PREMIUM ONLY PLAN (POP)
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 *Support › Contact Us*	608-245-3623	2302 International Lane Madison, WI 53704-3140

As part of our service to you, TASC offers a non-discrimination assessment for your POP. In addition, TASC provides an Audit Guarantee that covers tax penalties resulting from a discriminatory plan as long as the TASC plan parameters are followed. You will be notified of your results and options available if the plan fails the assessment. **Please note the instructions based on your plan:**

- If the **only** Section 125 Cafeteria Plan benefit you offer is to allow employees the option to deduct their share of the premium for employer-provided accident and health insurance pretax, complete this worksheet.

- If you offer any other Section 125 Cafeteria Plan pretax benefits, such as a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA), Dependent Care FSA, or Healthcare Premium (NESP) Reimbursement Account, you must contact TASC to request the **Non-Discrimination Assessment Instructions** and **Data Worksheet** for a Full FSA Plan.

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

Step 1: POP Non-Discrimination Assessment Data

A Total Employees		B Eligible Employees	
Count all employees, subtract any employee that qualifies to be excluded (refer to Instructions page 3, section A, permissible exclusions list), and enter the remaining number in A1. Separate the A1 total by NHCEs and HCEs for lines A2 and A3.		*Count of the number of employees listed in A2 and A3, indicate below how many NHCEs and HCEs are benefit eligible.*	
1 Total of all employees *(less exclusions)*:		1 Total eligible NHCEs included in line A2:	
2 Total number of NHCEs included in Line A1:		2 Total eligible HCEs included in line A3:	
3 Total number of HCEs included in Line A1:			

Key: NHCE = Non-Highly Compensated Employee   HCE = Highly Compensated Employee

Step 2: 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
			$
			$
			$
			$