



# EDUCATION & FRINGE BENEFITS RENEWAL FORM

Submit this completed form via one of the following methods:	<b>Online Support Request</b>	<b>Mail</b>
	Go to <a href="http://www.tasconline.com">www.tasconline.com</a> and click <b>LOG IN</b> Sign in to 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:		+4		

## PLAN CHANGES

Plan Year Start Date:		Plan Year End Date:		Total Employee Count:	
<b>Renew my Benefit Plans:</b> <input type="checkbox"/> With NO changes. <input type="checkbox"/> With the changes indicated below. <b>Effective Date:</b> <i>If plan changes are required, please make selections and complete the required information below.</i>					
<input type="checkbox"/>	<b>Change in Payroll Schedule</b> <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: <i>(Format: MM/DD/YYYY)</i>	1 <sup>st</sup> Payroll:	2 <sup>nd</sup> Payroll:	Last Payroll:		
<input type="checkbox"/>	<b>Change in Employer Contribution Schedule</b> <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"/> <b>Change in Plan Elections</b>					
<i>(Do NOT Use this form for FSA, HRA, HSA, Parking or Transit benefit plans)</i>	<b>Plan Minimum</b>	<b>Plan Maximum</b>	<b>Employer Contribution Maximum</b>	<b>Allow Rollover?</b>	<b>Rollover Maximum</b>
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
	\$	\$	\$	<input type="checkbox"/>	\$
<input type="checkbox"/> <b>Change in Open Enrollment</b>					
Enrollment Period:	Start Date:	End Date:	<i>(Must end prior to start of new plan year)</i>		
Online Self-Enrollment:	<input type="checkbox"/> <b>Allow</b> participant online self-enrollment <input type="checkbox"/> <b>Do Not Allow</b> participant online self-enrollment				
<input type="checkbox"/> <b>Change in Plan Runout</b>					
Runout Period:	End Date:	No. of days from plan year end:			
<input type="checkbox"/> <b>Change in Plan Year:</b>	Plan Start Date:		Plan End Date:		
<input type="checkbox"/> <b>Change in Plan Eligibility:</b>					
<input type="checkbox"/> <b>Change in Terminated Participant Eligibility:</b>					
<input type="checkbox"/> <b>Add or Remove Benefit Plan:</b> <i>(Adding a new benefit plan requires a new TASC USA Purchaser Details form in addition to a Support Request.)</i>					
<input type="checkbox"/> <b>Employer Information Change (name, address EIN, etc.):</b> <i>(If your employer information has changed, submit a Support Request and an updated SPD will be provided, if applicable.)</i>					
<b>CONTINUED ON PAGE 3</b>					



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## 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 for holidays.

<b>Select Schedule Type:</b>	<input type="checkbox"/> Payroll Schedule <span style="margin-left: 100px;"><input type="checkbox"/> Employer Contribution Schedule</span>
<b>Enter Name and Scheduled Posting Frequency:</b>	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  
and have your form, employer name, and Client ID ready.**