1% of the transaction amount
Paper Statement Fee	\$5.00 per request

Contact your Plan Administrator at the number printed in your plan document or on the back of your Card for specific fee information.

Confidentiality.

Your Plan Administrator may disclose information to third parties about you and the transactions you make: (1) Where it is necessary for completing transactions; (2) In order to verify the existence and condition of your Card for a third party, such as merchant; (3) In order to comply with government agency, court order, or other legal or administrative reporting requirements; (4) If you consent by giving us your written permission; (5) To our employees, auditors, affiliates, service providers, or attorneys as needed; or (6) Otherwise as necessary to fulfill our obligations under this Agreement.

Our Liability for Failure to Complete Transactions.

If your Plan Administrator does not properly complete a transaction from your Card Account on time or in the correct amount according to our Agreement with you, your Plan Administrator will be liable for your losses or damages. However, there are some exceptions. Your Plan Administrator will not be liable, for instance: (1) If through no fault of theirs, you do not have enough funds available in your Card Account to complete the transaction; (2) If a merchant refuses to accept your Card; (3) If an electronic terminal where you are making a transaction does not operate properly, and you knew about the problem when you initiated the transaction; (4) If access to your Card Account has been blocked after you reported your Card lost or stolen; (5) If there is a hold or your funds are subject to legal or administrative process or other encumbrance restricting their use; (7) If your Plan Administrator has reason to believe the requested transaction is unauthorized; (8) If circumstances beyond our control (such as fire, flood, or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that your Plan Administrator has taken; (9) If the requested transaction is not permitted under the terms of your Benefit Plan; or (10) Any other exception stated in our Agreement with you.

Your Liability for Unauthorized Transfers.

Contact your Plan Administrator at once if you believe your Card has been lost or stolen. Telephoning is the best way to minimize your possible losses. If you believe your Card has been lost or stolen, call your Plan Administrator at the number printed in your plan document or on the back of your Card.

Under MasterCard Rules, your liability for unauthorized MasterCard transactions on your Card Account is \$0.00 if you report the loss, theft, or unauthorized use to your Plan Administrator within two (2) business days and if you are not grossly negligent or fraudulent in the handling of your Card

This reduced liability does not apply if a PIN is used as the method of verification for a disputed transaction, or if you have reported two (2) or more incidents of unauthorized use in the immediately preceding twelve (12) month period. If you notify your Plan Administrator within two (2) business days of any unauthorized transactions, you can lose no more than \$50.00 if someone used your Card without your permission. If you do not notify your Plan Administrator within two (2) business days after you learn of the loss or theft of your Card and your Plan Administrator can prove that they could have stopped someone from using your Card without your permission if you had promptly notified them, you could lose as much as \$500.00.

Also, if you become aware of and/or your statement shows transactions that you did not make, notify your Plan Administrator at once following the procedures stated in the paragraph labeled “Information About Your Right to Dispute Errors”. If you do not notify your Plan Administrator in writing within sixty (60) days after you become aware of the transaction and/or after the statement was made available to you, you may not get back any value you lost after the sixty (60) days if your Plan Administrator can prove that they your Plan Administrator could have stopped someone from taking the value if you had notified them in time and you are grossly negligent or fraudulent in the handling of your Card. If your Card has been lost or stolen, your Plan Administrator will close your Card Account to keep losses at a minimum.

Other Miscellaneous Terms.

Your Card and your obligations under this Agreement may not be assigned. Your Plan Administrator may transfer our rights under this Agreement. Use of your Card is subject to all applicable rules and customs of any clearinghouse or other association involved in transactions. We do not waive our rights by delaying or failing to exercise them at any time. If any provision of this Agreement shall be determined to be invalid or unenforceable under any rule, law, or regulation of any governmental agency, local, state, or federal, the validity or enforceability of any other provision of this Agreement shall not be affected. This Agreement will be governed by the law of the State of Delaware except to the extent governed by federal law.

Amendment and Cancellation.

Your Plan Administrator may amend or change the terms and conditions of this Agreement at any time. You will be notified of any change in the manner provided by applicable law prior to the effective date of the change. However, if the change is made for security purposes, your Plan Administrator can implement such change without prior notice. Your Plan Administrator may cancel or suspend your Card or this Agreement at any time. You may cancel this Agreement by returning the Card to your Plan Sponsor or Plan Administrator. Your termination of this Agreement will not affect any of our rights or your obligations arising under this Agreement prior to termination.

Information About Your Right to Dispute Errors.

In case of errors or questions about your Account, call your Plan Administrator at the number printed in your plan document or on the back of your Card or write to TASC Cardholder Services, 2302 International Lane, Madison, WI 53704-3140 as soon as you can, if you think an error has occurred involving your Account. If you think your statement or receipt is wrong, or if you need more information about a transaction listed on the statement or receipt. You must contact your Plan Administrator to report an error no later than sixty (60) days after the earlier of the date you electronically accessed your Account, if the error could be viewed in your electronic history, or the date the FIRST written history was made available to you on which the problem or error appeared. You may request a written history of your transactions at any time by calling your Plan Administrator or writing to TASC Cardholder Services, 2302 International Lane, Madison, WI 53704-3140. You will need to provide (1) Your name and Card Account number, (2) Why you believe there is an error, and the dollar amount involved, and (3) Approximately when the error took place.

If you provide this information orally, your Plan Administrator may require that you send your complaint or question in writing within sixty (60) calendar days of the date of the transaction in error. Once your written dispute has been received, your Plan Administrator will determine whether an error occurred within sixty (60) calendar days after you notified them and will correct any error promptly. If more time is needed, however, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If your Plan Administrator decides to do this, you will be notified verbally or in writing. If you are asked to put your complaint or question in writing and you do not provide it within sixty (60) calendar days of the date of the transaction in error, your Card may not be credited.

For errors involving new Cards, POS transactions, or foreign-initiated transactions, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If it is determined that an error has occurred the transaction in error will be corrected upon completing the investigation. You will be told the results within three (3) business days after completing the investigation. If it is decided that there was no error, you will be sent a written explanation. Copies of the documents used in the investigation may be obtained by contacting your Plan Administrator at the phone number or address listed at the beginning of this section.

English Language Controls.

