

EMPLOYEE REIMBURSEMENT ACCOUNT

Administration Reference Manual

FLEX SPENDING ACCOUNTS

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



TASC RESOURCES

TASC PAYROLL/BENEFIT OFFICE RESOURCES

Relationship Management Team:*

PRIMARY RELATIONSHIP MANAGER:	Kym Starker	608-316-2459
RELATIONSHIP MANAGER:	Kim Manyk	800-422-4661 ext. 6651
CLIENT ACCOUNT EXECUTIVE:	Amy Stark	608-316-2694

*The Relationship Management contacts are for internal use only.
Do not distribute to employees.

EMAIL: stateofwi@tasconline.com

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

TASC EMPLOYEE RESOURCES

Customer Care Center

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

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

MAILING ADDRESS:

PO Box 7511
Madison, WI 53707

FAX: 877-231-1287

EMAIL: 1customercare@tasconline.com

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

State of Wisconsin Department of Employee Trust Funds

ETF WEBSITE: <http://etf.wi.gov/members/IYC2017/et-2107era.asp>

The ETF website provides a link to the ERA program information and forms. 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.**

Table of Contents

- General Information 1**
 - Types of Accounts 1
 - Contributions 2
 - Eligible Expenses 4
 - Reimbursement 4
 - Participant Responsibilities 5
- Enrollment Information 6**
 - Enrollment Eligibility 6
 - IRS Maximum Election Amounts 6
 - Open Enrollment 6
 - Mid-Year Enrollment 8
- Change in Status During the Year 9**
 - General Information 9
 - Effective Date 9
 - Change of Election Process 10
 - Qualifying Event Changes Permitted by IRS 12
- Termination of Employment 15**
 - Employee Options Upon Termination 15
 - Termination of Employment FSA Options 15
 - Submitting Termination to TASC 16
- Retirement 17**
 - Annual Election Payment Upon Retirement 17
 - Retirement FSA Options 17
 - Submitting Retirement to TASC 18
- Divorce 19**
- Death 19**
- Transfers 20**
 - Payroll Center Transfer 20

Agency/Location Transfer	21
Payroll Frequency Transfer	21
Electronic Data Interchange Files (EDI)	22
How to Submit Files: TASC FTP Server Information	22
File Types and Specifications: EDI File Types.	22
EDI File and Discrepancy Process	23
EDI File Tips.	23
Reimbursement Information	24
Reimbursement Options	24
Reimbursement Request Tips	24
Deadlines for Requesting Reimbursement	24
Reimbursement Denial Appeal Process.	25
TASC Card	26
General Information.	26
Undeliverable TASC Cards.	27
Using the TASC Card	27
TASC Card Substantiation	30
Carryover	33
General Information.	33
Carryover Limits	33
Runout Period	33
Carryover Process	34
Access to Carryover Funds	34
Request Carryover Prior to April	35
2015 Carryover Scenarios	36
Online Account Management	37
Logging Into Your Account	37
Home Page	38
Reports and Notifications	39
Employee Data	40
Plan Information.	41
Forms.	41

Glossary	42
Forms	43
Participant Communications	44
Debit Card Substantiation Flow	50
Appendix	51
Appeal Information Form	52
Change of Address Form	53
Change of Election Form	54
Claim Repayment Form	55
Direct Deposit Authorization Form	56
Enrollment Information Flyer	57
Letter of Medical Necessity	59
Payroll Transfer Form	60
Request for Reimbursement Form	61
Authorization for Release of Information Form	62
Carryover Authorization Form	63
Dependent Care Contract	64
Dependent Care Information Flyer	65
Dependent Care Eligible Expenses	67
Dependent Care Additional Information	68
Flex Spending Account Worksheet	69
Eligible and Ineligible Expenses	70
Employee Reimbursement Account Enrollment Form	72
Health Care FSA Information Flyer	77
Limited Purpose Health Care FSA Information Flyer	79
Limited Purpose Health Care Eligible Expenses	81
Orthodontia Worksheet	82
Parking Account Information Flyer	83
Transit Account Information Flyer	84
Parking & Transit Eligible Expenses	85
Additional Debit Card Request	86
TASC Cardholder Agreement	87
TASC Mobile App Information Flyer	89

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 participants to pay for eligible expenses using their pretax income rather than after tax income.

The Flex Spending Account is offered through State of Wisconsin and administered by TASC.

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

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

SECTION CONTENTS

[Types of Accounts](#)

[Contributions](#)

[Limits](#)

[Availability of Contributions](#)

[Eligible Expenses](#)

[Reimbursement](#)

[Participant Responsibilities](#)

[Receipts/Documentation](#)

[Follow-Up](#)

[Contact Information](#)

[Adhere to Plan Rules](#)

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 the participant’s medical, dental, or vision care insurance plan. Please reference the Health Care Flex Spending Account section of the Participant Guide.
- **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 of the Participant Guide.

- **The Dependent Day Care Flex Spending Account** is a pretax benefit account for dependent day care expenses incurred for the care of participant’s eligible dependents under age 13, or a spouse or other tax dependent who is physically or mentally incapable of caring for him/herself, so the employee can work. Please reference the Dependent Day Care Flex Spending Account section of the Participant Guide. **NOTE: This account is for day care for 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 participant’s place of employment. Please reference the Parking & Transit Flex Spending Account section of the Participant Guide. **This account is for parking and transit expenses only, not for dependent commuter expenses.**

Contributions

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

CONTRIBUTION LIMITS

Available [here](#).

Limits

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

	2017	2016	2015
ERAs			
Health Care Max Election	TBD	\$2,550	\$2,500
Health Care Rollover Max	\$500	\$500	N/A
Dependent Care Max Election	TBD	\$5,000	\$5,000
Standard Mileage Rate	TBD	\$.19	\$.235
Health Savings Accounts (HSAs)			
HDHP Min Annual Deductible — Single	\$1,300	\$1,300	\$1,300
HDHP Min Annual Deductible — Family	\$2,600	\$2,600	\$2,600
HDHP Out of Pocket Max — Single	\$6,550	\$6,550	\$6,450
HDHP Out of Pocket Max — Family	\$13,100	\$13,100	\$12,900
HSA Max Contribution Limit — Single	\$3,400	\$3,350	\$3,350
HSA Max Contribution Limit — Family	\$6,750	\$6,750	\$6,650
HSA Catch-Up Contribution Limit	N/A	\$1,000	\$1,000
Transportation Fringe Benefit*			
Parking	TBD	\$255/mo	\$130/mo
Mass Transit	TBD	\$130/mo	\$130/mo

* Note: Contributions of \$130 is pre-tax State and Federal. Participants may contribute up to \$255 however, contributions over \$130 up to \$255 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

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

Eligible Expenses

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

- Medical/Dental office visit copays
- Dental/Orthodontic care services
- [Eligible and Ineligible Expenses](#)
- 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, participants have two options to access their TASC Flex Spending Account funds:

- 1) **TASC Card:** Participants are mailed a TASC Card to use when paying for eligible expenses at point of purchase. They simply swipe the [TASC Card](#) anywhere MasterCard is accepted.

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

- 2) **Request a Reimbursement:** Participants who have paid for expenses out of pocket shall submit a request for reimbursement to TASC via one of these methods:

- Submit via Mobile App (Please reference the MyTASC Mobile App section of the Participant Guide).
- Submit via [TASC online account](#).
- Download [Request for Reimbursement Form](#), submit via fax or mail.

They should include proper documentation to support the claim (e.g., an itemized bill or receipt or an Explanation of Benefits (EOB) from the insurance company). TASC promptly processes participant claims daily, and approved expenses reimburse by check or direct deposit within 48-72 hours.

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

IMPORTANT COMMUNICATIONS

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

Participant Responsibilities

Receipts/Documentation

Under IRS and Treasury regulations, all payments from a 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 Inventory Information Approval System (IIAS) section of the Participant Guide.)

Participants are obligated to meet all documentation requirements established by IRS. By using the TASC Card to pay for transactions, participants agree to retain, verify, and reconcile their transactions and receipts.

Follow-Up

Participants should check their online accounts and email often. When participants (or individuals authorized by participants) use the TASC Card, they are obligated to provide eligible documentation if requested. Failure to do so may result in TASC Card suspension and repayment required. If an expense is ineligible, participants must repay the State of Wisconsin for the ineligible transaction. Failure to repay will authorize State of Wisconsin to collect or withhold such funds from participant's pay (to the extent permitted by law).

Contact Information

Flex Spending Account participants 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, the participant certifies that 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. Participant also acknowledges obligation 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 employee's spouse is also eligible for enrollment in a Flex Spending Account, he/she may 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 may 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

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

- 1) **Online:** Via participant's [TASC online account](#)
 - Participant logs in and clicks Enroll Now.
 - Further detailed in the [Enrollment Information Flyer](#); or participants may access our educational video library via their [TASC online account](#).
- 2) **Telephone:** Via contact with [TASC Customer Care](#) at 1-844-786-3947 or 608-316-2408.
- 3) **Paper:** Participants submit a completed TASC Enrollment Form (also available via their [TASC online account](#)) and return the completed form to their Payroll/Benefits Office.

Upon completion of enrollment, participants will be emailed an [enrollment confirmation](#). Participants should retain this for their records..

SECTION CONTENTS

[Enrollment Eligibility](#)

[IRS Maximum Election Amounts](#)

[Open Enrollment](#)

[Open Enrollment Dates](#)

[Enrollment Options \(Current Employees\)](#)

[Election Changes](#)

[Late Enrollment Appeal Process](#)

[Enrollment Effective Date](#)

[Mid-Year Enrollment](#)

[Newly Hired/Eligible Employees](#)

NO MINIMUM ELECTION

Flex Spending Accounts have no minimum election.

IMPORTANT

If a participant participated in a FSA during the prior year and the participant wants to continue their election, the participant must enroll during the open enrollment period for the new plan year. The participant's election will not automatically continue.

Election Changes

Participants may change their elections for the following plan year at any time during open enrollment. To do so, they log into their [TASC online account](#) or contact the [TASC Customer Care](#) team. **Only the last election made will be saved.**

After the change has been processed, participant will be emailed an updated enrollment confirmation.

Participants should retain this for their records.

If participants enroll in multiple accounts but are making a change to one account only, they should review the information to ensure that all accounts reflect the correct election amounts. If a participant is making the update online, the system will automatically provide information for all of participant's election amounts, meaning he/she needs only update the account being changed.

Late Enrollment Appeal Process

After open enrollment ends, 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 [Employee Reimbursement Accounts Enrollment Form](#) clearly identifying the benefit under appeal for late enrollment.

If prior to the start of the new plan year, the participant DID enroll via email, fax, or phone, but the enrollment is not showing with TASC, he/she should provide the following:

- **Fax:** a copy of the completed [Employee Reimbursement Accounts Enrollment Form](#) and a copy of fax transmittal with the date and time.
- **Secure Email:** a copy of the completed [Employee Reimbursement Accounts Enrollment Form](#) and a copy of the email with the date and time.
- **Phone:** a completed [Employee Reimbursement Accounts Enrollment Form](#) and the date and time of the phone call.

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

Enrollment Effective Date

For participants who enroll during open enrollment, coverage begins at new plan year start, January 1. The first contribution will be made via payroll deduction from the participant's first paycheck in the new plan year.

