



FLEXIBLE SPENDING ACCOUNT (FSA) Non-Discrimination Assessment Data Worksheet

Submit this completed form to TASC within 30 days via one of the following methods:	Online	Fax	Mail
	Sign into your account at www.tasconline.com and go to <i>Support > Contact Us</i>	608-245-3623	2302 International Lane Madison, WI 53704-3140

TASC provides an Audit Guarantee that covers tax penalties resulting from a discriminatory plan as long as the TASC Non-Discrimination Assessment is completed and plan parameters are followed. As part of our service, TASC reviews your plan for discrimination against Non-Highly Compensated Employees (NHCEs). You will be notified of your results and options if the plan fails the assessment. **This assessment is not a substitute for non-discrimination testing.**

Employer Name:		TASC ID:	
Plan Year Start Date:		Plan Year End Date:	

Step 1: Highly Compensated Employees (HCEs)

HCE Name	Group Sponsored Premiums under the Cafeteria Plan				HSA Contributions Provided under the Cafeteria Plan			
	Annual Employer Contributions		Annual Employee Pretax Contributions		Annual Employer Contributions		Annual Employee Pretax Contributions	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

Combined HCE Subtotal:	\$	
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Step 2: Non-Highly Compensated Employees (NHCEs)

Group Sponsored Premiums under the Cafeteria Plan				HSA Contributions Provided under the Cafeteria Plan			
Annual Employer Contributions		Annual Employee Pretax Contributions		Annual Employer Contributions		Annual Employee Pretax Contributions	
\$		\$		\$		\$	

Combined NHCE Subtotal:	\$	
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Step 3: Contributions for Other Qualified Pretax Benefits

Benefits that may be applicable to report in this step meet the following three conditions:

1. Qualified benefits you may have under a separate Plan Document;
2. The benefits have not been reported above; and
3. The benefits are not included in your other TASC account offerings.

Benefit Type	Non-Highly Compensated Contributions		Highly Compensated Contributions	
	Annual NHCE Employer Contributions	Annual NHCE Pretax Contributions	Annual HCE Employer Contributions	Annual HCE Pretax Contributions
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Combined NHCE Subtotal:		\$	Comb. HCE Subtotal:	
			\$	

(Optional) Step 4: Carrier and Coverage Data

Health Plan Carrier Name	Coverage Types Offered (Family, Single+1, Employee Only, etc.)	Number of Employees in Plan	Plan Deductible Amount
			\$
			\$
			\$
			\$