Any translation of this Agreement is provided for your convenience. The meanings of terms, conditions, and representations herein are subject to definitions and interpretations in the English language. Any translation provided may not accurately represent the information in the original English.

Customer Service.

For customer service or additional information regarding your Card, please contact your Plan Administrator at the number printed in your plan document or on the back of your Card.

Telephone Monitoring/Recording.

From time to time we may monitor and/or record telephone calls between you and us to assure the quality of our customer service or as required by applicable law.

No Warranty Regarding Goods or Services as Applicable.

We are not responsible for the quality, safety, legality, or any other aspect of any goods or services you purchase with your Card.

Arbitration.

Any claim, dispute, or controversy (“Claim”) arising out of or relating in any way to: i) this Agreement; ii) your Card; iii) the Cards of any additional cardholders designated by you; iv) your purchase of the Card; v) your usage of the Card; vi) the amount of available funds in the Card Accounts; vii) advertisements, promotions or oral or written statements related to the Cards, as well as goods or services purchased with the Card; viii) the benefits and services related to the Cards; or ix) transactions on the Card, no matter how described, pleaded or styled, shall be FINALLY and EXCLUSIVELY resolved by binding individual arbitration conducted by the American Arbitration Association (“AAA”) under its Consumer Arbitration Rules. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act (9 U.S.C. 1-16).

Your Plan Administrator will pay the initial filing fee to commence arbitration and any arbitration hearing that you attend shall take place in the federal judicial district of your residence.

ARBITRATION OF YOUR CLAIM IS MANDATORY AND BINDING. NEITHER PARTY WILL HAVE THE RIGHT TO LITIGATE THAT CLAIM THROUGH A COURT. IN ARBITRATION, NEITHER PARTY WILL HAVE THE RIGHT TO A JURY TRIAL OR TO ENGAGE IN DISCOVERY, EXCEPT AS PROVIDED FOR IN THE AAA CODE OF PROCEDURE.

For a copy of the procedures, to file a Claim or for other information about these organizations, contact them as follows: AAA, at 335 Madison Avenue, New York, NY 10017 or at www.adr.org. All determinations as to the scope, interpretation, enforceability and validity of this Agreement shall be made final exclusively by the arbitrator, which award shall be binding and final. Judgment on the arbitration award may be entered in any court having jurisdiction.

NO CLASS ACTION, OR OTHER REPRESENTATIVE ACTION OR PRIVATE ATTORNEY GENERAL ACTION OR JOINDER OR CONSOLIDATION OF ANY CLAIM WITH A CLAIM OF ANOTHER PERSON OR CLASS OF CLAIMANTS SHALL BE ALLOWABLE.

This arbitration provision shall survive: i) the termination of the Agreement; ii) the bankruptcy of any party; iii) any transfer, sale or assignment of your Card, or any amounts owed on your Card, to any other person or entity; or iv) expiration of the Card. If any portion of this arbitration provision is deemed invalid or unenforceable, the remaining portions shall remain in force.

IF YOU DO NOT AGREE TO THE TERMS OF THIS ARBITRATION AGREEMENT, DO NOT ACTIVATE OR USE THE CARD. SAVE YOUR RECEIPT AND CALL YOUR PLAN ADMINISTRATOR AT 800-422-4661 TO CANCEL YOUR CARD AND TO REQUEST A REFUND.

TASC BENEFITS MOBILE APP

FOR iOS & ANDROID

Save time and paperwork by making the most of your Health Savings Account (HSA) and Employee Reimbursement Accounts (ERA) benefits with the TASC Benefits Mobile App. Our secure app makes managing your benefits easy with real-time access and intuitive navigation. Quickly check your important account information, balances and claims details

Easy, Convenient & Secure

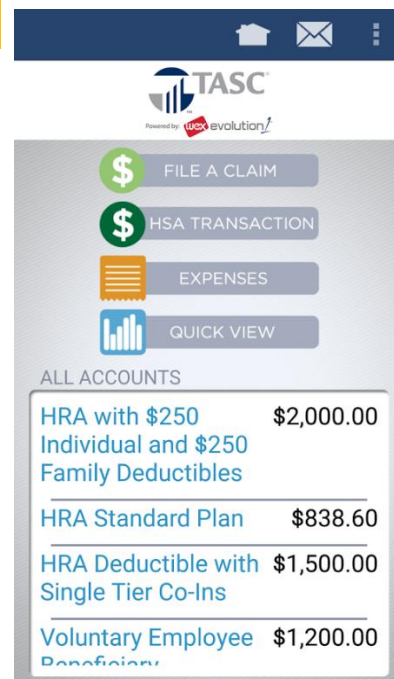
- Login to the intuitive app using the same username and password as your TASC Online account.
- Secure encryption is used to protect all transmissions –no sensitive information is ever stored on your mobile device.

Connects You with the Details

- Access account details 24/7.
- Available balances always up to date.
- View charts summarizing account(s) and elections.
- Click to call or email TASC Customer Care.

Additional Time-Saving Options

- File claims using your mobile device's camera. Simply take a picture of a receipt, upload the picture and submit it for a new or existing claim.
- View claims requiring receipts.
- See payment status for submitted claims.
- View contributions and expenses to date.
- Check claims status, claims denials and view claims history.
- View your plan end date and run-out period.
- Report a lost or stolen TASC Card.
- Distribute and contribute active HSA funds (if applicable).



To download the TASC Benefits Mobile App, visit the iOS App Store or Android Marketplace and search "eflex Benefits."



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customercare@tasconline.com

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).

ENROLLMENT



State of Wisconsin

EMPLOYEE REIMBURSEMENT ACCOUNTS

2018





WELCOME

Save up to 30% on health care, dependent day care, transit and/or parking expenses with an Employee Reimbursement Account (ERA)!

It's Your Choice Open Enrollment

- Annual It's Your Choice Open Enrollment Period: **October 2 – October 27, 2017**
- 2018 Benefit Period: **January 1 – December 31, 2018**
- **Note:** You must re-enroll in ERAs each year. Enrollments do not carry forward from year to year.

New Employee Enrollment

If you are electing to enroll in an ERA, you must enroll within 30 days of your date of hire (in an eligible position), or first eligible appointment. Coverage will be effective the first of the month on or following your eligibility date.