ONLY DURING OPEN ENROLLMENT

Online and telephone enrollments are available during Open Enrollment only.

PARTICIPANTS WHO ARE REQUESTING LATE ENROLLMENT

Should follow the late enrollment appeal process.

Mid-Year Enrollment

Newly Hired/Eligible Employees

To enroll in the Flex Spending Account program, employees submit an Enrollment Form within 30 days following date of hire/eligibility.

These steps are completed by the employee:

- 1) Employee determines the amount to contribute for the remainder of the plan year following effective date of coverage. You may need to assist the employee in determining the number of paychecks remaining in the year.
- 2) Employee completes an [Employee Reimbursement Accounts Enrollment Form](#). (Note: Online and telephone enrollments are available only during the annual open enrollment period.)
- 3) Employee returns the completed Enrollment Form to the Payroll/Benefits Office.
- 4) Enter deduction into system.

These steps are completed by the Payroll/Benefits Office:

- 1) The Payroll/Benefits Office reviews the form and verifies accuracy of the number of paychecks remaining in the plan year and the date coverage begins.
- 2) Once verified, the enrollment is added to the agency's payroll/eligibility file. (If a payroll/eligibility file feed is not available, the completed form may be submitted to stateofwi@tasconline.com or you can enter the enrollment online via the [TASC website](#)).
- 3) Payroll/Benefits Office uploads file to TASC FTP site.

These steps are completed by TASC:

- 1) Employee/participant account is updated or added to TASC system.
- 2) TASC processes the participant's enrollment and sends participant an [Enrollment Confirmation](#) and [Welcome Letter](#) via email and/or mail. The welcome letter includes the TASC website information along with participant's user name and temporary password. We encourage participants to log into the [TASC website](#) and download the mobile app for easy access and additional information regarding their Flex Spending accounts. We also encourage them to provide TASC with a personal email address to ensure delivery of important notifications regarding their Flex Spending accounts.
- 3) TASC Cards are mailed to participant home address 7-10 business days after participant receives enrollment confirmation.

RECEIVE IMPORTANT COMMUNICATIONS

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

Change in Status During the Year

General Information

Participants may enroll, terminate, or change their FSA election mid-plan year if they experience a qualifying 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, Participants complete and submit a [Change in Election Form](#) within 30 days after a qualifying event, as detailed below.

SECTION CONTENTS

[General Information](#)

[Effective Date](#)

[Change of Election Process](#)

[Enroll or Increase Election](#)

[Decrease Election or Cease Participation](#)

[Qualifying Event Changes Permitted by IRS](#)

Effective Date

The participant's eligibility effective date is the first of the month following the participant's 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. The date of the first payroll deduction will reflect payroll cutoff dates as well as the date his/her [Change of Election Form](#) or [Employee Reimbursement Accounts Enrollment Form](#) arrives at the Payroll/Benefits Office.

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 A PARTICIPANT'S ELECTION CHANGE GO INTO EFFECT?

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

Change of Election Process

Enroll or Increase Election

To enroll or increase election in the Health Care, Limited Purpose Health Care, and Dependent Care Flex Spending Account program, employees submit an [Employee Reimbursement Accounts Enrollment Form](#) and/or [Change of Election Form](#) within 30 days following a change of status qualifying event (divorce or marriage, birth or adoption of a child, or a change in employment status). Parking and Transit Accounts can be changed at anytime. For more information about the changes permitted by IRS, please see the qualifying event [chart](#). The process for submitting any increase election/enrollments follows.

These steps are completed by the employee:

- 1) Employee determines the amount to contribute for the remainder of the plan year following effective date of coverage. Due to change in status event, you may need to assist the employee in determining the number of paychecks remaining in the year.
- 2) Employee completes an [Employee Reimbursement Accounts Enrollment Form](#) and/or [Change of Election Form](#).
- 3) Employee returns completed form and any additional required documentation to Payroll/Benefits Office.

These steps are completed by the Payroll/Benefits Office:

- 1) The Payroll/Benefits Office reviews the information and verifies accuracy of the effective date of the change and first payroll affected by the change.
- 2) Once verified, the Payroll/Benefits Office updates their HRIS/payroll system.
- 3) The change adds to the agency's payroll/eligibility file. (If a payroll/eligibility file feed is not available, submit the completed forms to stateofwi@tasconline.com.)
- 4) Payroll/Benefits Office uploads file to TASC FTP site.

These steps are completed by TASC:

- 1) Employee/participant account updates at TASC.
 - 2) TASC processes the participant's Change in Election.
 - Sends participant an [Enrollment Confirmation](#) via email and/or mail. Participant's TASC online account access and TASC Cards remain unchanged.
- OR:**
- If the Change of Election resulted in a new Flex Spending Account enrollment with TASC, TASC sends the participant an [Enrollment Confirmation](#) and [Welcome Letter](#) via email or mail. The welcome letter includes the TASC website information along with participant's user name and temporary password. We encourage participants to log into their [TASC Online Account](#) and download the mobile app for easy access and additional information regarding their Flex Spending Accounts. We also encourage them to provide TASC with a personal email to ensure delivery of important notification regarding their Flex Spending accounts.
- 3) TASC Cards are mailed to participant home address 7–10 business days after participant receives enrollment confirmation.

Decrease Election or Cease Participation

Employees may opt to decrease their election or cease participation in the Health Care, Limited Purpose Health Care, and Dependent Care Flex Spending Account program. A participant can opt out or decrease a Parking or Transit Account election at anytime without a qualifying event. To do so, they must submit a Change of Election Form within 30 days following a change in status qualifying event (divorce, death, or a change in employment status). For more information about the changes permitted by IRS, please see the qualifying event [chart](#). The process for submitting any decrease election/cease participation follows.

RECEIVE IMPORTANT COMMUNICATIONS

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

These steps are completed by the employee:

- 1) Employee determines the amount to contribute for the remainder of the plan year following effective date of the qualifying event. You may need to assist the employee in determining the number of paychecks remaining in the year.
- 2) Employee completes a [Change of Election Form](#).
- 3) Employee returns completed forms and any additional required documentation to Payroll/Benefits Office.

These steps are completed by the Payroll/Benefits Office:

- 1) The Payroll/Benefits Office reviews the information and verifies accuracy of the effective date of the change and first payroll affected by the change.
- 2) Once verified, the Payroll/Benefits Office updates the HRIS/payroll system.
- 3) The change adds to the agency's payroll/eligibility file. (If a payroll/eligibility file feed is not available, submit the completed forms to stateofwi@tasconline.com.)
- 4) Payroll/Benefits Office uploads file to TASC FTP site.

These steps are completed by TASC:

- 1) Employee/participant account updates at TASC.
- 2) TASC processes the participant's Change in Election. Two options:
 - **If participant reduced election**, TASC sends participant an [Enrollment Confirmation](#) via email and or mail. Participant's TASC online account access and TASC Cards remain unchanged.
 - OR:**
 - **If participant is ceasing election/Flex Spending Account participation**, TASC will terminate the participant's account and inactivate his/her TASC Card. Per plan specifics, after they cease participation, employees may continue to submit reimbursement requests manually, but only through the end of the coverage period and/or only until plan funds are depleted (whichever comes first).

COVERAGE PERIOD CHANGE IN STATUS

A mid-plan year election change will result in split periods of coverage.

Any funds balance from a previous period of coverage can combine with amounts contributed after a permitted mid-plan year election change and can be used through the plan year end.

Conversely, any expenses incurred before the permitted election change can be reimbursed only up to the annual election amount in effect prior to the change.

Qualifying Event Changes Permitted by IRS

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose 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) Participant, spouse, or dependents become eligible under new spouse's employer's Health Care FSA; and (b) 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
Participant's 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								
Participant's former spouse loses eligibility.	No	No	No	Yes			N/A	
Participant loses coverage under former spouse's Health Care FSA.	Yes	Yes	No	No			N/A	
Participant can accommodate a newly eligible dependent (due to the divorce).			N/A		Yes	Yes	No	No
Eligibility is lost due to an event (dependent resides with ex-spouse).			N/A		No	No	Yes	Yes
CHANGE IN NUMBER OF DEPENDENTS								
Participant gains a dependent (birth, adoption, eligible dependent moves in).	Yes	Yes	No	No	Yes	Yes	No	No
Participant loses a dependent or dependent loses eligibility (result of death, or as when an individual is no longer financially supported by participant, or his/her 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								
Participant's dependent gains eligibility.	Yes	Yes	No	No	Yes	Yes	No	No
Participant's 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 FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
CHANGE IN EMPLOYMENT STATUS—TERMINATION								
Participant's spouse terminates employment and he/she or dependent loses eligibility for participation in spouse employer's Health Care FSA.	Yes	Yes	No	No				N/A
Participant or dependent commences employment that triggers a gain in eligibility under his/her employer's plan; then spouse or dependent gains eligibility and enrolls in his/her employer's Health Care FSA.	No	No	Yes	Yes				N/A
Participant's spouse terminates employment and it renders dependent ineligible for participation in the Dependent Day Care Flex Spending Account.			N/A		No	No	Yes	No
Participant's spouse returns to work and dependent is now eligible for participation in the Dependent Day Care FSA (spouse previously did not work).			N/A		Yes	Yes	No	No
Participant's spouse returns to work and dependent is added to a Dependent Day Care FSA offered by spouse's employer.			N/A		No	No	Yes	No
CHANGE IN EMPLOYMENT STATUS—LEAVE OF ABSENCE								
Participant commences an unpaid leave of absence.	No	No	Yes	Yes	No	No	Yes	Yes
Participant's returns from an unpaid leave of absence.	Yes	Yes	No	No	Yes	Yes	No	No
Participant's spouse commences an unpaid leave of absence and spouse or dependent loses eligibility for participation in spouse employer's Health Care FSA.	Yes	Yes	No	No				N/A
Participant's spouse or dependent returns from an unpaid leave of absence that triggers a gain in eligibility under his/her employer's plan, if spouse or dependent gains eligibility and enrolls in his/her employer's Health Care FSA.	No	No	Yes	Yes				N/A
Participant's spouse commences an unpaid leave of absence and it renders dependent ineligible for participation in the Dependent Day Care FSA.			N/A		No	No	Yes	No
Participant's spouse returns to work from an unpaid leave of absence and dependent is now eligible for participation in the Dependent Day Care FSA (spouse previously did not work).			N/A		Yes	Yes	No	No

Qualifying Event Changes Permitted by IRS

	Health Care FSA and Limited Purpose FSA				Dependent Day Care FSA			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
CHANGE IN PLACE OF RESIDENCE (THAT OF PARTICIPANT, SPOUSE, OR DEPENDENT)								
...results in a decrease in participant's dependent day care cost.		N/A			No	No	No	Yes
...results in an increase in participant's dependent day care cost.		N/A			No	Yes	No	No
...results in a loss of coverage for participant's dependent.		N/A			No	No	Yes	No
...results in a gain of coverage for participant's dependent.		N/A			Yes	No	No	No
SIGNIFICANT COVERAGE CURTAILMENT								
Participant's day care provider significantly reduces its available hours or goes out of business and participant switches dependent day care providers and make a new election.		N/A			Yes	No	Yes	No
Participant switches dependent day care providers and it results in a cost increase.		N/A			No	Yes	No	No
Participant switches 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 participant's dependent day care provider* increases.		N/A			No	Yes	No	No
The cost charged by participant's 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...								
Participant must provide accident or health coverage for child/foster child.	Yes	Yes	No	No				N/A
Participant's spouse, former spouse, or other individual must provide accident or health coverage for participant's child/foster child.	No	No	Yes	Yes				N/A
ELIGIBILITY FOR MEDICARE AND MEDICAID Participant, spouse, or dependent...								
Becomes entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines).	No	No	Yes	Yes				N/A
Loses eligibility for Medicare or Medicaid.	Yes	Yes	No	No				N/A

* Note: If participant's day care provider is related by blood or marriage, participant CANNOT change election amount solely to increase or decrease amount being paid to the relative.

