



# Plan Correction Request Form

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 expense was incurred within the two weeks prior to December 31, your claim will still be subject to the payroll withholding.

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 through TASC. 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](mailto:stateofwiappeals@tasconline.com). 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 will be provided with a written determination. If TASC does not receive a completed Plan Correction Request Form and applicable supporting documents in their entirety, your request will be automatically denied and you will need to submit a new completed Plan Correction Request prior to March 31.

If someone represents you, complete the [Authorization of Release](#) form to allow us to communicate with your representative. The 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 request.

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

## 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 Repayment** 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.  
**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 and applicable supporting documents to TASC Appeals at [stateofwiappeals@tasconline.com](mailto:stateofwiappeals@tasconline.com). 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 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).