Qualified Life Change Event

If you experience a qualified life change event, such as a marriage or divorce, birth or adoption of a child, a change in employment status, or another qualified life change event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period. There are various rules related to life change events. Changes due to a qualifying life change event must be made within 30 days from the date of the event.

Important Program Information

Expense Deadline – You must incur and substantiate all eligible expenses by December 31 of the applicable plan year.

Re-Enrollment – You must re-enroll each year to continue participation. Enrollments do not carry forward from year to year. If you do not enroll during open enrollment or within thirty days of a qualified life change event, you will not be able to enroll until the next plan year's open enrollment or you experience a qualified life change event.

Claims Deadline – You must submit all reimbursement requests by March 31 following the close of the applicable plan year.

Carryover – Any unused Health Care Flexible Spending Account (FSA) or Limited Purpose FSA (LPFSA) funds over \$500 at the close of the plan year are not refundable. Any unused Dependent Day Care FSA funds at the close of the plan year will be forfeited. All unused Transit Account and Parking Account funds carry over into the next plan year.

Important Program Changes for 2018

ERA Contribution Limits

- The annual Health Care FSA contribution limit will increase by \$50, from \$2,550 to \$2,600.
- The annual Limited Purpose FSA contribution limit will increase by \$50, from \$2,550 to \$2,600.

ERA Payroll Processing

- Contributions for all ERA programs will be distributed evenly over the course of the year, in accordance with your payroll schedule.
- Biweekly: 24 pay periods | Monthly: 12 pay periods | 9-Month: 9 pay periods

We look forward to meeting your ERA needs!

TASC Customer Care

Phone	844-786-3947 or 608-316-2408 Monday – Friday, 8:00 a.m. to 5:00 p.m.
Online	https://partners.tasconline.com/ETFEmployee
Email	1customercare@tasconline.com
Mail	P.O. Box 7511 Madison, WI 53707
Fax	877-231-1287





ERA OVERVIEW





Save on a wide variety of everyday medical, dental, vision, daycare, parking and transit expenses with an Employee Reimbursement Account (ERA), also known as a Flexible Spending Account (FSA). It's a tax break that's simple to use!


Employee Reimbursement Accounts

 **Health Care FSA**
With a Health Care FSA, you may set aside, for yourself and your tax dependents, tax-free dollars each year for eligible health care expenses not covered by insurance.

 **Limited Purpose FSA (LPFSA)**
The LPFSA is an account you are eligible for if you enroll in a High-Deductible Health Plan (HDHP) and participate in a Health Savings Account (HSA). It allows you to set aside additional money tax-free for certain dental, vision, and post-deductible medical expenses.

 **Dependent Day Care FSA**
With a Dependent Day Care FSA, pre-tax dollars may be used for day care or elder care expenses for eligible dependents allowing you (or your spouse, if married) to work, look for work or attend school full time.

 **Parking Account**
A Parking Account allows you to pay for eligible work-related parking expenses with pre-tax dollars. You can enroll and make changes anytime during the year.

 **Transit Account**
With a Transit Account, pre-tax dollars can be used to pay for eligible transit expenses related to your commute to work. You can enroll and make changes anytime during the year.

Annual Contribution Limits

ERA Pre-Tax Savings Programs	2018	2017
Health Care FSA Contribution Limit	\$2,600	\$2,550
Health Care FSA Carryover Limit	\$500	\$500
Limited Purpose FSA Contribution Limit	\$2,600	\$2,550
Limited Purpose FSA Carryover Limit	\$500	\$500
Dependent Day Care FSA Contribution Limit	\$5,000	\$5,000
Dependent Day Care FSA Carryover Limit	\$0	\$0
Transit Account Contribution Limit	\$130/month*	\$130/month*
Transit Account Carryover Limit	Unlimited	Unlimited
Parking Account Contribution Limit	\$255/month	\$255/month
Parking Account Carryover Limit	Unlimited	Unlimited

*Contributions of \$130 are pre-tax State and Federal. Employees may contribute up to \$255 – however, contributions over \$130 up to \$255 would be pre-tax Federal and post-tax State.

Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions	\$3,500	\$3,500
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
Pre-Tax Savings Total:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (Fed., State, FIC):	-\$968	-\$802
Post-Tax Expenses:	-\$600	\$0
Monthly Post-Tax Total:	\$1,932	\$2,098

Net Increase in Take-Home Pay: \$166/month!

For illustration only. Actual dollar amounts may vary.

How ERA Plans Work

When you enroll in an ERA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming plan year – January 1 to December 31, 2018. Your contributions will be deducted in equal amounts from each paycheck, pre-tax, throughout the Plan Year.

The more you contribute to your ERA accounts, the more you reduce your taxable gross salary. When you pay less in taxes, your take-home pay increases!



HEALTH CARE FSA



A Health Care Flexible Spending Account (FSA) allows you to set aside tax-free dollars each year for health care expenses not covered by insurance. You may use these funds to pay for eligible health care expenses incurred by you, your spouse, and your qualified dependents.*

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for out-of-pocket eligible health care expenses with tax-free money.
- Your total annual Health Care FSA contribution amount is available immediately at the start of the plan year.
- You can carry over up to \$500 remaining in your account from one plan year to the next, so there is minimal “use-it or lose-it” risk.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.

How does it work?

- Use the tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- As eligible health care expenses are incurred, you can either use your TASC Card to pay at the point of purchase or submit a request for reimbursement.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Eligibility

- Most full-time or part-time state and UW employees are eligible to participate in a Health Care FSA.
- **Note:** Employees who are classified as fellows, scholars, and research assistants in the UW System, as well as limited term employees, student hourlies, per diems, and other temporary employees are **not** eligible.
- **Note:** Employees who are enrolled in a High Deductible Health Plan (HDHP) are **not** eligible. If you are enrolled in an HDHP, see the Health Savings Account Enrollment Brochure and Limited Purpose Flexible Spending Account information on pages 6 and 7 for benefit options.

