



Plan Renewal Data Request

Health Savings Account (HSA)

Please provide the information below for the renewal of your TASC HSA Plan as soon as possible.

Submit this completed form via one of the following methods:	Online Service Request	Mail
	Attach completed form via Service Request www.tasconline.com (click <i>Contact Us</i>)	TASC PO Box 7308 Madison, WI 53707-7308

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:			TASC ID #:			
Division:						
Client/Employer Email:			Client/Employer Phone:			
Primary Address:	Address 1:				Suite:	
	Address 2:					
	City:					
	State:		ZIP/Postal Code:		+4	

PLAN INFORMATION

Plan Start Date:			Plan End Date:		
Number of payroll contributions			Date of employee's first payroll contribution:		
Frequency of contributions:	<input type="checkbox"/> Each Pay Period <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other:				
Employer contributions:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are employer contributions pro-rated for mid-year enrollees?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide amount of employer contribution for each coverage level:	Single \$		Family \$		
Is this a one-time employer contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Enter the date of the first contribution:		
If no, employer contributions are made:	<input type="checkbox"/> Each Pay Period <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other:				
Are employer contributions pro-rated for mid-year enrollees?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, indicate the method:	<input type="checkbox"/> As of Plan Start Date <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other:				
Select one of the following for when a scheduled contribution date falls on a banking holiday or weekend:	<input type="checkbox"/> Apply contributions the next business day <input type="checkbox"/> Apply contributions the business day prior to the holiday or weekend				

**** AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2 ****



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AUTHORIZATION

- I understand the pay dates can NOT be changed once the plan is enrolled.
- I understand TASC will send an email prior to withdrawing funds for my account and that I should contact TASC with any changes no later than three days prior to the employee's payroll date.

Signature:

Print Preparer's Name

Title

Signature Preparer's Name

Date

PAYROLL DATES

On the chart below, enter the payroll dates from which deductions will be taken. If you have more than two payroll schedules, please copy this form as needed.

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							