



FSA & Commuter Benefits RENEWAL FORM

Submit this completed form via one of the following methods:	Online Support Request	Mail
	Go to www.tasconline.com and click LOG IN Sign into Universal Benefit Account Create a Support Request and attach completed form	TASC PO Box 7308 Madison, WI 53707-7308

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:			TASC ID #:	
Division:			Class:	
Client/Employer Email:			Client/Employer Phone:	
Primary Address:	Address 1:		Suite:	
	Address 2:			
	City:			
	State:		ZIP/Postal Code:	

PLAN CHANGES

Plan Year Start Date:		Plan Year End Date:		Total Employee Count:	
Renew my FSA and/or Commuter Plans: <input type="checkbox"/> With NO changes. <input type="checkbox"/> With the changes indicated below. Effective Date: ___/___/___					
If plan changes are required, please make selections and complete the required information below.					

<input type="checkbox"/>	Change in Payroll Schedule <i>(Any changes REQUIRE the Payroll Frequency and Payroll Dates sections to be completed. Please indicate the complete schedule on page 3.)</i>				
Payroll Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly (24) <input type="checkbox"/> Biweekly (26) <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:				
Payroll Dates: (Format: MM/DD/YYYY)	1 st Payroll Date: ___/___/___	2 nd Payroll Date: ___/___/___	Last Payroll Date: ___/___/___		
<input type="checkbox"/>	Change in Employer Contribution Schedule <i>(Any changes REQUIRE Contribution Posting Frequency to be completed. Please indicate the complete Employer Contribution Posting Frequency on page 3.)</i>				
Employer Contribution Posting Frequency:	<input type="checkbox"/> Payroll Schedule (As per above Payroll Dates) <input type="checkbox"/> Annual Schedule <input type="checkbox"/> User Initiated <input type="checkbox"/> Custom Schedule (Enter posting frequency):				
CONTINUED ON PAGE 2					



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<input type="checkbox"/> Change in Plan Elections View all IRS limits on our resource web page: www.tasconline.com/benefits-limits			
	Plan Minimum	Plan Maximum	Employer Contribution Maximum
Healthcare FSA (HFSA):	\$	\$	\$
Limited Purpose Healthcare FSA (LPHSA):	\$	\$	\$
Dependent Care FSA (DCA):	\$	\$	\$
Healthcare Premium Reimbursement (NESP) Account:	\$	\$	\$
Transit Account (monthly limits):	\$	\$	\$
Parking Account (monthly limits):	\$	\$	\$
<input type="checkbox"/> Change in Open Enrollment			
Enrollment Period:	Start Date: ___/___/___ End Date: ___/___/___ <i>(Must end prior to start of new plan year)</i>		
Online Self-Enrollment:	<input type="checkbox"/> Allow participant online self-enrollment <input type="checkbox"/> Do Not Allow participant online self-enrollment		
<input type="checkbox"/> Change in Plan Copays			
Office Visits:	\$	Prescriptions:	\$
<input type="checkbox"/> Change in Plan Runout, Grace Period, Carryover, or Rollover			
Runout Period:	End Date: ___/___/___ # of days from plan year end: _____	Grace Period: <i>(up to 2 months and 15 days)</i>	End Date: ___/___/___ # of mo/days: ___/___
Grace Period: <i>(Not available for plans with Carryover)</i>	<input type="checkbox"/> Healthcare FSA <input type="checkbox"/> Limited Purpose Healthcare FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Healthcare Premium Reimbursement (NESP) Account		
Carryover: <i>(View all IRS limits on our resource web page)</i>	<input type="checkbox"/> Amount: \$ <input type="checkbox"/> Healthcare FSA <input type="checkbox"/> Limited Purpose Healthcare FSA		
Rollover:	<input type="checkbox"/> Transit Account <input type="checkbox"/> Parking Account		
<input type="checkbox"/> Change in Plan Year: Plan Start Date: ___/___/___ Plan End Date: ___/___/___			
<input type="checkbox"/> Change in Plan Eligibility:			
<input type="checkbox"/> Change in Terminated Participant Eligibility:			
CONTINUED ON PAGE 3			



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<input type="checkbox"/>	Add or Remove Carryover or Rollover:
<input type="checkbox"/>	Add or Remove Benefit Plan: <i>(Adding a new benefit requires completion of a new TASC USA Purchaser Details form in addition to a separate Support Request.)</i>
<input type="checkbox"/>	Employer Information Change (name, address EIN, etc): <i>(If your service includes plan documents and your employer information has changed, submit a separate Support Request and an updated SPD will be provided.)</i>

CONTRIBUTION POSTING SCHEDULE/DATES

On the chart below, enter the contribution dates (Format: MMDDYYYY) from which deductions will be taken or Employer contributions applied. If you have more than two schedules, please copy this form as needed. Please adjust dates for Holidays.

Select Schedule Type:	<input type="checkbox"/> Payroll Schedule <input type="checkbox"/> Employer Contribution Schedule
Enter Name and Scheduled Posting Frequency:	Schedule Name: Posting Frequency:

1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52							

Completed By (Client Contact):	Date:
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For enrollment assistance: call toll-free 800-422-4661
Have your form, employer name, and the Client ID ready.
 Find all IRS limits on our resource web page: www.tasconline.com/benefits-limits