Important Considerations

- The It’s Your Choice Health Plan imposes an annual deductible of \$250 individual/ \$500 family, office visit copays and an annual out-of-pocket limit of \$1,250 individual/ \$2,500 family on most illness or injury related services in-network. These expenses can be reimbursed through this account.
- Remaining Health Care FSA funds **over** \$500 do **not** carry over. It is important to be conservative in making elections because any unused funds over \$500 left in your Health Care FSA at the close of the plan year are not refundable to you.
- It is a participant’s responsibility to read and adhere to the ERA terms and conditions. By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section of the Employee Reimbursement Account (ERA) Participant Guide for more information.
- You may change your Health Care FSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the ERA Participant Guide for more information.

Annual Health Care FSA Limits	2018	2017
Individual Health Care FSA Limit	\$2,600	\$2,550
Annual Health Care FSA Carryover Max	\$500	\$500

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Health Care FSA.

**Refer to the Health Care FSA – Qualified Dependents Section of the ERA Participant Guide for more information.*



Annual Health Care FSA Contribution Limits

Note: The \$2,600 contribution limit applies on an employee-by-employee basis. Thus, \$2,600 is the limit each employee may make per plan year, regardless of the number of other individuals (spouse, dependent, etc.) whose medical expenses are reimbursable under the employee’s Health Care FSA. If two spouses are eligible for a Health Care FSA, each spouse may elect to make contributions of up to \$2,600 to his or her Health Care FSA, even if both participate in the same Health Care FSA sponsored by the same employer.



Eligible Health Care FSA Medical Expenses

Below is a partial list of eligible expenses that are reimbursable through a Health Care FSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502 and 969.

Medical Expenses

- Acupuncture
- Ambulance services
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Co-payments
- Crutches¹
- Flu shots
- Hearing aids and batteries¹
- Incontinence supplies
- Insulin and diabetic supplies
- Infertility treatments
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Physical exams
- Physical therapy¹
- Sleep apnea services/products¹
- Smoking cessation programs
- Treatment for alcohol or drug dependency
- Vaccinations
- Wrist supports/elastic straps
- X-ray fees

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Fillings
- Orthodontia
- Root canals

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye exams
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Prescription eyeglasses and sunglasses
- Seeing eye dog (*buying, training, and maintaining*)
- Vision plan co-insurance
- Vision plan deductible

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your Health Care FSA. The prescription must be included with each request for reimbursement.

- Antihistamines
- Cold medicines
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid treatments
- Nicotine patches
- Pain relievers
- Sinus medications
- Yeast infection medications

¹: Restrictions may apply. See IRS Publication 502 for more details.

Ineligible Health Care FSA Expenses

Note: Health Care FSA funds may be used only for expenses deemed eligible per IRS regulations. It is your responsibility to comply with all plan guidelines and to avoid submitting ineligible requests. If you pay for anything other than eligible expenses with your Health Care FSA, you must repay your plan sponsor (employer) for the ineligible transaction. Failure to repay will authorize your plan sponsor to collect or withhold such funds from your pay (to the extent permitted by law). Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list, visit www.irs.gov and see IRS Publications 502 and 969.

- Athletic mouth guards
- Contributions to state disability funds
- Cosmetic surgery
- Diaper services
- Electrolysis or hair removal
- Expenses for services provided outside of the current plan year or your coverage period
- Funeral, cremation & burial expenses
- Health club or athletic club membership dues
- Hygiene products
- Insurance premiums (*all types*)
- Marriage counseling
- Maternity clothes
- Medicare premiums
- Nutritional supplements and vitamins
- Sunglasses and sun clips (*non-prescription*)
- Safety classes (*non-prescription*)
- Teeth whitening
- Weight-loss programs



LIMITED PURPOSE FSA



A Limited Purpose Flexible Spending Account (LPFSA) is a pre-tax benefit used to pay for eligible dental, vision care, and post-deductible medical expenses for participants enrolled in a High-Deductible Health Plan (HDHP) and a Health Savings Account (HSA). You may use these funds to pay for eligible expenses incurred by you, your spouse, and your qualified dependents.*

What are the benefits? How does it work?

- | | |
|--|--|
| <ul style="list-style-type: none"> • The LPFSA is used to pay for eligible vision and dental expenses that are not covered by your insurance. • It can also be used to pay for eligible post-deductible medical expenses. • Pre-tax contributions reduce your taxable income. • Easiest way to pay for everyday out-of-pocket eligible dental, vision, and post-deductible medical expenses, with tax-free money. • Your total annual LPFSA contribution amount is available immediately at the start of the plan year. • You can carry over up to \$500 remaining in your account from one plan year to the next, so there is minimal “use-it or lose-it” risk. • Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions. | <ul style="list-style-type: none"> • The LPFSA is similar to the regular Health Care FSA but is designed to work in conjunction with your HDHP and HSA. • Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year. • Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account. • As eligible expenses are incurred, you can either use your TASC Card to pay at the point of purchase or submit a request for reimbursement. • Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at https://partners.tasconline.com/ETFEmployee. |
|--|--|

Enrollment Eligibility

- **To be eligible for a LPFSA, you must be enrolled in a qualified HDHP and participate in a HSA.**
- You must meet the eligibility criteria for a HDHP and HSA to enroll in an LPFSA.
- Employees who are **not** enrolled in an HDHP are **not** eligible for an LPFSA.
 - If you are **not** enrolled in an HDHP, see Health Care Flexible Spending Account information on pages 4 and 5 for benefit options.
 - The LPFSA cannot be paired with a Health Care FSA.
 - **Note:** Participation in the HSA and/or LPFSA has no bearing on participation in the Dependent Day Care FSA, Parking Account, or Transit Account.
- Most full-time or part-time state and UW employees are eligible to participate in an LPFSA.
- **Note:** Employees who are classified as fellows, scholars, and research assistants in the UW System, as well as limited term employees, student hourlies, per diems, and other temporary employees are **not** eligible.

Annual LPFSA Limits	2018	2017
LPFSA Contribution Limit	\$2,600	\$2,550
LPFSA Carryover Limit	\$500	\$500

Annual LPFSA Contribution Limits

Note: The \$2,600 contribution limit applies on an employee-by-employee basis. Thus, \$2,600 is the limit each employee may make per plan year, regardless of the number of other individuals (spouse, dependent, etc.) whose medical expenses are reimbursable under the employee’s LPFSA. If two spouses are eligible for a LPFSA, each spouse may elect to make contributions of up to \$2,600.

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a LPFSA.

*Refer to the LPFSA – Qualified Dependents Section of the ERA Participant guide for more information.