SECTION CONTENTS

[Annual Election Payment Upon Termination](#)

[Termination of Employment FSA Options](#)

[Submitting Termination to TASC](#)

Termination of Employment

Employee Options Upon Termination

Upon termination of employment, an employee's Health Care Flex Spending Account will terminate the last day of the month following their last payroll deduction unless the participant choose to participate in COBRA.

If participant terminates employment, or becomes ineligible for the Flex Spending Account, the TASC Card will deactivate, and his/her [reimbursement requests](#) must be submitted online or via paper form (until date specified in #1 or #2 above, and chart that follows, as pertinent).

Termination of Employment FSA Options

	Health Care FSA & Limited Purpose FSA	Dependent Day Care FSA	Parking & Transit
	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 participant's final contribution	Last day of the plan year (December 31)	Last day of the month following participant's final contribution
Final Date to Submit Expenses	March 31 (March 30 if leap year)	March 31 (March 30 if leap year)	March 31 (March 30 if leap year)
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 participant's final contribution	N/A	Last day of the month following participant's final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

If participant terminates without electing COBRA continuation coverage, the Health Care Flex Spending Account will be terminated; participant submits reimbursement requests manually, but only through the end of the coverage period and/or only until plan funds are depleted (whichever comes first).

Submitting Termination to TASC

- 1) Participant notifies Payroll/Benefits Office of termination and whether continuation is selected.
- 2) Payroll/Benefits Office updates HRIS/Payroll system to reflect the termination/retirement status and to update final contribution/deduction amounts; these reflect whether a continuation option is or is not selected. If the participant decides to continue at a later date past the final paycheck, the form and payment is returned to ETF.
- 3) Payroll/Benefits Office sends to TASC:
 - updated termination status via the eligibility file feed, and
 - contributions via the payroll file. (If a payroll/eligibility file feed is not available, submit termination information to TASC to stateofwi@tasconline.com.)
- 4) TASC updates participant status to reflect termination/retirement, and updates payroll deductions to reflect amount sent on file.

Retirement

Annual Election Payment Upon Retirement

Upon retirement, a participant's Health Care Flex Spending Account terminates.

If participant terminates employment, or becomes ineligible for the Flex Spending Account, the TASC Card will deactivate, and his/her reimbursement requests must be submitted online or via paper form (until date specified in #1 or #2 above, and chart that follows, as pertinent).

SECTION CONTENTS

- [Annual Election Payment Upon Retirement](#)
- [Retirement FSA Options](#)
- [Submitting Retirement to TASC](#)

Retirement FSA Options

	Health Care FSA & Limited Purpose FSA	Dependent Day Care FSA	Parking & Transit FSA
	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 participant's final contribution	Last day of the plan year (December 31)	Last day of the month following participant's final contribution
Final Date to Submit Expenses	March 31 (March 30 if leap year)	March 31 (March 30 if leap year)	March 31 (March 30 if leap year)
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 participant's final contribution	Last day of the plan year (December 31)	Last day of the month following participant's final contribution
COBRA Continuation Payment Options	N/A	N/A	N/A

If participant retires without electing COBRA continuation coverage, the Health Care Flex Spending Account will be terminated; participant submits reimbursement requests manually, but only through the end of the coverage period and/or only until plan funds are depleted (whichever comes first).

Submitting Retirement to TASC

- 1) Participant notifies Payroll/Benefits Office of retirement and whether continuation is selected.
- 2) Payroll/Benefits Office updates HRIS/Payroll system to reflect the retirement status and to update final contribution/deduction amounts; these reflect whether a continuation option is or is not selected.
- 3) Payroll/Benefits Office sends to TASC:
 - updated termination/retirement status via the eligibility file feed, and
 - contributions via the payroll file. (If a payroll/eligibility file feed is not available, submit termination information to TASC to stateofwi@tasconline.com.)
- 4) TASC updates participant status to reflect retirement, and updates payroll deductions to reflect amount sent on file.

Divorce

Divorce is a change of status qualifying event. As such, participant may decrease election for the former spouse who loses eligibility. Participant may enroll in or increase elections only if he/she has lost coverage under the former spouse's Health Care Flex Spending Account or Limited Purpose Health Care Flex Spending Account.

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

Death

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

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

By calling [TASC Customer Care](#), the deceased employee's executor or personal representative, acting on behalf of the employee, can request reimbursement for eligible expenses that were incurred by the employee (or spouse or tax dependents for health coverage purposes, if any) before the employee'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 employee. 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 employee. Any changes to the employee'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 Flex Spending Account, and Dependent Day Care Flex Spending Account.

SECTION CONTENTS

[Payroll Center Transfer](#)

[Agency/Location Transfer](#)

[Payroll Frequency Transfer](#)

Transfers

Payroll Center Transfer

When a participant transfers from one Payroll/Benefits center to another, please follow the following steps to ensure that the TASC system is updated accordingly.

These steps are completed by the employee:

- 1) Employee submits the [Payroll Transfer Form](#).
- 2) Employee submits form to current Payroll/Benefits Office.

These steps are completed by the current Payroll/Benefits Office:

- 1) Reviews the information and verifies the effective date of the change and first payroll are correct.
- 2) Submits the Transfer Form to TASC via the stateofwi@tasconline.com email.

These steps are completed by TASC:

- 1) TASC processes the request within 24 – 48 hours of receipt and updates the system to reflect the new division, class, and payroll frequency (if applicable).
- 2) TASC sends verification of the update to the current Payroll/Benefits Office, and copies the main contact from the new Payroll/Benefits Office.

This step is completed by the new Payroll/Benefits Office:

- 1) Updates their HRIS/Payroll system to ensure that the employee payroll deduction and/or employer contributions will be sent to TASC via the EDI files.

Once the transfer has been processed by TASC, the employee data is no longer accessible to the previous Payroll/Benefits Office via their TASC online account. To obtain information regarding that employee, please contact [SOW Account Managers](#).

There is no impact to employee 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. For Courts, UW Hospitals and Clinics, WEDC, WHEDA and Wiscraft Beyond Vision, TASC does not track agency and location information so you do not need to provide any updates to TASC. If you would like to provide TASC with that information, [please contact TASC](#).

Agency/Location Transfer

TASC currently receives agency and location information (for reporting purposes) for the following State of Wisconsin Payroll/Benefits Centers:

- Central
- Legislature
- UW

For these Payroll/Benefits Centers, in the event that you have a employee who transfers to a new agency or location within your Payroll/Benefits Center, be sure your HRIS/Payroll system is updated to reflect the new agency/location. Doing so ensures that the updated information will be sent to TASC via the EDI files. See [EDI](#) section for more detailed about submitting files to TASC.

There is no impact to the participant's account as a result of a transfer from one agency/location 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.

Payroll Frequency Transfer

For Payroll/Benefits Offices with more than one payroll frequency, if you have a employee who transfers to a new payroll frequency, be sure your HRIS/Payroll system is updated to reflect the new payroll frequency so that the updated information will be sent to TASC via the EDI files. See [EDI](#) section for more detailed information about submitting files to TASC.

There is no impact to the participant's account as a result of a transfer of payroll frequency. These participants may continue to use the TASC Card as before, and their TASC online account and mobile app access will remain unchanged.

Electronic Data Interchange Files (EDI)

Use TASC EDI files to submit employee demographic, eligibility, and contribution data. The method is fast, easy, and secure.

This section details the following:

- how to submit files,
- file types and specifications,
- process time, and
- how to address any file discrepancies or corrections.

How to Submit Files: TASC FTP Server Information

TASC provides an FTP server, a User Name, and a Password granting secure access to the TASC FTP server. To gain access, use an FTP program like Secure FTP, and use SFTP with SSH and Port Number 10022.

If you have any problems connecting the TASC FTP server or forgot your User Name/Password, please email the TASC EDI Coordinator at edi_coordinator@tasconline.com

Once connected to the TASC FTP server, you will be in your root directory. Use this directory to upload all of your production files.

All test files should contain the word TEST in the file name and be uploaded to the test folder found in your folder structure.

In the event that TASC provides any secure return files (e.g. your open enrollment return file), these will be delivered via the "outbound" folder (within in your folder structure).

File Types and Specifications: EDI File Types

TASC accepts two types of files for processing.

ELI—Eligibility File

This file provides TASC with Flex Spending Account participant demographic data and enrollment data, including new hire enrollments, name changes, address changes, mid-year election changes due to change in status qualifying events, and terminations. You can provide the ELI file as needed, or on a set, scheduled frequency. Processing is typically completed within 24–72 business hours after receipt at TASC.

PVR—Payroll or Contribution File

This file specifies Flex System Account payroll deduction amounts/contribution amounts for a specific payroll/contribution date. You may submit one ELI file for all deductions/contributions for the same date, or may send separate ELI files for each Flex Spending Account. TASC requests that you provide the PVR file prior to the actual payroll/contribution date, as processing the PVR file typically requires 24–72 business hours.

SECTION CONTENTS

[How to Submit Files:
TASC FTP Server Information](#)

[File Types and Specifications:
EDI File Types](#)

[ELI—Eligibility File](#)

[PVR—Payroll or
Contribution File](#)

[EDI File and
Discrepancy Process](#)

[EDI File Tips](#)

EDI File and Discrepancy Process

After each payroll file is received and processed, TASC will provide each payroll processing center with a discrepancy report. This report contains discrepancies between contributions on the payroll file and contribution in the TASC system. It is important that TASC receives these discrepancy reports back within 24–48 business hours so that participant's do not encounter a delay in the use of funds.

- 1) Payroll/Benefits Office uploads file to the TASC FTP server.
- 2) Within 24-72 business hours, TASC uploads file into TASC system.
- 3) TASC processes file and generates error/discrepancy report.
- 4) TASC reviews report and resolves discrepancies as necessary.
- 5) TASC prepares second/final error/discrepancy report.

If unresolved,

- 6) TASC sends Payroll/Benefits Office second error/discrepancy report for review.
- 7) Payroll/Benefits Office investigates/resolves the discrepancies and provides TASC with necessary information via ELI file.

If continuing as unresolved,

- 8) TASC continues to track ongoing unresolved discrepancies and provides to Payroll/Benefits Office for review.

In the event of any failed record or discrepancy on a payroll/change file, TASC will email the applicable Payroll/Benefits Office. All discrepancies must be resolved prior to the next payroll date. All changes must be submitted via an ELI file to ensure that all information will reconcile. Direct any questions concerning these discrepancies to: premium_services@tasconline.com

EDI File Tips

For Test Files, make sure to use TEST in the file name and upload to the Test folder. Failure to follow these steps may result in test information being loaded in error into your production account.

