

Advantages of a Flexible Spending Account (FSA)

A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications
- medical/dental office visit co-pays
- eye exams and prescription glasses/lenses
- vaccinations
- daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!**

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!** See example >>

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC FlexSystem. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Reimbursements and the TASC Card

As you incur eligible expenses, simply submit a request for reimbursement to TASC in order to receive reimbursement from your FlexSystem FSA, up to the amount of your annual contribution. FlexSystem offers multiple methods for requesting a reimbursement: Online, Text Message, Mobile App, Fax, or Mail.

For additional convenience, you will be issued a **TASC Card** to directly access your FlexSystem funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. The TASC Card also offers the **MyCash Account** feature that allows you to auto-deposit your reimbursements into a separate cash account and directly access those funds with your TASC Card for any purchase. Your benefits card also becomes a VISA cash card!

FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
<u>Out-of-pocket Expenses:</u>	<u>-\$600</u>	<u>\$0</u>
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Prescriptions
- Dental care services
- Certain over-the-counter medications
- Vision care expenses
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

*33 million Americans
save up to 30% every year
by participating in an FSA*

2009 Nielson Consumer Research

Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- **MyTASC Online:** www.tasconline.com/mytasc
- **MyTASC Mobile App:** free download at www.tasconline.com/mobile
- **MyTASC Text Messaging:** elect through your MyTASC account online

Online enrollment and account management.

Online tax-savings calculator to help determine how much to contribute.

Convenient pre-tax payroll deductions.

Benefits debit card for eligible purchases.

Mobile app for account access on the go.

Multiple self-service tools.

Fast reimbursements.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Using the Grace Period, or purchasing eligible over-the-counter items are ways to utilize leftover FSA funds.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

Sign up for FlexSystem and keep more money in your pocket!



How to Enroll Online

A convenient, paperless enrollment from home!

Determine Your FSA Elections

To enroll in FlexSystem FSA, you must first choose which Flexible Spending Account(s) you wish to participate in for the Plan year (as offered by your Employer).

Next, determine your elections to be contributed **pre-tax** into each type of FSA from your payroll over the course of the Plan year. Your elections are specific to each FSA and may only be used for expenses incurred for that account type, meaning that dollars set aside for dependent care may only be used for dependent care expenses and not for medical expenses, etc.

Easy Online Enrollment

Online enrollment into FlexSystem FSA is available 24-hours a day from the convenience and privacy of your own home. Once you are enrolled, you may access your FlexSystem accounts online at any time.

New Enrollees (new to the Plan):

You must obtain the Client ID from your employer. Then go to www.tasconline.com/tasconline/flexsystem/enroll to establish your personal Username and Password. (Please note, a valid e-mail address is required to authenticate your account. If you do not have an e-mail address, you may set one up for free with an e-mail hosting service such as Gmail, Hotmail, Yahoo, etc.) Follow the system prompts to enroll.

Renewing Enrollees:

If you have forgotten your Password, simply select the Forgot My Password link. An e-mail with your password will be sent to your e-mail address. You may also use your 12-digit TASC ID located on your Request For Reimbursement Form in place of your Username to log in.

Steps to Re-Enroll Online:

1. Go to www.tasconline.com/mytasc
2. Log-in using your Username (or 12-digit TASC ID) and Password.
3. Click the green Continue button on the Participant Manager screen.
4. Select the appropriate Plan from the drop down menu. Select the benefits you wish to enroll in by clicking on Elect next to the benefit name.
5. Enter the total yearly election amount (repeat for each benefit desired).
6. Click Submit.

***FlexSystem FSA Healthcare
FlexSystem FSA Dependent Care***



The screenshot shows the 'MyTASC Login' page. At the top, there is a navigation bar with links for HOME, PRODUCTS, PARTNER, ABOUT TASC, and RESOURCES. Below the navigation bar, the page title is 'MyTASC Login'. The main content area contains the text 'All TASC Customers Login Here!' followed by two input fields: 'Username' and 'Password'. Below these fields is a 'Submit' button. At the bottom of the page, there are two links: 'Login Assistance: [Click here](#)' and 'Forgot My Password: [Click here](#)'.