Important Considerations

- Keep in mind that the LPFSA can only be used to pay for eligible dental, vision, and post-deductible medical expenses.
- Post-deductible medical expenses must be submitted online via your TASC Online account.
- Remaining LPFSA funds **over** \$500 do **not** carry over. It is important to be conservative in making elections because any unused funds over \$500 left in your LPFSA at the close of the plan year are not refundable.
- It is a participant's responsibility to read and adhere to the ERA terms and conditions.
- By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section in the ERA Participant Guide for more information.
- You may change your LPFSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the ERA Participant Guide for more information.

Eligible Limited Purpose FSA Expenses

Below is a partial list of eligible expenses that are reimbursable through an LPFSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 502 and 969.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental plan co-insurance
- Dental plan deductibles
- Dental reconstruction and implants
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Fillings
- Occlusal guards
- Orthodontia
- Over-the-counter dental products that contain a drug or medication¹
- Root canals

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye exams
- Eye related equipment/materials/repair kits
- Eyeglasses (*over-the-counter and prescription*)
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Orthokeratology
- Over-the-counter vision products that contain a drug or medication¹
- Seeing eye dog (*buying, training, and maintaining*)
- Sunglasses (*prescription only*)
- Vision plan co-insurance
- Vision plan deductibles

1: Over-the-counter dental and vision medications and drugs require a prescription to be LPFSA eligible. Restrictions may apply. See IRS Publications 502 and 969 for more details.

Note: After you meet your health plan's deductible, you may be reimbursed for all eligible medical expenses, such as co-payments, physical exams, and vaccinations. Reimbursements for post-deductible medical expenses must be submitted online. Expenses may be incurred by you, your spouse, or qualified dependents.

Ineligible LPFSA Expenses

Note: If you pay for anything other than eligible expenses with your LPFSA, the amount will be taxable, and you will be required to repay the amount or pay an additional tax penalty. Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 502 and 969.

- Elective cosmetic surgery
- Eye serums or wrinkle creams
- Insurance premiums
- Mouthwash
- Teeth bleaching/whitening
- Toothpaste and toothbrushes



DEPENDENT DAY CARE FSA



A Dependent Day Care Flexible Spending Account (FSA) is a pre-tax benefit used to pay for eligible day care expenses for qualified dependents in order for you (or your spouse) to work, look for work, or attend school full-time.

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Your Dependent Day Care FSA Funds become available to you as payroll deductions are taken.
- Easiest way to pay for everyday out-of-pocket eligible dependent day care and/or elder care expenses, with tax-free money.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- Use your TASC Card to pay for eligible dependent day care expenses, or easily submit requests for reimbursement online.

How does it work?

- Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- The Dependent Day Care FSA is a money-in money-out benefit. Each pay period a contribution posts to your account, after which you may submit reimbursement requests for eligible expenses.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>

Enrollment Eligibility

- Most full-time or part-time state and UW employees are eligible to participate in a Dependent Day Care FSA.
- **Note:** Employees who are classified as fellows, scholars, and research assistants in the UW System, as well as limited term employees, student hourlies, per diems, and other temporary employees are **not** eligible.
- For a married individual to be eligible for the Dependent Day Care FSA, your spouse **must** be unable to provide dependent day care and/or elder care because he/she works full-time, is actively looking for work, enrolled in or attending school full-time, or physically/mentally incapable of self-care.

Important Considerations

- The Dependent Day Care FSA is not eligible for annual carryover. It is important to be conservative in making elections because any unused funds in your Dependent Day Care FSA at the close of the plan year are **not** refundable to you.
- It is a participant's responsibility to read and adhere to the ERA terms and conditions.
- By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section in the ERA Participant Guide for more information.
- You may change your Dependent Day Care FSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the Employee Reimbursement Account (ERA) Participant Guide for more information.

Annual Dependent Day Care Limits	2018	2017
Dependent Day Care FSA Contribution Limit	\$5,000 ¹	\$5,000 ¹
Dependent Day Care FSA Carryover Limit	\$0	\$0



Annual Dependent Day Care Contribution Limits

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Dependent Day Care FSA.

¹: Restrictions may apply.



Additional Dependent Day Care FSA Criteria

- Dependent Day Care FSA expenses **must** be work related. The care must be necessary for you (and your spouse) to work, look for work, or attend school full-time, or if you are physically unable to care for your eligible tax dependent.
- Dependent Day Care FSA expenses submitted for reimbursement during a calendar year may **not** exceed \$5,000.
- The IRS sets the annual contribution limits for the Dependent Day Care FSA. You can contribute up to a maximum of:
 - \$2,500 per year if you are married and file a separate tax return.
 - \$5,000 per year if you are married and file a joint tax return, or if you are single or head of household.
- If you and your spouse are **both** eligible to contribute to a Dependent Day Care FSA through your respective employers, you and your spouse **cannot** each claim \$5,000. The individual limit is \$2,500.
- Dependent Day Care FSA is **not** eligible for annual carryover. All claims must be incurred by December 31 and submitted by March 31. Any unused funds left in your Dependent Day Care FSA at the close of the plan year (December 31) are **not refundable** to you and will be forfeited.
- Special considerations apply to parents who are divorced or separated. A child is a qualified dependent for the custodial parent only, which is the parent with the greater portion of custody during the calendar year, no matter who is entitled to the tax deduction for the child.
- **Note:** Dependent Day Care FSA can only be used for care of eligible dependents, not for health care expenses.

Eligible Dependent Day Care FSA Expenses

Below is a partial list of eligible expenses that are reimbursable through a Dependent Day Care FSA. Eligible expenses may only be incurred by your qualified dependent(s). Health care expenses are **not** eligible. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publication 503.

- Adult daycare
- After-school and before-school care/program²
- Au pair/nanny salary and fees
- Babysitting in your home or someone else's home¹
- Babysitting by your relative who is not a tax dependent¹
- Care when one parent works days and other parent works nights¹
- Care while looking for work
- Care while on family, personal or medical leave
- Care while you/spouse is working at self-employment¹
- Child daycare or day camp²
- Custodial elder care¹
- Employer-provided on-site daycare²
- Federal employment taxes (FICA, FUTA) of Dependent Day Care provider
- Household services related to dependent care
- In-home care¹
- Nighttime care¹
- Nursery school/ preschool fees or tuition
- Payroll taxes related to eligible dependent care
- Room and board for caregiver (*au pair, nanny, etc.*)
- Senior daycare¹
- Sick child care¹
- Specialized daycare
- Transportation to and from eligible dependent care (*provided by the care provider*)

¹: Care must be work-related. Restrictions may apply. See IRS Publication 503 for more details.