Always send ELI files prior to sending PVR files. Doing so helps ensure that new participant enrollments are loaded in the system prior to processing the payroll deduction or contribution. Failure to submit in this order may result in PVR file discrepancies (such as non-enrolled participants contributing in error via payroll deduction).

If submitting payroll frequency changes, be sure the file includes the payroll frequency effective date. This date must occur on or before the first payroll date for the new payroll frequency.

Reimbursement Information

Reimbursement Options

As eligible expenses are incurred, participants have two options to access their TASC Flex Spending Account and Parking and Transit Account funds:

- 1) **TASC Card:** Participant swipes the 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 participant paid for expenses out of pocket, he/she submits a request for reimbursement to TASC using one of the following methods:
 - Submits via Mobile App (Please reference the MyTASC Mobile App section of the Participant Guide).
 - Submits via [TASC online account](#).
 - Downloads a [Request for Reimbursement Form](#) and submits it via fax or mail.

SECTION CONTENTS

[Reimbursement Options](#)

[Reimbursement Request Tips](#)

[Deadlines for Requesting Reimbursement](#)

[Reimbursement Denial Appeal Process](#)

Reimbursement Request Tips

Participant must include proper documentation to support the request (detailed below). TASC promptly processes claims daily, and approved expenses reimburse by check or direct deposit within 48–72 hours.

Participants must actually receive the service before they can be reimbursed. The TASC Card can be used for billed health care expenses if the provider accepts MasterCard payments; participant simply fills in the TASC Card number as payment and returns it to the provider. The amount of the billed expense deducts from participant's Health Care Flex Spending Account. Participant must 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, Dependent Day Care Flex Spending Account, and Parking and Transit reimbursement requests must be received by TASC or postmarked by this date. Any reimbursement requests received after this date will be denied as untimely filed.

Reimbursement Denial Appeal Process

If all or a portion of a reimbursement request has been denied as ineligible, the participant or an authorized representative may file an appeal within 90 days of the date of the denial notification. Appeal must include all information detailed on the right.

Participant may submit a 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 being represented by another, the participant must complete a written authorization to allow us to communicate with that person.

TASC will review the appeal and provide a written determination within 60 days. Participant may request copies (free of charge) of any documents used to reach a decision.

REQUEST TO APPEAL A DENIED CLAIM

Participant's request, required in writing, must include this information:

- » Name of employer
- » Date of service
- » A copy of the claim or request
- » A copy of the denial letter and
- » Any other documents/information pertaining to the 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 the Flex Spending Account and IRS guidelines). Because it is a payment card, when participants use the TASC Card to pay eligible expenses, funds will automatically be deducted from their accounts.

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 funds.

Receiving the TASC Card

When participants enroll in a Flex Spending Account, they are sent a TASC Card, which is good for four years. They are sent a new card when the old one expires, as long as they are still enrolled. Participants are not required to use the TASC Card and may opt instead to submit [Request for Reimbursement Form](#) via mail, TASC online account, or via the TASC Mobile application (please reference the MyTASC Mobile App section of the Participant Guide).

Participants may request additional TASC Cards for any dependents over 18. There is no charge for these dependent cards. Please see [Additional Debit Card Request Form](#) or request via the [TASC online account](#).

If a TASC Card has a misspelling or participant's name has changed, participant may update the information and request a new card via the [TASC online account](#). Participants notify Payroll/Benefits Office of any name changes or misspellings.

Direct participants to provide correct information whenever requesting a new TASC Card (mailing address, name spelling, etc.). For details about how to order an additional TASC Card, see the TASC online account section of the Participant Guide.

Lost/Stolen TASC Card and Fraudulent Charges

Direct participants to immediately report via the [TASC online account](#) if a TASC Card is lost/stolen or they identify fraudulent charges. This inactivates the TASC Card to prevent any fraudulent charges. Participants can review recent TASC Card transactions to identify any fraudulent charges, and should contact [TASC Customer Care](#) to assist with reporting the transactions as fraudulent. For details about how to report a card as lost/stolen, please reference the TASC Participant Guide.

SECTION CONTENTS

[General Information](#)

[TASC Card Advantages](#)

[Receiving the TASC Card](#)

[Lost/Stolen TASC Card and Fraudulent Charges](#)

[Undeliverable TASC Card](#)

[Using the TASC Card](#)

[TASC Card Purchases](#)

[Over-the-Counter Purchases](#)

[TASC Card Declines](#)

[TASC Card Substantiation](#)

[General Information](#)

[Substantiation Types](#)

[Auto-Substantiation](#)

[Manual Substantiation](#)

[Substantiation Notification Process](#)

[Substantiation Documentation](#)

BY ACCEPTING AND USING THEIR TASC CLAIM CARD...

participants agree to the terms of the [TASC cardholder agreement](#).

Undeliverable TASC Cards

If a mailed TASC Card is returned as undeliverable by the USPS, TASC will review the participant's account. If a new address is on file, TASC will update the card and resend it to the participant.

If no address update is available, TASC will mail the card to the participant's Payroll/Benefits Office. Upon receipt, the Payroll/Benefits Office:

- facilitates delivery of the TASC Card to the employee,
- obtains the employee's updated mailing address,
- updates the employee's address in the payroll system to ensure that TASC receives the update via the next Eligibility File.

This process ensures that both TASC and State of Wisconsin maintain accurate participant account information.

Using the TASC Card

TASC Card Purchases

TASC Card purchases are limited to 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 to identify Flex Spending Account-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and day care centers. When participants swipe the card, the IIAS automatically approves the purchase of eligible items and deducts the amount from the appropriate Flex Spending Account.

Participants can use the TASC Card to pay for billed health care expenses, such as coinsurance, if the provider accepts MasterCard payments. The participant simply enters the TASC Card number as payment on the bill and returns it to the provider. (The provider's expense and payment must incur in the same plan year.)

The amount of the billed expense deducts from the participant's Health Care Flex Spending Account. The reimbursement request must include a copy of documentation that substantiates the health care expense. For details, see the [Substantiation](#) section.

The use of the TASC Card is limited to merchants with an inventory-information approval system (IIAS) in place to identify Flex Spending Account-eligible purchases. If a participant uses the TASC Card at a merchant that does not have IIAS, the transaction will decline. For additional information regarding IIAS, please reference the Inventory Information Approval System (IIAS) section of the Participant Guide.

WHAT'S MY BALANCE?

Encourage participants to be mindful of their TASC Card's balance.

They may check account balance via the TASC Mobile App or [TASC online account](#).

SAME YEAR...

The provider's expense and payment must incur in the same plan year.

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, participants cannot use the TASC Card to purchase OTC drugs, OTC medicine, or OTC biological productions.

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

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

TASC Card Declines

Participants may 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 the TASC Card declines, the participant should simply pay the expense out of pocket and submit a [Request for Reimbursement Form](#). TASC reimburses by check or direct deposit within 48 to 72 hours of approval.

TASC Card Declines: Reasons and Solutions

Explanation of Decline	Solution
INSUFFICIENT FUNDS	
<p>At point of purchase the TASC Card automatically checks participant's account balance to ensure funds are adequate to cover the entire purchase. If the purchase exceeds the account balance, participant's TASC Card will decline.</p>	<p>1) Participant asks the merchant to deplete the card's account balance, and pays the difference out of pocket.</p> <p>OR</p> <p>2) If account balance is \$0 or participant is unable to check balance, he/she should use another form of payment for the expense.</p>
INELIGIBLE EXPENSE	
<p>At point of purchase the TASC Card automatically checks for eligible expenses based on participant's plan type. Example: participant is 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.</p>	<p>Participant uses another form of payment for the ineligible expenses.</p>
EXPENSES INCURRED OUTSIDE OF PLAN YEAR OR COVERAGE PERIOD	
<p>At point of purchase the TASC Card automatically checks participant's eligibility dates to ensure that the expense is incurred during his/her coverage period. If the purchase is outside of the coverage period or plan year, the TASC Card will be declined.</p>	<p>Participant uses another form of payment for the ineligible expenses. If the service date of the expense was incurred during his/her coverage period or plan year, participant submits a request for reimbursement. TASC provides check or direct deposit reimbursements within 48–72 hours of approval.</p>
INACTIVE CARDS DUE TO UNSUBSTANTIATED CLAIM > 45 DAYS OLD	
<p>Within 45 days of a transaction, participant must submit required substantiation documentation. Otherwise, the unsubstantiated Flex System Account claim will be denied, repayment will be requested, and the TASC Card will be suspended until TASC receives repayment or required substantiation.</p> <p>If participant attempts to use the TASC Card when it is inactive it will decline.</p> <p>Finally, if participant fails to repay the claim or provide necessary documentation, the State of Wisconsin will withhold the claim amount from his/her paycheck.</p>	<p>Three Steps:</p> <ol style="list-style-type: none">1) Participant uses another form of payment to pay the expense.2) Participant submits documentation for the unsubstantiated claims.3) Participant submits a request for reimbursement.

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

TASC Card Substantiation

General Information

Under [IRS and Treasury regulations](#), payments from a Flex Spending Account require third-party substantiation documentation unless the transaction is auto-substantiated (Rx, office visit copays, IAS items). Other transactions require substantiation by providing documentation (coinsurance payments, laboratory, or x-ray expenses). Participants 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 IAS.

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 IAS compliant.

Substantiation Notification Process

If expenses require additional documentation, TASC will provide Substantiation Notifications to participants. Participants may also view transactions and receipt status online or via the mobile app. For more details about proper documentation see the [Substantiation Documentation](#) section.

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

- one day after the TASC Card transaction; notifies participant 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.

Within 45 days of a transaction, participants must submit required substantiation documentation. Otherwise, the unsubstantiated Flex Spending Account claim will be denied, repayment will be requested, and the TASC Card will be suspended until TASC receives repayment or required substantiation. Any transaction attempted with an inactive TASC Card will be declined. Finally, if participant fails to repay the claim or provide necessary documentation, the State of Wisconsin will withhold the claim amount from his/her paycheck.

The participant's TASC Card will be activated within 48 hours after we receive proper substantiation documentation or repayment.

Substantiation Documentation

To substantiate Health Care expenses, participant's 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 as explained on the [Orthodontia Worksheet](#) and on the [ETF website](#).

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

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 participant's cost (e.g. deductible or copay amount not covered by his/her insurance)
- » Type of service provided
- » Name of the drug (and Rx number if a prescription), if applicable.

DEPENDENT DAY CARE FSA EXPENSES REQUIRE 7 SUBSTANTIATION ITEMS

Required information:

- » Dependent name (person who received the service)
- » Dependent age
- » Provider name
- » Provider address
- » Provider SSN or TAX ID number
- » Start and end dates of service
- » The cost

Letter of Medical Necessity: Please 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](#) and instructions are available at the end of this guide and also [online](#). (Detailed in the Health Care Flex Spending Account section of the Participant Guide.)

Parking & Transit Account expenses require no substantiation. You should retain these receipts and documentation in case of an IRS audit.

WAYS TO SUBMIT SUBSTANTIATION DOCUMENTATION

Participants choose from four ways to submit documentation:

- Attach the receipt to the online request for reimbursement.
- Upload the receipt to the claim in the online portal. (Please reference the Upload Substantiation section of the Participant Guide).
- Use the mobile app (Please reference the MyTASC Mobile App section of the Participant Guide) to photograph the receipt and attach it to the claim.
- Submit the receipt along with printed [Substantiation Notification](#), via fax to 608-316-6097 or mail to the address found [here](#).