For enrollment assistance, call FlexSystem at 1-800-422-4661 and ask for a FlexSystem Customer Care Representative.

MyTASC Mobile App and Text/E-mail Notifications

Stay Connected Wherever You Go!

The MyTASC Mobile App is a fast and accessible account management tool for FlexSystem Flexible Spending Accounts! With MyTASC Mobile App, you are now able to securely access your FlexSystem account balances from anywhere at any time using your mobile device.

MyTASC Mobile App Features:

- Check FlexSystem account balances from anywhere at any time
- Free download from Apple App Store and Android Market for your smartphone or tablet
- Easy login with your current MyTASC username and password
- Secure account access through Secure Socket Layer (SSL) encryption over the Internet



For more information on TASC Mobile or to download the free MyTASC Mobile App, please visit www.tasconline.com/mobile.

Text Messaging and E-mail Notification

TASC Mobile also offers **text messaging (SMS)** and **e-mail notification**. You may use these mobile services daily to obtain account balances, request reimbursements, and receive account status alerts.

To sign up to receive e-mail and text notifications for your Flex Account, log in to your MyTASC account, click Profile, enter or update your mobile phone number and e-mail address, and select Save. Follow the instructions provided to complete the verification process and set your desired notifications in your Profile.

FlexSystem™ Text Notifications
FSA Account Text Messaging Instructions

Account Balance Check
Text TASC BAL to number 41411

Request for Reimbursement (RFR) Submission
Text TASC RFR <Service Code> <Store> <\$Amount> to 41411
Example: TASC RFR MD Walgreens \$5

Service Codes

MD-Medical	RX-Prescription	OT-Over the Counter	MP-Medical Preventive
DN-Dental	VS-Vision	DC-Dependent Care	
PK-Parking	MT-Mass Transit	IP-Individual Premiums	

FSA Eligible Expenses

Healthcare expenses eligible for reimbursement.

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursed from your Healthcare FSA.

The prescription will need to be included with each OTC medicine or drug claim request submitted. Health-related supplies purchased over-the-counter continue to be eligible without additional documentation. Below is a sample list of permissible expenses reimbursable through a Full Scope Healthcare Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note a Limited Purpose Healthcare FSA only allows dental and vision expenses.

FlexSystem FSA Healthcare

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother’s portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist’s or ophthalmologist’s fees
- Orthopedic inserts
- Physicals

- Physical therapy (as medical treatment)
- Physician’s fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Purchases require a prescription or an OTC Prescription Order Form for reimbursement:

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Additional healthcare expenses eligible for reimbursement.

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

FlexSystem FSA Healthcare



For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoeette (cost of operating/maintaining)

Healthcare Expenses Requiring Additional Documentation

Following are some expenses eligible only when incurred to treat a diagnosed medical condition. This type of expense requires a Letter of Medical Necessity from your physician to be submitted along with your request for reimbursement that contains the medical necessity of the expense, the diagnosed condition, the onset of the condition and the physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Speech therapy
- Support hose
- Varicose vein treatment
- Veneers
- Wigs (for mental health condition of individual who loses hair because of a disease)

Healthcare expenses NOT eligible for reimbursement.