²: Primary purpose must be custodial care, and not educational in nature. See IRS Publication 503 for more details.

Ineligible Dependent Day Care FSA Expenses

Note: If you pay for anything other than eligible expenses with your Dependent Day Care FSA, the amount will be taxable, and you will be required to repay the amount or pay an additional tax penalty.

Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide at <https://partners.tasconline.com/ETFEmployee> For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publication 503.

- Child care while performing volunteer work
- Educational, learning, or study skills services
- Field trips or sleep-away camp
- Health care or expenses
- Household services (housekeeper, cook, etc.)
- Kindergarten/school tuition
- Meals, food or snacks
- Nursing home care for dependent adult(s)
- Summer school





DEPENDENT DAY CARE FSA ADDITIONAL INFORMATION

Qualified Dependents

Eligibility for the Dependent Day Care Flexible Spending Account (FSA) requires that certain criteria be met. Dependent Day Care FSA expenses **must** be for the care of one or more qualifying individuals, defined as the following:

- A dependent under the age of 13 and for whom a tax exemption can be claimed. Within 30 days of dependent reaching age 13 (but no later) you may reduce the Dependent Day Care FSA annual election, to reflect the total reimbursement or total contribution amount (whichever is greater).
- A spouse who is physically or mentally incapable of self-care, and lives with you for more than half the year.
- A dependent who is physically or mentally incapable of self-care, for whom a tax exemption can be claimed, and who lives with you for more than half the year.
- An elderly parent who lives with you at least half of the year. The care must be incurred while you (or your spouse) are at work, looking for work, or attending school full-time. Care outside the home is eligible if the dependent spends at least eight hours a day in your home.
- **Note:** Special rules apply to children of divorced or separated parents. See Additional Criteria for Children of Divorced or Separated Parents.

Additional Criteria for Children of Divorced or Separated Parents

Even if you cannot claim your child as a tax exemption or tax dependent, he or she is treated as your qualifying dependent if all of the following are true:

- The child is under age 13 and is not physically or mentally capable of self-care.
- One or both parents provide more than half of the child's support for the year.
- Parents are divorced, legally separated, or lived apart at all times during the last six (6) months of the calendar year.
- One or both parents has custody of the child for more than half the year.
- You are the parent with the higher adjusted gross income in a 50/50 custody arrangement.
- You are the child's custodial parent, defined as the parent with custody for the greater portion of the calendar year; OR if parents have equal custody (same number of nights), then the parent with the higher adjusted gross income is the custodial parent.

Note: For a noncustodial parent, the child's expenses are **not** eligible for the Dependent Day Care FSA, even if said parent is financially responsible for providing the care, and even if said parent is entitled to claim the child as a dependent.

- **Only** the custodial parent qualifies for the Dependent Day Care FSA for a taxable year.
- A noncustodial parent may **not** submit expenses for the portion of the year in which they have custody of the child.

Important Care Provider Information

- All persons and organizations providing dependent care must be identified on IRS Form 2441.
- The provider name, address, and taxpayer identification number (or Social Security number) must be included.
- If a center provides care for more than six (6) individuals, the center 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 care provider.



PARKING ACCOUNT



A Parking Account allows you to pay for eligible work-related parking expenses with pre-tax dollars.

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for eligible parking expenses, with tax-free money.
- Your Parking Account funds become available to you as payroll deductions are taken.
- Eligible for unlimited carryover, so there is minimal “use-it-or-lose-it” risk.
- You can enroll or make changes to your account at any time during the plan year.

How does it work?

- Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Eligibility

- Most active state and UW employees, including limited term employees, are eligible to participate in a Parking Account.
- **Note:** Spouses and dependent children are **not** eligible. If you park at your place of employment, your deductions may already be taken pre-tax. These deductions are **not** reimbursable through this program.
- **Note:** Student Assistants who are classified as fellows, scholars, and trainees in the UW System, as well as employees-in-training who are classified as grad intern/trainee or post-doc fellow/trainee, are **not** eligible.

Eligible Parking Expenses

Below is a partial list of eligible expenses that are reimbursable through a Parking Account. For more information, see your Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publication 5137.

- Metered parking
- Daily/monthly parking fees for parking lots/ramps
- Park n’ ride lots
- Parking at mass transit facilities

Parking Account Contribution Limit

	2017	2016
Contribution Limit	\$255/month	\$255/month
Carryover Limit	Unlimited	Unlimited

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Parking Account per month.



Note: Parking and Transit are separate benefits. Please choose the commuter benefit(s) that best meets your needs.

Ineligible Parking Account Expenses

If you pay for anything other than eligible expenses with your parking and/or transit account(s), the amount will be taxable, and you will be required to repay the amount or pay an additional tax penalty. Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 5137.

Note: If you park at your place of employment, your deductions may already be taken pre-tax. These deductions are **not** eligible.

- Airline flights
- Bicycle-related expenses
- Expenses incurred traveling from an office to business or client meetings
- Non-work related parking expenses
- Parking for business meetings
- Residential parking fees
- Tolls, gas, or other driving-related costs
- Transit costs reimbursed your employer
- Transit or parking expenses for spouses and dependents
- Tunnel, bridge, or highway tolls (*EZ Pass, etc.*)



TRANSIT ACCOUNT



A Transit Account lets you use pre-tax dollars to pay for eligible mass transit expenses related to your commute to and from work.

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for eligible transit expenses, with tax-free money.
- Your Transit Account funds become available to you as payroll deductions are taken.
- Eligible for unlimited carryover, so there is minimal “use-it-or-lose-it” risk.
- You can enroll or make changes to your account at any time during the plan year.

How does it work?

