



ACA REQUEST FOR INFORMATION FORM

Submit this completed form via one of the following methods.	Online	Fax
	Sign into your account at www.tasconline.com and go to <i>Support > Contact Us</i> and attach to a support request.	PO Box 14015 Madison, WI 53708-0015

CLIENT / EMPLOYER INFORMATION

Client Name		Client TASC ID (12-digit)	
Contact Name		Contact Phone	

PLAN INFORMATION

Total Number of Employees Expected as of January 1, 2025 <i>(Include all full-time and part-time employees in your count)</i>	
Filing Status <i>(Based on number of FT and FTEs in calendar year 2024)</i>	<input type="checkbox"/> ALE <i>(Average of 50+ FT and FTEs)</i> <input type="checkbox"/> Non-ALE <i>(Average of less than 50 FT and FTEs in a self-insured health plan)</i> <input type="checkbox"/> Non-ALE ICHRA

ALE GROUP INFORMATION

Are you part of an aggregated ALE Group? <i>(Controlled Group under the IRS Section 414(b), (c), or (m))</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
↳ If Yes , list all entities below. Each entity must have separate service TASC service agreements and report separately.			
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	
Entity Name		EIN	

OPTIONAL SERVICES

Mail Forms 1095 to your employees? <i>(Applies to 2024 reporting year; \$2.25 per form, invoiced once forms have been processed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an age-banded health plan that needs reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION

Name	Email
Signature	Date