FlexSystem®

TASC®

Flexible Compensation Enrollment Form

Make sure to sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer.** For enrollment assistance, call 1-800-422-4661. Have your enrollment form, Client ID, and company name ready. **Please Print.**

Employer Name _____ Client TASC ID Number _____

Participant Last Name _____ First Name _____ Middle Initial _____

Participant TASC ID (if known) _____ Participant E-mail Address* _____

Participant Home Phone Number* _____ Participant Mobile Phone Number* _____

Participant Address _____

City _____ State _____ Zip _____

Participant's Plan Effective Date _____ Date of First Payroll _____

*Required to activate your TASC Card, access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.

Election Amounts

Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.

I request the following amount(s) to be deducted pre-tax:	**Employee Annual Salary Reduction Election**
1. Medical (Out of Pocket) Expenses (Employee salary reductions may not exceed $2,500 per Plan year.)	$ _____
2. Dependent Day Care (Not to exceed $5,000 in a calendar year)	$ _____
3. Non-Employer Sponsored Premiums (Independently-purchased insurance)	$ _____
4. Transportation Expenses	$ _____

TASC Card

Additional TASC Card for Spouse or Dependent
Each Participant may receive one additional card for their spouse or dependent free of charge. To request an additional TASC Card for your spouse or dependent, print their name below. Cards are mailed to your home address 7–10 days after your enrollment has been updated in FlexSystem.

Spouse or Dependent Name (Last, First, MI): _____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current Plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire Plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand that my medical information related to this Plan will be shared with my spouse, dependent, or legal guardian unless I contact the employer otherwise. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature _____ Date _____

Enrollment Form Instructions

Client ID and Employer Name: Enter your Client ID and Employer name in the space indicated. Refer to your employer for the correct Client number and Employer name. Make sure to have this information available when calling for enrollment assistance.

1. Medical Expenses: This amount is usually paid per year toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eye care and other miscellaneous health care expenses. After determining the payroll amount, multiply that number by the number of payrolls to determine your annual election. Check with your employer for the amount you may deduct.

2. Dependent Day Care: Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is $5,000 per calendar year per family; $2,500 per calendar year for married individuals filing single.

3. Non-Employer Sponsored Premium: Privately purchased insurance premiums, including health, disability and cancer insurance. Group insurance premiums deducted from your paycheck for your employer-sponsored plans **DO NOT** qualify within this category. Insurance premiums deducted through your spouse's employer are not eligible.

4. Transportation Expenses: Amount paid for costs per year associated with a commuter highway vehicle to travel to and from work. Includes costs associated with transit passes as well as qualified parking. Federal limits apply. Contact your employer or FlexSystem for details.

Questions Frequently Asked by Employees

1. What does FlexSystem offer? FlexSystem offers you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you. (See example.)

2. Any cost or fee to me? No.

3. Must I participate in my employer's health insurance? FlexSystem is not tied to any insurance plan or company. You may participate in FlexSystem regardless of your particular insurance provider.

4. What are qualified medical expenses? These expenses include dental care, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) are only reimburseable if accompanied by a prescription or Prescription Order Form from your medical practitioner. Below are some ***examples*** of health related expenses:

Pre-Tax Example

Without FlexSystem	**With FlexSystem**	
Gross Pay	$3,500/mo.	$3,500/mo.
Pre-Tax Benefits		
Medical/Dental Premiums	0	300
Medical Expenses	0	100
Dependent Care Expenses	0	400
TOTAL	0	800
Wages subject to tax	3,500	2,700
Federal Tax	525	405
FICA Tax (Social Security)	268	207
State Tax	175	135
Out-of-Pocket expenses	800	0
Spendable Income	1,732	1,953

Net Increase in Take-Home Pay = $221/mo

This is just an illustration and actual numbers may vary. Paying certain qualified expenses before tax increases your take-home pay.

OTC items that require a prescription or Prescription Order Form include Acid Controllers, Allergy and Sinus, Antibiotic Products, Anti-Gas and Diarrheals, Anti-Itch and Insect Bite, Antiparasitic Treatments, Baby Rash Ointments and Creams, Cough, Cold and Flu, Digestive Aids, Feminine Anti-Fungal/Anti-Itch, Hemorrhoidal Mediations, Laxatives, Pain Relief, Respiratory Treatments, Sleep Aids and Sedatives, Stomach Remedies.

OTC items that are eligible and need no physician authorization include Bandages and First Aid Dressings, Birth Control Products, Blood Pressure Kits, Canes and Walkers, Contact Lenses, Contact Lens Solution, Denture Products, Diabetes Testing Supplies, Durable Medical Equipment, Hearing Aid Batteries, Heating Pads, Hot, Cold and Steam Packs, Incontinence Products, Insulin, Nebulizers, Orthopedic Aids, Pregnancy and Fertility Kits, Splints, Supports & Braces, Thermometers, and Wheelchair and Accessories.

5. How does the Dependent Care Account compare with the tax credit available on the individual Form 1040? The circumstances that determine which option offers greater savings vary from family to family, as such, the decision to choose the tax credit or the dependent care deduction may be made on a case by case basis only. Participation in FlexSystem results in an immediate savings on Federal, State, and Social Security tax, whereas the Federal credit will affect Federal Income Tax only and will be taken at year-end.

6. How does a Cafeteria Plan affect Social Security benefits? Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

7. Under what circumstances can the annual election be changed? The elections may be changed only if there is a change in family or employment status. See the "Change of Elections Form" for more detail.

8. What is the "Use-It-or-Lose-It" rule? Any funds left unused at the end of the Plan Year will be forfeited. Take precautionary steps to avoid having balances in the Flexible Spending Accounts at year-end. The key is to be conservative when making elections.

9. Who determines the rules and regulations of FlexSystem? Flexible Spending Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your requests for reimbursement. It is the participant's responsibility to comply with these guidelines and to avoid duplication of requests or submission of ineligible charges. Failure to adhere to the above requirements could lead to payment delays or denial of expenses. In the event of an error or omission in the course of administering the Plan on behalf of the employer and participating employees, TASC will notify and remedy the error or omission. The employer and employees agree to TASC's procedures for making any corrections, including but not limited to payroll reduction. An error by the employer or TASC does not constitute an assumption of liability for the amount of the error.

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