- Use our tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Eligibility

- Most active state and UW employees, including limited term employees, are eligible to participate in a Transit Account.
- **Note:** Spouses and dependent children are **not** eligible. Employees who are also enrolled in a State of Wisconsin pre-tax transit or vanpool program are **not** eligible.
- **Note:** Student Assistants who are classified as fellows, scholars, and trainees in the UW System, as well as employees-in-training who are classified as grad intern/trainee or post-doc fellow/trainee, are **not** eligible.

Eligible Transit Expenses

Transit Accounts help pay expenses related to your work commute. Below is a partial list of eligible expenses that are reimbursable through a Transit Account. For more information, see your Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publication 5137.

- Bus passes
- Subway vouchers, passes or tokens
- Vanpooling fees
- Train vouchers, passes or tokens

Transit Account Contribution Limit

	2017	2016
Contribution Limit	\$130/month	\$130/month
Carryover Limit	Unlimited	Unlimited

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Transit Account per month. Contributions of \$130 are pre-tax State and Federal. Employees may contribute up to \$255; however contributions between \$130 and \$255 would be pre-tax Federal and post-tax State.

Note: Transit and Parking are separate benefits. Please choose the commuter benefit(s) that best meets your needs.

Ineligible Transit Account Expenses

If you pay for anything other than eligible expenses with your parking and/or transit account(s), the amount will be taxable, and you will be required to repay the amount or pay an additional tax penalty. Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 5137. **Note:** If you park at your place of employment, your deductions may already be taken pre-tax. These deductions are **not** eligible.

- Airline flights
- Bicycle-related expenses
- Expenses incurred in traveling from an office to business or client meetings
- Non-work related transportation or parking expenses
- Parking for business meetings
- Residential parking fees
- Tolls, gas, or other driving-related costs
- Transit costs reimbursed your employer
- Transit or parking expenses for spouses and dependents
- Tunnel, bridge, or highway tolls (*EZ Pass, etc.*)



HOW TO ENROLL



Annual It's Your Choice Open Enrollment Period: October 2 – 27, 2017
2018 Benefit Period: January 1 – December 31, 2018

Enroll During It's Your Choice

- Visit www.etf.wi.gov/IYC2018 for It's Your Choice Open enrollment information.
- You have **three ways** to enroll during the It's Your Choice Open Enrollment Period:
 - Online
 - Paper
 - Telephone
- You can request a paper application from your payroll or benefits office, or download a copy from the TASC or ETF website.
- Your election will be effective January 1, 2018.
- **Note:** If you are already enrolled in an Employee Reimbursement Account (ERA), you **must** re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

State of Wisconsin & STAR State Employees

- State of Wisconsin, Courts, and Legislature employees who are paid through the STAR System should log in to STAR at <https://ess.wi.gov> to make all benefits elections during the annual It's Your Choice period. Contact your agency payroll and benefits staff with any enrollment questions.

UW System Employees

- Enrollments are done directly through the UW, **not** the TASC portal/website.
- UW System employees should refer to www.wisconsin.edu/ohrwd/benefits or contact your UW institution human resources department for enrollment instructions for 2017.

If You Are a Newly Hired Employee

- If you are electing to enroll in an ERA, you must enroll within 30 days of your date of hire (in an eligible position), or first eligible appointment.
- Coverage will be effective on the first of the month on or following your eligibility date.
- For more information and enrollment instructions, contact your human resources/benefits office.

WEDC Employees

- Enrollments are done directly through WEDC, not the TASC portal/website.
- WEDC employees should refer to OneLogin>Kronos>My Account>My Benefits>Review/Select Benefits or contact WEDC human resources for enrollment instructions for the 2018 plan year.

If You Have Experienced a Qualifying Life Change Event

- If you experience a qualified life change event, such as a marriage or divorce, birth or adoption of a child, a change in employment status, or another qualified life change event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period.
- There are various rules related to life change events. You must enroll or make changes within 30 days from the date of the qualifying event.
- Contact your human resources/benefit office for more information on qualifying life change events to see what your options are, how to enroll, and how to make a change.

Following Enrollment

Once you have enrolled in the ERA, TASC will send these items to you:

ERA Welcome Brochure

- The ERA Welcome Brochure will provide you with information on how to manage your ERA.
- Follow the instructions to set-up your TASC Online account.
 - **Note:** Don't forget to update your TASC Online username and password!
- Use your online account to check your balance, submit claims, and manage your notifications.

TASC Card

- Your TASC Card allows you to conveniently pay for eligible expenses.
- Be sure to review the Cardholder Agreement affixed to the card.
- **Note:** If you are a current TASC participant, you will **not** be issued a new TASC Card. You will continue to use your current TASC Card.



Enroll with TASC Online

- Determine desired annual contribution amount.
 - See page 15 of this ERA Enrollment Brochure for the ERA Annual Expense Estimate Worksheet.
- Go to the **TASC Online** website:
<http://partners.tasconline.com/ETFemployee>
 - If you are a **new TASC Participant**, enter a temporary TASC username and password. This is your first initial, last name, date of birth (mmddyy), and the last four digits of your Social Security Number (SSN).
 - For example: JSmith0101771234
 - If you are a **current TASC participant**, enter your current TASC username and password.
 - If you do not remember your username or password, click Forgot Username or Password and follow the reset steps provided.
- Once **logged in** to your TASC Online Account, click **Enroll Now**.
- In the **Enrollment** pop-up menu, select the **radial button** which correlates to the plan type in which you wish to enroll – HSA or ERA.
 - To enroll in any of the ERA programs, select the second radial button.
 - Note:** There are only two radial button options. All five ERA program offerings correlate to the second radial button.
 - If you are planning to enroll in the HSA, you will need to repeat the enrollment process from this screen forward.
- Review plan details and ERA qualifications to ensure you are eligible for an ERA.
 - Note:** If you are enrolled in a High-Deductible Health Plan (HDHP), you are not eligible for the Health Care Flexible Spending Account (FSA). See the Health Savings Account (HSA) Enrollment Brochure or Limited Purpose Flexible Spending Account (LPFSA) information on pages 6 and 7 for benefit options.
- When you are ready to continue, click **Begin Your Enrollment Now** in the upper right corner.
- Enter your **information**.
 - We recommend adding your personal email address.
 - Click **Continue**.
- If applicable, add your **dependent(s)**.
 - Enter the name(s) of your dependent(s).
 - Click **Add Dependent**.
 - Your dependent(s) will be displayed on the Eligible Dependents list.
 - Click **Continue**.
- Review the **plan rules**.
 - Check the **acknowledgement box** indicating that you have read the plan rules and agree to them.
 - Note:** You **must** do this for **every plan**, even for plans in which you are not enrolled.
 - Click **Continue**.
- Enter your **election amount**.
 - Enter your desired election amount for the ERA program in which you are enrolling.
 - Annual election: Health Care FSA, Limited Purpose FSA, and Dependent Day Care FSA.
 - Monthly election: Parking Account and Transit Account.
 - It is your responsibility to ensure your contributions do **not** exceed the IRS maximum annual limits.
 - Click **Continue**.
- Select your reimbursement **Payment Method**.
 - You will automatically be enrolled to receive a TASC Card (aka Benny Debit Card).
 - Select your preferred method to receive reimbursements for claims filed online.
 - If you elect direct deposit, you will need to enter your bank information.
 - Click **Continue**.
- Verify, submit, and print**.
 - Carefully review each section on the **Enrollment Verification** page and verify that your enrollment information is correct.
 - If any changes are required, click **Edit Information**.
 - When you have verified that everything is correct, **print** a copy of the Enrollment Verification page for your records.
 - Click **Submit** to complete your enrollment.
- Check your email for an enrollment confirmation message from TASC.

