



Plan Election Change Form

Thank you for renewing your Plan with TASC! Each year at renewal time you have an opportunity to make changes to your Plan. Please use the below sections to specify your new benefit requests. These will be effective for the entire plan year. Please complete only the areas where changes are necessary.

Effective Plan Year _____

Employer Information

Client First Name: _____ Client Last Name: _____

TASC ID: _____ / _____ / _____

Name of Business: _____

(Please see Invoice for MyTASC ID.)

EIN Tax Number: _____ - _____

Employer Changes:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

EIN or Tax filing status changes require a new plan set up. Please contact Microbusiness@tasconline.com or call 800-422-4661 and ask to speak to your Regional Sales Director.

Employee Eligibility (EE) Requirement Changes

Part-time employees NOT completing _____ hours per week will be excluded (maximum of 25 hours*).

Seasonal employees NOT completing _____ months of work within a year will be excluded (maximum of 7 months*).

Employees NOT reaching _____ years of age will be excluded (maximum 25 years).

Current employees NOT completing _____ months of service with the employer will be excluded (maximum of 36months).

New employees NOT completing _____ months of service with the employer will be excluded (maximum of 36 months).

*Safe Harbor Rules: "Employees whose customary weekly employment is less than 35 hours, if other employees in similar work with the same employer have substantially more hours, are considered part-time. Employees whose customary annual employment is less than nine months, if other employees in similar work with the same employer have substantially more months, are considered seasonal. Notwithstanding these rules, a safe harbor permits an employer to treat employees whose customary employment is less than 25 hours a week or seven months a year as part-time or seasonal employees."

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Benefits Offered to Employees

No Limit Plan (Only 2+ related employees)

All (Full amount of premium and out-of-pocket)

Medical Insurance Premiums (Long-Term care included):

All (Full amount of premium is covered)

Yes (Limited to Max Limit) \$_____.

No (Not an offered benefit)

Medical Reimbursements (Out-of-Pocket Expenses):

Yes (Limited of Max Limit) \$_____.

No (Not an offered benefit)

Term Life Insurance (Employee Benefit Only)

Yes

No

Disability Insurance (Employee Benefit Only)

Yes

No

Dental Insurance Premiums:

Yes

No

Carry Over Feature

If elected your plan default is set to carry over \$5,000 maximum for each eligible employee to the next Plan Year. There is no need for you to do anything unless you would like to opt-out of this Plan feature (Enter \$0) or enter a different dollar amount of your choice. \$_____.

How to File

Complete this form with information you are changing for the next Plan Year, then submit a via Support Request (see below). Make sure to save a copy of the form for your records.

Submitting a Support Request

- Log in to the Client Portal and go to *Support* (top right of page) Select Support Requests
- Click Green "Create Support Request" Button
- Under **Select Offering type** select "AgriPlan/BizPlan"
- Which Topic can we help with? Select "Plan management"
- Tell us more...? Select "Make Changes to my active plan" or "Renew my plan with Changes" Either is okay.
- Choose "No" for are you submitting on behalf of an employee
- Choose "No" for Regarding a benefit account
- Add any details we need to know in the description
- Attach this form and Submit

TASC | 2302 International Lane | Madison, WI 53704-3140 | 800-422-4661 | Fax: 608-245-3623 | www.tasconline.com

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose.

Any other use or disclosure is prohibited.