Carryover

General Information

As of January 1, 2015, participants 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 if participants remain an eligible employee for the entire plan year. This carryover option means carryover funds are available to participants throughout the entire next plan year (instead of only 75 days).

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 participants 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. Participants 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 Flex Spending Account allows participants to carry over unused funds into the next plan year. They may carryover/rollover a 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 participants may submit reimbursement requests until March 31.

SECTION CONTENTS

[General Information](#)

[Carryover Limits](#)

[Runout Period](#)

[Carryover Process](#)

[Access to Carryover Funds](#)

[Timing of Carryover](#)

[Request Carryover
Prior to April](#)

[2015 Carryover Scenarios](#)

CARRYOVER VARIES!

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

Carryover Process

At the end of the 90 day run out period once all claims are reimbursed from the prior plan year, a balance of up to \$500 of a Health Care Flex Spending Account and the remaining balance of a Parking and Transit Account will carry forward to the next plan year automatically.

- **Automatic Carryover**—Any Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account amount above a \$500 balance will forfeit. (Example: After the 90-day runout, a participant's Flex Spending Account balance is \$530. Of this, \$500 will carry over and the remaining \$30 balance forfeits.)
- **No election in new plan year**—If a Health Care Flex Spending Account and Limited Purpose Health Care Flex Spending Account balance is \$500 or less at plan year end and participant makes no election in the new plan year, TASC will automatically enroll him/her in a Health Care Flex Spending Account and 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 participant enrolls in an HSA for the new plan year, TASC will automatically enroll him/her 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 the participant's Health Care Flex Spending Account, Limited Purpose Health Care Flex Spending Account and/or Parking & Transit Account available balance, he/she may access the funds just as accessing annual election funds. These funds can be used for expenses incurred beginning January 1 of the current plan year. Participant may use the TASC Card or submit requests for reimbursements online, via fax or mail, or via the mobile app (please reference the MyTASC Mobile App section of the Participant Guide).

Funds may be used in any order. Carryover funds added to the Participant's Account become an available part of the balance.

If participant terminates employment with State of Wisconsin, he/she may use the carryover funds by submitting requests for reimbursements for eligible expenses incurred prior to termination. Participant forfeits any unused Health Care Flex Spending Account balance.

Participant continues to have access to carryover funds while on a leave of absence.

Timing of 2016 Carryover

TASC will automatically carry over balances up to \$500 of Health Care Flex Spending Accounts and Limited Purpose Flex Spending Account and remaining balance of Parking and Transit Account after close of the 2016 runout period. TASC anticipates that 2016 carryover funds will be available in participant 2016 accounts by April 30, 2017 at the latest.

NO CARRYOVER FOR DEPENDENT CARE FSA

But a runout period extends spend-down deadline to the end of March.

Request Carryover Prior to April

If a participant would like access to their 2015 carryover funds prior to mid-end of April 2016, he/she may submit a carryover request to TASC.

To submit the carryover request to TASC, participants should follow these steps:

- 1) Verify that they have submitted all of their 2015 claims for reimbursement from TASC.
 - Once TASC has transferred funds to the 2015 account, participant will no longer be able to submit claims incurred in 2015.
- 2) Complete the [Carryover Authorization Form](#).
- 3) Submit to TASC via instructions on the form.
- 4) Within approximately 7-10 business days the carryover funds will be available in the participant's 2016 account.
 - Health Care Flex Spending Account and Limited Purpose Flex Spending Account: TASC will carry over balances up to \$500 only; any remaining balance in the 2015 will be forfeited.
 - Parking & Transit Account: TASC will carry over entire remaining balance up to IRS maximum.

Carryover Scenarios*		
Health Care Flex Spending Account (FSA)	Parking & Transit Account	Limited Purpose Flex Spending Account (FSA)
TIMING OF 2015 CARRYOVER		
TASC automatically carries over balances of \$500 or less after close of the 2015 run out period. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.	TASC automatically carries over balances after close of the 2015 run out period. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.	TASC automatically carries over balances of \$500 or less after close of the 2015 run out period. TASC anticipates 2015 carryover funds to be available in participant 2016 accounts by mid-end of April.
MAY I REQUEST MY CARRYOVER FUNDS EARLIER?		
Yes. Detailed in the Request Carryover Prior to April section.	Yes. Detailed in the Request Carryover Prior to April section.	Yes. Detailed in the Request Carryover Prior to April section.
TERMINATED PARTICIPANTS		
To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.	To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.	To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.
BALANCES > \$500		
TASC automatically carries over up to \$500 into the next plan year; the amount over \$500 will forfeit	TASC automatically carries over the entire balance into the next plan year up to the IRS maximum limit.	If participant remains enrolled in a Health Savings Account (in the next year), TASC will automatically carry over up to \$500 into that year's Limited Purpose FSA. The amount over \$500 will forfeit.
NO 2016 PLAN ENROLLMENT		
TASC automatically enrolls participant in a 2016 Health Care FSA and funds the account with his/her 2015 balance up to \$500.	TASC automatically enrolls participant in the 2016 Parking & Transit FSA and funds the account with his/her entire 2015 balance up to the IRS maximum limit.	As long as participant remains enrolled in a Health Savings Account for 2016, TASC automatically enrolls him/her in a 2016 Limited Purpose Health Care Flex Spending Account and funds the account with the 2015 balance up to \$500.
2016 HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT		
Due to the 2016 HSA enrollment, participants are not eligible for the Health Care FSA. See Limited Purpose FSA column.	N/A	Due to the 2016 HSA enrollment, TASC will automatically enroll participants into a Limited Purpose 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 the end of March.

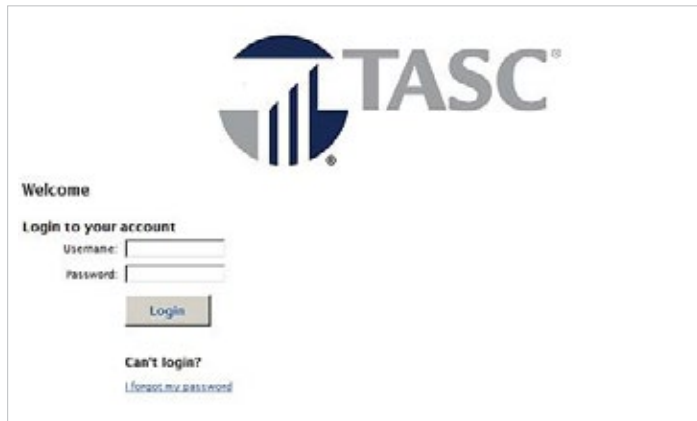
Online Account Management

Logging Into Your Account

Go to <https://partners.tasconline.com/ETFClient>

Username (first initial, last name, date of birth (mmddyy), and last four digits of your SSN).

Password: Your password emails to you. New users receive a prompt to change their temporary password and set up a security question. Password emailed to you expires in 24 hours.



SECTION CONTENTS

[Logging Into Your Account](#)

[Home Page](#)

[Reports and Notifications](#)

[Employee Data](#)

[Plan Information](#)

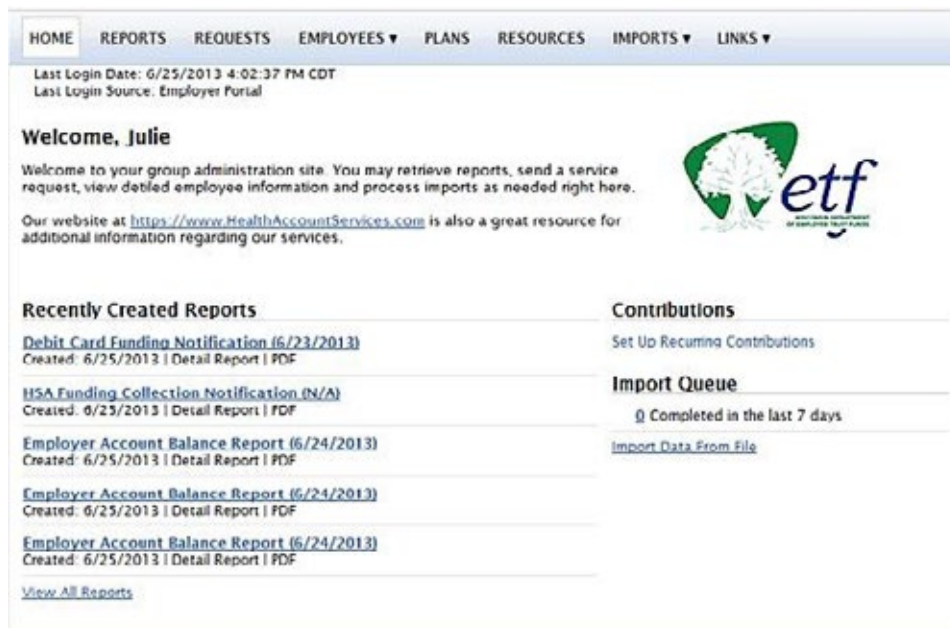
[Forms](#)

Home Page

The home page helps participants manage their Consumer Driven Healthcare (CDH) Accounts. From the home page, the Payroll/Benefits Office can do the following:

- View employee level data.
- Check on status of file imports.
- Log requests.
- Read plan documents.
- Download forms/guides.

For easy navigation, use tabs at the top of the page or links at the bottom.

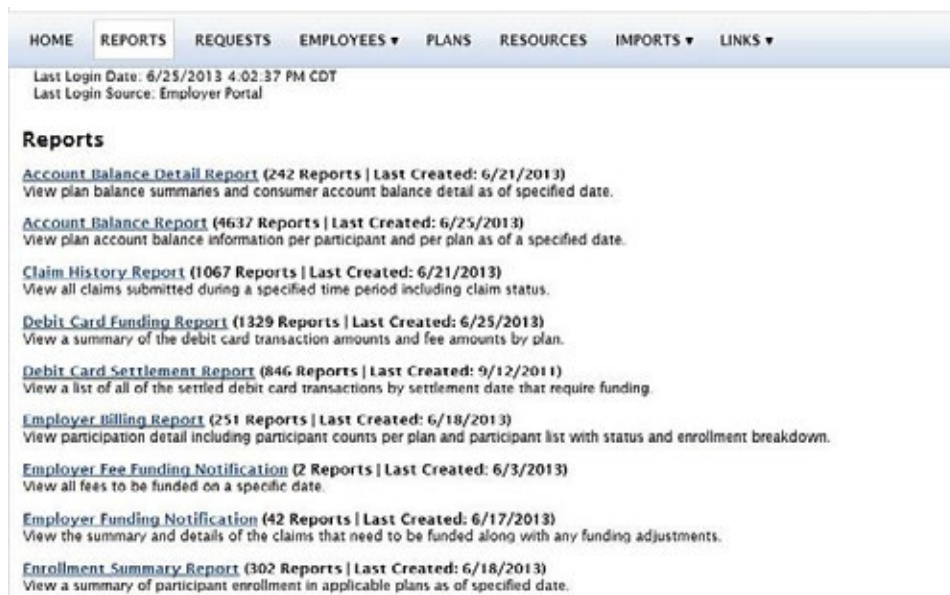


The screenshot shows a web application interface with a navigation bar at the top containing tabs: HOME, REPORTS, REQUESTS, EMPLOYEES, PLANS, RESOURCES, IMPORTS, and LINKS. Below the navigation bar, the user's last login information is displayed: "Last Login Date: 6/25/2013 4:02:37 PM CDT" and "Last Login Source: Employer Portal". A welcome message is addressed to "Julie", stating: "Welcome to your group administration site. You may retrieve reports, send a service request, view detailed employee information and process imports as needed right here." A link to the website "https://www.HealthAccountServices.com" is provided for additional information. To the right of the welcome message is the logo for "etf" (Employee Trust Fund), which features a stylized tree and the text "etf" in a large font, with "EMPLOYEE TRUST FUND" in smaller text below it. Below the welcome message, there are two main sections: "Recently Created Reports" and "Contributions". The "Recently Created Reports" section lists four reports: "Debit Card Funding Notification (6/23/2013)", "HSA Funding Collection Notification (N/A)", "Employer Account Balance Report (6/24/2013)", and "Employer Account Balance Report (6/24/2013)". Each report entry includes the report name, the date it was created, and a link to the "Detail Report" and "PDF". A "View All Reports" link is located at the bottom of this section. The "Contributions" section has a sub-section "Import Queue" which shows "0 Completed in the last 7 days" and a link to "Import Data From File".

