

TASC Card Request Form

Instructions & Tips

- If you did not enroll in a Healthcare Flexible Spending Account (FSA), complete Section 1 below to request a TASC Card to use with your Dependent Care FSA or Transportation Plan.
- To request an additional TASC Card for your spouse or dependent child, complete Sections 1 and 2 below.
- Complete Section 3 and return it to TASC at the address listed below.
- TASC Cards are valid for 3 years. The TASC Card expires at the end of the expiration month noted on the front of your TASC Card. TASC Cards are automatically reissued one month before they expire.
- A standard reissue fee of \$10.00 applies for lost or stolen cards.
- If TASC Card purchases are not substantiated or are deemed ineligible throughout the Plan Year, your TASC Card(s) may be deactivated.



Section 1: Participant Information

Employee Name (Last, First, MI)

Employee TASC 12-digit ID #

Employer Name

Employer TASC 12-digit ID #
(Optional)

Participant Authorization for a TASC Card

In order to receive this claim card, I agree to only use the TASC Card to pay for eligible medical expenses incurred by myself, my spouse or my dependents; I will not use the TASC Card to pay for any medical expense that has already been reimbursed; I will not seek reimbursement under any other health plan for any expense paid for with the TASC Card; and I will acquire and retain sufficient documentation for any expense paid with the TASC Card. An annual fee may be included. For further information please see your enrollment materials or contact TASC.

Section 2: Spouse or Dependent Information

Spouse or Dependent Name (Last, First, MI)

Participant Authorization for an Additional Card

I understand that the above named individual will have access to my flexible spending account(s). I accept all responsibility for all TASC Card transactions incurred by the above named individual and for submitting the supporting documentation, as requested, for those TASC Card transactions. I acknowledge and agree that upon any inappropriate or fraudulent use of the TASC Card, or termination of employment, I will immediately return all TASC Cards issued for use against the account to my Employer.

Section 3: Agreement (Check all that apply.)

- I hereby request a **TASC Card**. I understand and agree to the above authorization terms
- I hereby request an **Additional TASC Card** for the above named individual. I understand and agree to the above authorization terms.

Participant Signature

Date

Fax completed Form to:
608-245-3623

Mail completed Form to:
TASC-FlexSystem
2302 International Lane
Madison, WI 53704

Contact us at:
1-800-422-4661
www.tasconline.com

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