

TASC CARD ENROLLMENT FORM. ENROLL TODAY!



Take advantage of the TASC Card for AgriPlan and BizPlan clients. Medical reimbursement has never been easier. It's how the Plan works!

YES, SIGN ME UP FOR THE TASC CARD!

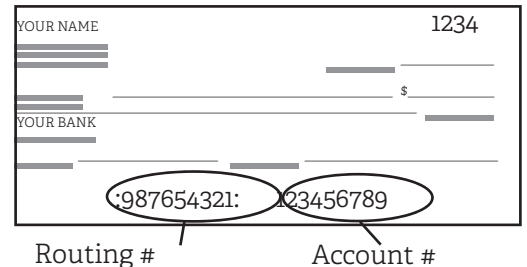
MyTASC ID Number: _____
Employer Name: _____
Employer E-mail Address (REQUIRED): _____

Business Account Information

Bank Routing Number: [] Account Number: []

Medical Out of pocket Limit: _____

Issue cards to: Specify individual employee(s) or All Active Eligible



I certify that all of the information provided above is true, accurate, and complete. I hereby authorize Total Administrative Services Corporation, hereinafter called TASC, to initiate debit entries from the checking account and financial institution named above, hereinafter called FINANCIAL INSTITUTION, and to debit the same from such account. I agree to provide sufficient funds in my business account to ensure prompt payment of medical expenses with the TASC Card. I acknowledge that the origination of ACH transactions from my business account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until TASC has received written notification from me of its termination. in such time and manner as to afford TASC and my FINANCIAL INSTITUTION a reasonable opportunity to act. Although TASC will fund expenses on my behalf, ultimately all Card transactions are my responsibility. In addition, fraudulent claims (regardless of whether by use of the TASC Card or manually submitted) and/or amounts distributed to employees that exceed the available account balance are also my responsibility. I affirm that I am authorized to provide consent related to this agreement, and hereby authorize TASC to use the ACH System for: AgriPlan and BizPlan TASC Card Expenses.

Print Authorized Name Authorized Signature Date

TO SIGN UP FOR THE TASC CARD:

Complete and fax to 608-661-9609 or email this form to microbusiness@tasconline.com

AB-3954-111423

It's that easy!