Reports and Notifications

On the Home Page, under **Reports**, will be a list of all available reports to view. Simply select the report desired and it displays automatically.

If you want a report that you do not see, simply contact your [TASC Relationship Manager](#) with your request.



The screenshot shows a web application interface with a navigation menu at the top containing: HOME, REPORTS (highlighted), REQUESTS, EMPLOYEES ▼, PLANS, RESOURCES, IMPORTS ▼, and LINKS ▼. Below the menu, the page displays the following information:

Last Login Date: 6/25/2013 4:02:37 PM CDT
Last Login Source: Employer Portal

Reports

- [Account Balance Detail Report \(242 Reports | Last Created: 6/21/2013\)](#)
View plan balance summaries and consumer account balance detail as of specified date.
- [Account Balance Report \(4637 Reports | Last Created: 6/25/2013\)](#)
View plan account balance information per participant and per plan as of a specified date.
- [Claim History Report \(1067 Reports | Last Created: 6/21/2013\)](#)
View all claims submitted during a specified time period including claim status.
- [Debit Card Funding Report \(1329 Reports | Last Created: 6/25/2013\)](#)
View a summary of the debit card transaction amounts and fee amounts by plan.
- [Debit Card Settlement Report \(846 Reports | Last Created: 9/12/2011\)](#)
View a list of all of the settled debit card transactions by settlement date that require funding.
- [Employer Billing Report \(251 Reports | Last Created: 6/18/2013\)](#)
View participation detail including participant counts per plan and participant list with status and enrollment breakdown.
- [Employer Fee Funding Notification \(2 Reports | Last Created: 6/3/2013\)](#)
View all fees to be funded on a specific date.
- [Employer Funding Notification \(42 Reports | Last Created: 6/17/2013\)](#)
View the summary and details of the claims that need to be funded along with any funding adjustments.
- [Enrollment Summary Report \(302 Reports | Last Created: 6/18/2013\)](#)
View a summary of participant enrollment in applicable plans as of specified date.

Employee Data

Under **Employees**, search for employees using first name, last name, or employee identifier (defined ID or SSN).

You can view the following:

- Enrollments
- Demographics
- Contributions
- Claims
- Payments
- Account Balances
- Account Summary
- Account Status

HOME REPORTS REQUESTS **EMPLOYEES** PLANS RESOURCES IMPORTS LINKS

Last Login Date: 6/25/2013 4:02:37 PM CDT
Last Login Source: Employer Portal

Cole Apollo: Enrollments

Employee Status: Active (4/1/2000)
SSN: xxx-xx-0000
Division: Unassigned
HSA Status: Pending
HSA Hold: Holds exist on this consumer's account that prevent financial transaction processing.

[Profile](#) [Dependents](#) [Account Summary](#) **Enrollments** [Contributions](#) [Claims](#) [Payments](#) [Status](#)

[Add Enrollment](#)

Active Accounts

1/1/2013 - 12/31/2013
Payment Method: Reimburse Myself By Check

Account	Effective Date	Annual Election	Employer Contributions	Employee Contributions	Payroll Deduction	Actions
Healthcare FSA	1/1/2013	\$1,500.00	\$0.00 of \$0.00	\$0.00 of \$1,500.00	\$57.69 Bi-weekly	Update
Dependent Care FSA	1/1/2013	\$5,000.00	\$0.00 of \$0.00	\$0.00 of \$5,000.00	\$192.31 Bi-weekly	Update

HOME REPORTS REQUESTS **EMPLOYEES** PLANS RESOURCES IMPORTS LINKS

Last Login Date: 6/25/2013 4:02:37 PM CDT
Last Login Source: Employer Portal

[View All Employees](#) | [Add Employee](#)

Search Employees

Last Name:

First Name:

SSN:

Employee Status:

Recently Viewed Employees

- [Apollo, Cole \(xxx-xx-0000\)](#)
- [Andrews, Jordan \(xxx-xx-2222\)](#)
- [Bailey, Jim \(j\)](#)
- [Isla, Maria \(xxx-xx-0999\)](#)
- [Outlooker, Sammie \(j\)](#)

Welcome, Julie

Welcome to your group administration request, view detailed employee information.

Our website at <https://www.HealthAcademy.com> for additional information regarding our services.

Recently Created Reports

- [Debit Card Finding Notification \(6/25/2013\)](#)
Created: 6/25/2013 | Detail Report | PDF
- [HSA Funding Collection Notification \(6/25/2013\)](#)
Created: 6/25/2013 | Detail Report | PDF
- [Employer Account Balance Report \(6/25/2013\)](#)
Created: 6/25/2013 | Detail Report | PDF
- [Employer Account Balance Report \(6/24/2013\)](#)
Created: 6/25/2013 | Detail Report | PDF
- [Employer Account Balance Report \(6/24/2013\)](#)
Created: 6/25/2013 | Detail Report | PDF

Plan Information

Under **Plans** are options to view information for all active and inactive plans. This includes:

- Plan Summaries
- Plan Details and Rules
- Documents

Forms

Under **Resources**, you can download and print any forms needed.

You may access other plan-related documents or custom materials here as well.

HOME REPORTS REQUESTS EMPLOYEES **PLANS** RESOURCES IMPORTS LINKS

Last Login Date: 8/19/2015 9:04:12 PM CDT
Last Login Source: Employer Portal

Plans

Active Plans

[HRA Deductible & Rx 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA Deductible 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA Deductible & Rx 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA DED 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA Deductible & Rx 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA Deductible 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

[HRA TRANSNETWORK HSA PLUS HDHP 2015 \(1/2/2015 - 12/31/2015\)](#)
Your employer will establish a Health Reimbursement Account on your behalf with pre-tax employer contribution dollars.

Glossary

Carryover

An option that permits participants to carry over unused plan funds to the next plan year.

Dependent Day Care Flex Spending Account

Flexible Spending Account that allows participants to use pretax dollars to pay for eligible expenses related to care for a child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so participant (or 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 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 participants to use pretax dollars to pay for qualified health care expenses for self, spouse, and 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 participant's 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 and Transit Account

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

Run Out Period

Provides participants with additional time after plan year end to request reimbursement for eligible expenses 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.

WRS

Wisconsin Retirement System.

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](#)
- [Enrollment Information Flyer](#)
- [Letter of Medical Necessity](#)
- [Payroll Transfer Form](#)
- [Request for Reimbursement Form](#)

- [Parking Account Information Flyer](#)
- [Transit Account Information Flyer](#)
- [Parking & Transit Eligible Expenses](#)

TASC Card/Mobile App

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

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

- [Authorization for Release of Information Form](#)
- [Carryover Authorization Form](#)
- [Dependent Care Contract](#)
- [Dependent Care Information Flyer](#)
- [Dependent Care Eligible Expenses](#)
- [Dependent Care Additional Information](#)
- [Flex Spending Account Worksheet](#)
- [Eligible and Ineligible Expenses](#)
- [Employee Reimbursement Account Enrollment Form](#)
- [Health Care FSA Information Flyer](#)
- [Limited Purpose Health Care FSA Information Flyer](#)
- [Limited Purpose Health Care Eligible Expenses](#)
- [Orthodontia Worksheet](#)

Participant Communications

Participant Introductory Communications

Enrollment Confirmation Email

This email confirms your enrollment in the State of Wisconsin's pre-tax savings optional benefits for the 2016 plan year. Your enrollment is now complete. The plan year begins January 1, 2016.

You can access plan resources by logging into the online FlexSystem portal here:

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

If you have questions or concerns, please contact your plan administrator:

1customercare@tasconline.com

1-844-786-3947

All communications will be emailed to participants when TASC has an email address on file. If no email address on file, TASC will mail to participant.

SECTION CONTENTS

Participant Introductory Communications

Enrollment Confirmation

Welcome Letter

Participant TASC Card Substantiation Communications

First Notice

Email

Online Message

Second Reminder

Email

Online Message

Overdue Notice—Final Request for Documentation

Email

Repayment Notice

Email

Request for More Information

Email

New FSA Participant Welcome Letter

Dear TASC Participant,

Welcome to TASC. To log in to your account(s) click the following link: <https://partners.tasconline.com/ETFEmployee>

To access your account, use the same Username and Password created during your 2016 online enrollment. If you do not remember your Username or Password please click forgot password.

If this is your first time logging into the 2016 TASC system, use the following logic to log in. Please note you will be prompted to change your password upon first login.

Username: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643

Password: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643 (same as username)

Via the 2016 TASC system, you'll enjoy the ease of going online to submit claims with substantiation, view benefits and balances, add your personal email or text notifications, update your profile, and more. And now you can access TASC from anywhere at any time for all of your benefit accounts including HSA with the TASC Mobile App. Download the free mobile app from the Apple App Store or Android Google Play by searching for "eflex Benefits".

Finally, be sure to review the TASC Participant Reference Guide to learn how to best manage your TASC account(s). The guide provides detailed information about online account management, the TASC Card, submitting reimbursement requests, substantiation, and much more. The guide will be available online for your reference (under Tools & Support) on January 1. If you have questions specific to your TASC account(s) please contact Customer Care at **1-844-786-3947** or **608-316-2408**.