Reminder: If you are a UW System employee, a WEDC employee, or a State of Wisconsin, Courts, or Legislature employee paid through the STAR system, **do not** enroll via TASC Online or by phone. See the prior page for enrollment details.

Enroll by Telephone

- Contact TASC Customer Care at 1-844-786-3947 or 608-316-2408.
- One of TASC's friendly and knowledgeable Customer Service Representatives will assist you.
- TASC Customer Care is open Monday through Friday, 8:00 a.m. to 5:00 p.m.

Enroll by Paper

- Request a paper application from your human resources/ benefit office, or download a copy from the TASC or ETF website.
- Submit a completed TASC Enrollment Form to your human resources/benefit office.



EMPLOYEE REIMBURSEMENT ACCOUNT ANNUAL EXPENSE ESTIMATE WORKSHEET

This worksheet is intended to assist you with the enrollment process by helping you calculate your applicable expenses and determine which Employee Reimbursement Account (ERA) offerings are right for you. Enter your expenses below and determine the appropriate amount(s) to contribute to your ERA Account(s).

Medical/Dental/Vision Reimbursement Account

Annual medical expenses, such as:

Deductibles and co-pays \$ _____
 Physician visits \$ _____
 Prescriptions \$ _____
 Other: _____ \$ _____

Annual dental expenses, such as:

Deductibles and co-pays \$ _____
 Routine check-ups \$ _____
 Orthodontia \$ _____
 Other: _____ \$ _____

Annual vision expenses, such as:

Exams \$ _____
 Eyeglasses \$ _____
 Contact lenses, solutions, cleaners \$ _____
 Other: _____ \$ _____

Total Estimated Medical/Dental/Vision Expenses: \$ _____ ÷ _____ **# of Pay Periods**** = \$ _____ **Per Pay Period**
Annual Amount (Cannot exceed \$2,600 IRS maximum)

Dependent Day Care Reimbursement Account

Annual dependent day care expenses, such as:

Payment to dependent care facility or individual \$ _____
 Payment to other care providers \$ _____
 Other: _____ \$ _____

Total Estimated Dependent Day Care Expenses: \$ _____ ÷ _____ **# of Pay Periods**** = \$ _____ **Per Pay Period**
Annual Amount (Cannot exceed \$5,000 IRS maximum)

Parking & Transit Reimbursement Accounts

Annual parking and/or transit expenses, such as:

Parking fees for lots and/or ramps \$ _____
 Bus/train passes or vouchers \$ _____
 Vanpooling fees \$ _____
 Other: _____ \$ _____

Total Estimated Parking/Transit Expenses: \$ _____ ÷ _____ **# of Pay Periods**** = \$ _____ **Per Pay Period**
Annual Amount*

*Cannot exceed IRS maximum \$255/month (\$3,060/year) for parking and \$130/month (\$1,560/year) for transit. Up to \$255/month (\$3,060/year) is allowed for transit. Contributions between \$130 and \$255 are pre-tax Federal and post-tax State.

Total Per-Pay-Period Reduction

Add the total estimated medical/dental/vision expenses and the total dependent day care estimate.

\$ _____
Per Pay Period

**Biweekly: 24 pay periods | 12-Month: 12 pay periods | 9-Month: 9 pay periods



TASC TOOLS



TASC CARD

TASC Online Account

TASC Benefits Mobile App

- Access your ERA funds wherever you are – just swipe to deduct funds from your account.
- A great alternative to submitting paper requests for reimbursements.
- Automatic verification of most eligible expenses.
- Instant access to your account information and account balance 24/7.
- Easy access to your contribution and reimbursement histories.
- Access helpful online tools like tax savings calculators, health care expense tables, and more.
- Self-service feature available, such as signing up for direct deposit, ordering additional TASC cards, and managing your notifications.
- Access your account information and account balance – no matter where you are!
- Submit contribution and reimbursement requests by taking pictures of your receipts with your mobile device camera.
- Download the TASC Mobile App is available for Apple and Android phones – just search for “**eflex Benefits**” in the App Store or Marketplace.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customercare@tasconline.com

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 Way, 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: 1-800-833-7813)。

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

رقم ملحوظة إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية: 1-5020-533-877 هاتف الصم والبكم تتوافق لك بالمجان. اتصل برقم (الغوية): 1-3529-947-800.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телефайн: 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 mitas Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດສາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 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).

After enrollment, don't forget to:

- **Set-up your TASC Online Account.**
- **Check your email for a link to the ERA Welcome Brochure.**
- **Check your mail for your TASC Card and Cardholder Agreement.**



**It's Your Choice
Open Enrollment Period**

October 2 – 27, 2017

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ةىوغللل ةدعاسملا تامدخ ناف. ةغلللك ركذا ثدحتت تنك اذا: ةظوحلم 1-877-533-5020 (مقر
مقرب ل لصتا. ناعلملاب كل رفاوتت مكبلاو مصللا فتاه: 1-800-947-3529).

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ພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

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