Best Regards,

TASC Customer Care

Total Administrative Services Corporation

PO Box 7511

Madison WI 53707

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.*

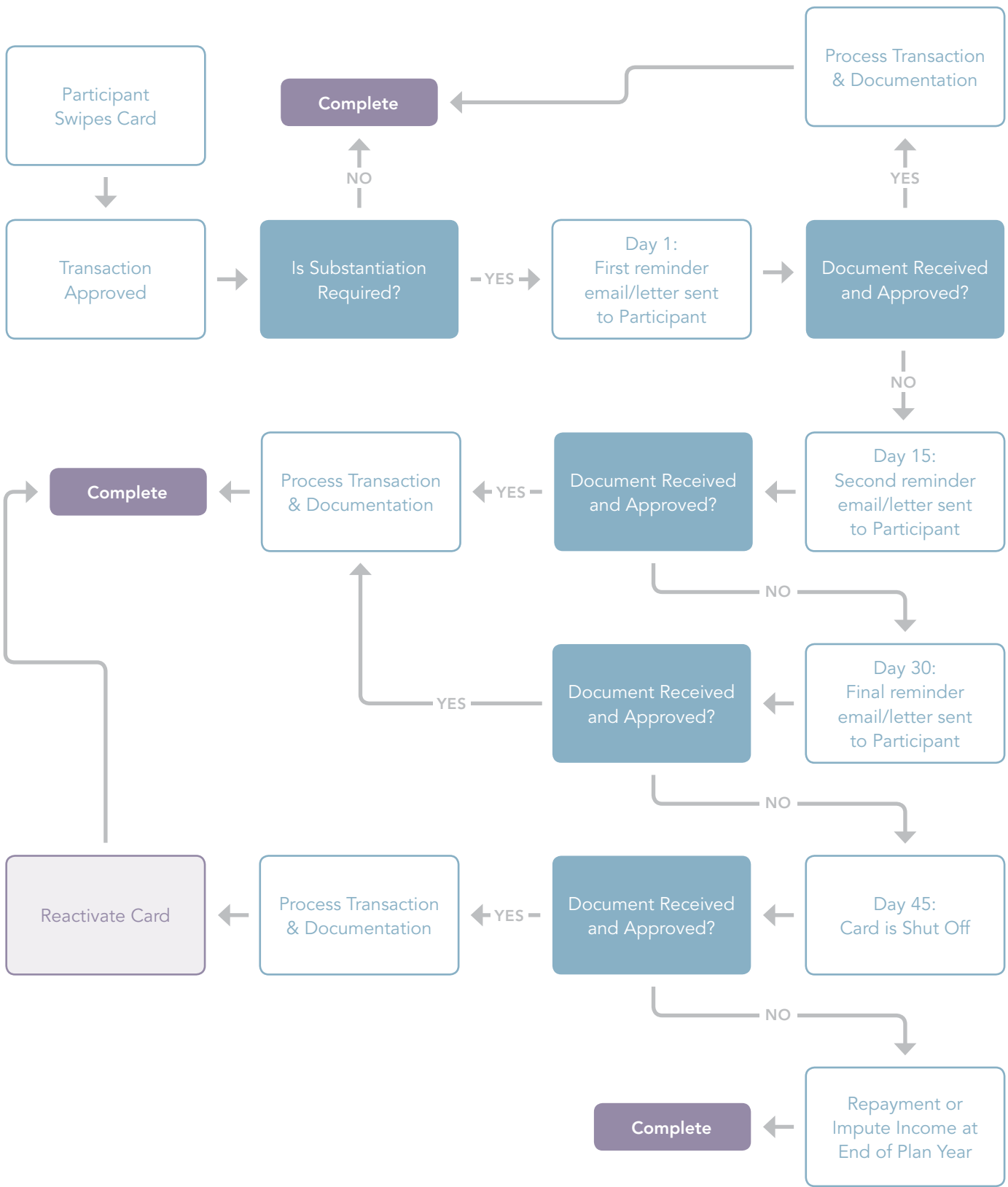
{list expense}

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

Debit Card Substantiation Flow



APPENDIX



FLEXSYSTEM 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

Update your information immediately via your online account or mobile app!
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 #:		

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Please fax or mail completed forms to:
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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. **This form is for your internal use only. Retain for your records.**

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.

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 Flex Spending Account	\$	\$	\$
Parking Flex Spending 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 _____

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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

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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



DIRECT DEPOSIT AUTHORIZATION

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 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 Healthcare FSA, Dependent Care, Transit, HSA, or HRA 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

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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

HOW TO ENROLL EMPLOYEE REIMBURSEMENT ACCOUNTS



Annual It's Your Choice Open Enrollment Period: October 17 – November 11,* 2016
2017 Benefit Period: January 1 – December 31, 2017

Enroll During It's Your Choice

- Visit www.etf.wi.gov/IYC2017 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, 2017.
- **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.

* Due to November 11 being a federal holiday, mailed applications must be postmarked by November 10, 2016.

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.

State of Wisconsin & Legislature Employees

- State of Wisconsin 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.

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.

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.
- 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

1. Determine desired annual contribution amount.
 - a. See the ERA Enrollment Brochure and/or the ERA Annual Expense Estimate Worksheet.
2. Go to the **TASC Online** website:
<http://partners.tasconline.com/ETFEmployee>
 - a. 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
 - b. 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.
2. Once **logged in** to your TASC Online Account, click **Enroll Now**.
3. Enter your **information**.
 - a. You will be required to enter your SSN.
 - b. We recommend adding your personal email address.
 - c. Click **Next**.
4. If applicable, add your **dependent(s)**.
 - a. Enter the name(s) of your dependent(s).
 - b. Click **Add Dependent**.
 - c. Your dependent(s) will be displayed on the My Dependents list.
Click **Next**.
5. If prompted, review your **eligibility** and the ERA Qualifications to ensure you are eligible for an ERA.
 - a. **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.

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

- b. Click **Next**.
6. Review the **plan rules**.
 - a. Check the **acknowledgement box** indicating that you have read the plan rules and agree to them.
 - b. **Note:** You **must** do this for **every plan**, even for plans in which you are not enrolled.
7. Review your **annual election amount**.
 - a. Enter your desired annual election.
 - b. It is your responsibility to ensure your contributions do **not** go beyond the IRS maximum annual limits.
8. Review your **payment method**.
 - a. Select your preferred method to receive distributions and elect to get a TASC card.
 - b. If you elect direct deposit, you will need to enter your bank information.
 - c. Click **Next**.
9. If prompted, add your **beneficiaries**.
 - a. Select your desired beneficiaries from your list of dependents to prefill their information.
 - b. Click **Add Beneficiary**.
10. Accept the **Terms and Conditions**.
 - a. You must read and accept each agreement in order to active your ERA.
 - b. Click **Next**.
11. **Verify, submit and print**.
 - a. Review all of your information.
 - b. If any changes are required, click **Edit Information**.
 - c. When you have verified that all information is correct, print the **Enrollment Confirmation** page for your records.
 - d. Click **Next**.
 - e. Click **Submit Enrollment**.

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.



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

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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).



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.

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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



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.

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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.



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 | DVFSA – 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

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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 • SW-5531-101016



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:	

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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



STATE OF WI - 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 Account		
	<input type="checkbox"/> Parking 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 (eligible for children 12 and under)			Date of Birth
DAYCARE PROVIDER CERTIFICATION & INFORMATION (to be completed by daycare provider)			
Daycare Provider Name:		Tax ID:	
Provider Rate:		<input 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
<ul style="list-style-type: none"> • Daycare Centers • Nanny Services • Family Childcare • Day Camps • Preschool • After School Care • Elder Care 	<ul style="list-style-type: none"> • Transportation Fees • Meals • Overnight Camps • Diapers • Educational Expenses • Kindergarten • Misc. Fees (activity fees, field trips, etc.)

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

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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 university employees are eligible to participate in a Dependent Day Care FSA.
- **Note:** 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 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

- 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 TASC Card 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 Contribution Limits	2017	2016
Dependent Day Care FSA Annual 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.

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.

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 tax dependent.
- Dependent Day Care FSA expenses submitted for reimbursement during a calendar year may **not** exceed \$5,000.
- In the case of separate returns by married individuals, the limit is \$2,500 each. The amount may be less if your earned income or your spouse's earned income is less than \$5,000.
- 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 are not refundable to you.
- **Note:** Dependent Day Care FSA can only be used for care of eligible dependents, not for health care expenses.

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- Deadline for New Hire Enrollment is within 30 days from hire date. Contact your human resources/benefit office for details.
- Deadline for Qualified Life Change Event Enrollment or Changes is within 30 days from the date of the qualified life event. Contact your human resources/benefit office for details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in a Dependent Day Care FSA each year. Elections do not carry forward from year to year.

Following Enrollment

Once you have enrolled, you will receive:

- **Welcome Brochure**
The ERA Welcome Brochure will provide you with information on how to manage your Dependent Day Care FSA, set-up your TASC Online account, your responsibilities, and key dates. It will also provide you with more information on the multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- **TASC Card**
Your TASC Card allows you to conveniently pay for eligible Dependent Day Care 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.



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

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DEPENDENT DAY CARE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Dependent Day Care Flexible Spending Account (FSA), you can use it to pay for eligible expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through a Dependent Day Care FSA. 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 503.

Eligible Expenses

- Adult daycare
- After-school care/program²
- Au pair/nanny salary and fees
- Babysitting in your home/someone else's home¹
- Babysitting by your relative who is not a tax dependent¹
- Before-school care/program²
- Care when one parent works days and other parent works nights¹
- Care while living in a foreign county¹
- 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
- Day nursing 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 fees or tuition
- Payroll taxes related to eligible dependent care
- Preschool fees or tuition
- 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 20 percent 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 Publications 503.

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

What is an eligible expense?

An eligible expense is a dependent care expense that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Dependent Day Care FSA was used for eligible dependent care expenses.



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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 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.



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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:** \$ _____ ÷ _____ = \$ _____
Annual Amount (Cannot exceed \$2,550 IRS maximum) # of Pay Periods** Per Pay Period

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

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:** \$ _____ ÷ _____ = \$ _____
Annual Amount* # of Pay Periods** Per Pay Period

*Cannot exceed IRS maximum \$255/month (\$3,060/year) for parking and \$130/month (\$1,560/year) for transit.

Total Per-Pay-Period Reduction

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

\$ _____
Per Pay Period

**Weekly, 52 pay periods | Biweekly, 26 pay periods | Semimonthly, 24 pay periods | Monthly, 12 pay periods



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HEALTH CARE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Health Care Flexible Spending Account (FSA), you can use it to pay for eligible medical expenses tax free.

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 Employee Reimbursement Account (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

Medical Expenses

- Acupuncture
- Ambulance services
- Annual physical examination
- Artificial limbs or prosthesis
- Artificial teeth
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Breast reconstruction surgery¹
- Childbirth/delivery
- Chiropractic therapy/exams/adjustments
- Co-payments
- Cosmetic surgery¹
- Crutches¹
- Dermatology services
- Diagnostic services
- Flu shots
- Gynecological care
- Hearing aids and batteries¹
- Incontinence supplies
- Infertility treatments and in vitro fertilization
- Insulin and diabetic supplies
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Medical supplies to treat an illness or injury
- Nasal strips
- Obstetric care
- Operations/surgery¹
- Oxygen and oxygen equipment
- Physical exams
- Physical therapy¹
- Pregnancy test kits
- Podiatry services
- Prenatal/postnatal treatment
- Prescription medications
- Sleep apnea services/products¹
- Smoking cessation programs
- Speech therapy
- Surgery
- Therapy or counseling
- Treatment for alcohol or drug dependency
- Vaccinations
- Vasectomies
- Weight loss programs¹
- Wrist supports/elastic straps
- X-ray fees

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

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye related equipment/materials
- Eye exams
- Eyeglass repair kits
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Orthokeratology
- Prescription eyeglasses and safety glasses
- Prescription sunglasses
- Seeing eye dog (*buying, training, and maintaining*)
- Vision plan co-insurance
- Vision plan deductible

Dental Expenses

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

What is an eligible expense?

An eligible expense is a health care service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Health Care FSA was used for eligible medical expenses.

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 TASC Health Care FSA. The prescription must be included with each request for reimbursement.

- Calamine lotion
- Canker/cold sore relievers
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion and anti-acid relievers
- Laxatives
- Nicotine gum or patches
- Pain relievers (*Tylenol, Advil, etc.*)
- Pain relieving creams or gels (*Bengay, etc.*)
- Sinus medications
- Suppositories
- Teething gels
- Wart removal medications

Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (*buying, training, and maintaining*)
- Special devices, such as a tape recorder or typewriter, for a visually impaired person
- Visual alert system in home or other items such as a special phone required for a hearing impaired person
- Wheelchair (*cost of operating/maintaining*)

Additional Documentation Required

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a Letter of Medical Necessity from your physician, including the diagnosed condition, onset of the condition, explanation for the medical necessity of the expense, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes
- Support hose
- Varicose vein treatments
- Veneers
- Vitamins and supplements
- Wigs (*for mental health condition of an individual who loses hair because of disease*)

Ineligible Health Care FSA Expenses

Note: If you pay for anything other than eligible expenses with your Health Care FSA, the amount will be taxable, and you will be required to repay the amount or pay an additional 20 percent 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.

- Athletic mouth guards
- Contributions to state disability funds
- Cosmetic supplies (*makeup, cleansers, moisturizers, etc.*)
- Cosmetic surgery (*unless due to trauma or disease*)
- Dental floss
- Diaper services
- Electrolysis or hair removal
- Eye drops for general comfort
- Funeral, cremation & burial expenses
- Gasoline
- Hand sanitizer
- Health club or athletic club membership dues
- Hygiene products
- Insurance premiums (*all types*)
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Medicare premiums
- Nutritional supplements and vitamins
- Sunglasses and sun clips (*non-prescription*)
- Safety classes (*non-prescription*)
- Swimming lessons
- Teeth whitening
- Toiletries
- Weight-loss programs (*unless prescribed to treat a specific disease*)





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 _____ Email Address (Personal Preferred)* _____

Home Phone Number* _____ Mobile Phone Number* _____

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	\$	\$2,550 per year
2	Limited Purpose Health Care FSA	\$	\$2,550 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 \$2,550 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 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 في إن اللغة، اذكر ت تحدث نذك إذا بملاحظة 1-877-533-5020 (رقم

ب رقم اتد صل ب الامجان 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, kantscht 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, ຄຸນນະພາບອາໄຫ້ທ່ານ. 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)

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 everyday 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 university employees are eligible to participate in a Health Care FSA.
- **Note:** 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 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 flyer for information about 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. These expenses can be reimbursed through this 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 to you.
- It is a participant's responsibility to read and adhere to the TASC Card 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	2017	2016
Individual Health Care FSA Limit	\$2,550	\$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 \$2,550 contribution limit applies on an employee-by-employee basis. Thus, \$2,550 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 \$2,550 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 Publication 502.

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

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

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.

- Calamine lotion
- Cold medicines
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid treatments
- Indigestion medications
- Nicotine patches
- Pain relievers
- Pain relieving creams
- Sinus medications

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- Deadline for New Hire Enrollment is within 30 days from hire date. Contact your human resources/benefit office for details.
- Deadline for Qualified Life Change Event Enrollment or Changes is within 30 days from the date of the qualified life event. Contact your human resources/benefit office for details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in a Health Care FSA each year. Elections do not carry forward from year to year.

Following Enrollment

Once you have enrolled, you will receive:

- **Welcome Brochure**
The ERA Welcome Brochure will provide you with information on how to manage your Health Care FSA, set-up your TASC Online account, your responsibilities, and key dates. It will also provide you more information about the multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- **TASC Card**
Your TASC Card allows you to conveniently pay for eligible medical 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.



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 1-800-316-2408. 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).

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). 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?

- 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.
- The LPFSA is similar to the regular Health Care FSA but is designed to work in conjunction with your HDHP and Health Savings Account (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 Limited Purpose FSA (LPFSA), you must be enrolled in a High-Deductible Health Plan (HDHP) and participate in a Health Savings Account (HSA).**
- Employees who are **not** enrolled in an HDHP are **not** eligible.
 - If you are **not** enrolled in an HDHP, see the regular Health Care Flexible Spending Account flyer for benefit options.
 - **Note:** Participation in an 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 university employees are eligible to participate in a LPFSA.
- **Note:** 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 are **not** eligible.

Annual LPFSA Limits	2017	2016
Individual LPFSA Limit	\$2,550	\$2,550
Annual Carryover Amount Limit	\$500	\$500

Annual LPFSA Contribution Limits

Note: The \$2,550 contribution limit applies on an employee-by-employee basis. Thus, \$2,550 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 \$2,550.

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

*Refer to the Health Care FSA – Qualified Dependents Section of 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 Publication 502.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental plan deductibles
- Dental surgery
- Dental reconstruction
- 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 deductibles

Post-Deductible Medical Expenses

- **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.
- Expenses may be incurred by you, your spouse, or qualified dependents.
- For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publication 502.

Important Considerations

- Keep in mind that the LPFSA can only be used to pay for eligible dental, vision, and post-deductible medical expenses.
- 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 to you.
- It is a participant's responsibility to read and adhere to the TASC Card 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.

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- Deadline for New Hire Enrollment is within 30 days from hire date. Contact your human resources/benefit office for details.
- Deadline for Qualified Life Change Event Enrollment or Changes is within 30 days from the date of the qualified life event. Contact your human resources/benefit office for details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in a Limited Purpose FSA each year. Elections do not carry forward year to year.

Following Enrollment

Once you have enrolled, you will receive:

- **Welcome Brochure**
The ERA Welcome Brochure will provide you with information on how to manage your Limited Purpose FSA, set-up your TASC Online account, your responsibilities, and key dates. It will also provide you with more information on the multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- **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.





LIMITED PURPOSE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Limited Purpose Flexible Spending Account (LPFSA), you can use it to pay for eligible dental, vision, and post-deductible medical expenses tax free.

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 Accounts (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

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
- Eyeglasses (*over-the-counter and prescription*)
- Eyeglass repair kits
- 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 Publication 502 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. Expenses may be incurred by you, your spouse, or qualified dependents. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publication 502.

Ineligible Limited Purpose FSA 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 20 percent 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.

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

What is an eligible expense?

An eligible expense is a dental or vision service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Limited Purpose FSA was used for eligible dental, vision, or post-deductible medical expenses.



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).



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	

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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

PARKING ACCOUNT



A Parking Account lets you pay for eligible parking expenses incurred at your place of employment 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

- All active state 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 University of Wisconsin 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.

- Parking lots
- Parking ramps
- Park n’ ride Lots

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.

How to Enroll

- Annual It’s Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- If you are a New Hire, contact your human resources/benefit office for Parking Account enrollment details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in a Parking Account each year. Elections do not carry forward from year to year.

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 parking 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.



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

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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

- All active state 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 University of Wisconsin 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
- Vanpool
- Train

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.



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

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- If you are a New Hire, contact your human resources/benefit office for Transit Account enrollment details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in Transit Account each year. Elections do not carry forward from year to year.

*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.

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 parking 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.



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PARKING & TRANSIT ACCOUNT ELIGIBLE EXPENSES

Once you have contributed money into your Parking and/or Transit Account, you can use it to pay for parking and mass transit eligible expenses related to commuting to work tax free.

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

Transit Expenses

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

Note: Eligible transit expenses **must** be work related.

Parking Expenses

- Metered parking
- Monthly and/or daily parking fees for parking lots and/or ramps
- Park n' ride lots
- Parking at mass transit facility

Note: Eligible parking expenses **must** take place at or near your place of employment, or at a location from where you commute to work.

What is an eligible expense?

An eligible expense is a work-related transportation fee for parking or mass transit the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Parking and/or Transit Account was used for eligible parking and/or mass transit expenses.

Parking and Transit Accounts are separate benefits.

Please choose the commuter benefit(s) that best meets your needs.

Ineligible Parking & Transit Expenses

Note: 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 20 percent 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.*)





ADDITIONAL DEBIT CARD REQUEST

PARTICIPANT INFORMATION <i>(to be completed by participant)</i>						
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 authorize the "Additional Card Holder" listed above to receive a TASC Card tied to my TASC account.

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-5526-101016

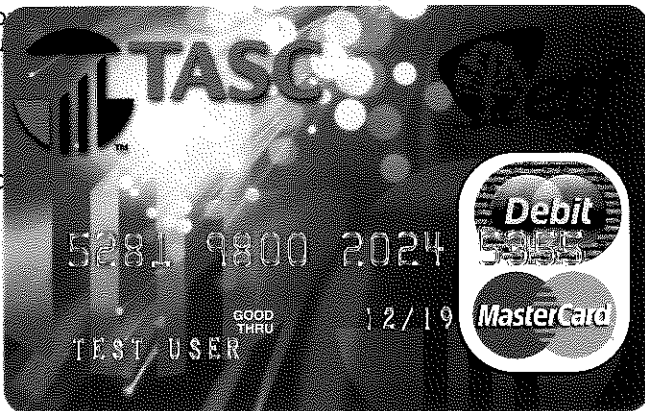
TASC
PO BOX 7351
MADISON, WI 53707-7351



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TEST USER
2740 SKI LANE
MADISON, WI 53713

TASC Prepaid MasterCard®

Your TASC Card is provided to you by your Employer under a Benefit Account as allowed by the IRS under applicable state and federal laws.



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.

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.

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

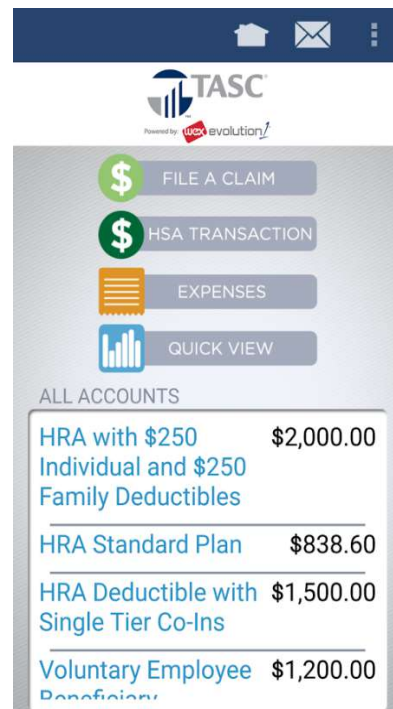
- Login to the intuitive app using the same username and password as your TASC Online account.
- Secure encryption is used to protect all transmissions –no sensitive information is ever stored on your mobile device.

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."



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).

ةوغللة دةعاسملا تامدخ ناف. ةغلللا ركذا ثدحتت تنك اذا: ةظوحلم 1-877-533-5020 (مقر
مقرب ل لصتا. ناعلملاب كل رفاوتت مكبلاو مصللا فتاه: 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, kannst du mitaus Koschte ebber gricke,
ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍ່ລິການຊ່ວຍເຫຼືອ ອັດຕະໂນ ພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸ້ມ ນຸມ ິ
ພໍ້ ອມໃຫ້ ທ່ານ. 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, pa pagesë.
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).



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