FlexSystem FSA Healthcare

Ineligible Expenses for FSA Healthcare

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, cosmetic dentistry or other cosmetic procedures
- Cosmetic supplies (make up, facial soaps/creams and moisturizers, etc)
- Deodorant
- Dental floss
- Diaper service
- Diet: special diets and/or cost of special foods taken as substitute for regular diet
- Dietary and fiber supplements
- Divorce: expenses of divorce when doctor or psychiatrist recommends divorce
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help: payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of a non-medical nature
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medication
- Insurance premiums, all types
- Lanyards
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Mobile telephone used for personal calls as well as calls to physician
- Nursemaids or practical nurses who render general care for healthy infants
- OTC drugs/medications without a prescription (effective January 1, 2011)
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, vacuum, pillow, shampoo, mattress, etc)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness program)
- Premiums for coverage through other medical plans (i.e., spouse's employer-sponsored plan or individual plan)
- Private hospital rooms
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs, such as diet foods.
- Sun Glasses (non prescription) and Sun Clips
- Teeth whitening
- Toiletries
- Toothbrush (includes prescribed electric ones)
- Toothpaste
- Vacuum cleaner purchased by an individual with dust allergy
- Vitamins and/or supplements
- Warranties
- Weight loss drugs/programs for general well being

Dependent Care expenses eligible for reimbursement.

The following dependent care expenses are permissible for reimbursement through a Section 125 Flexible Spending Account. Please refer to your FlexSystem FSA Summary Plan Description (SPD).

FlexSystem FSA Dependent Care

Eligible Expenses for FSA Dependent Care

Eligible dependent care expenses must be employment related.

- Day Camp -- primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time.
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees -- when allocated to dependent care services that have been provided





Prescription Order Form

Make sure to sign and date the order form. For assistance call 1-800-422-4661. Have your order form and 12 digit TASC ID number ready. Please print.

1. This form replaces the Letter of Medical Necessity. Use this form to be reimbursed for products and services that require physician authorization such as Over-the-Counter (OTC) medicines or drugs and other non-OTC medicine products and services.
2. Complete Section I (including your signature and the date) and Section II (Patient Name, Treatment Prescribed and Reason for Treatment) prior to visiting your Medical Practitioner.
3. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II (Instructions/Restrictions) and Section III.
4. Instruct them to follow the specific pharmacy/prescription laws in their respective state when completing the Instructions/Restrictions portion (Section II).
5. You may use the same form for each individual in your household for whom you purchase healthcare expenses, as long as the same Medical Practitioner is completing the form
6. TASC Card purchases of OTC medicines or drugs require a prescription from your medical practitioner. Do not use this Prescription Order Form when using your TASC Card to purchase OTC medicines or drugs. The Prescription Order Form may be used in place of a prescription for all other methods of Requests for Reimbursement (online, faxed, or mailed).
7. FlexSystem and DirectPay Participants must submit a copy of this completed form to TASC with each Request for Reimbursement (if submitting online, include a copy with your receipts and Veriflex (FlexSystem only) Cover sheet). Prescription Order Forms received without a Request for Reimbursement or Veriflex (FlexSystem only) Cover Sheet will not be processed. AgriPlanNOW and BizPlanNOW Participants should retain the completed Form for their own records.

Definitions

For the purposes of this form...

- 1) "Medical Practitioner" generally includes the following health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist and podiatrist.
- 2) "Prescription Order" is any order for drugs or medical supplies signed by a licensed medical practitioner granted prescriptive authority by the laws of the state. It contains the name, strength and quantity of the medicine/product prescribed, directions for use and number of refills (if applicable).

Restrictions

- The Medical Practitioner's signature may NOT be preprinted in the states of Arkansas, Connecticut, Florida, Georgia, Idaho, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Virginia and Washington.
- Montana, Pennsylvania and South Dakota – the use of this form is prohibited; a prescription is required.

Section 1

Employer (Company) Name: _____ Participant (Employee) TASC 12-Digit ID #: _____

Participant's Last Name: _____ First Name: _____ M.I.: _____

Signature: _____ Date: ____ / ____ / ____

The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefit account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.

Section 2

Patient's Name	Prescribed Treatment Products/Services	Reason for Treatment	Instruction/Restrictions (if applicable)

Section 3

I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

Medical Practitioner's Name (PLEASE PRINT)

State of Prescriptive Authority

Medical Practitioner's Signature

____ / ____ / ____
Date

Over-the-Counter (OTC) medicines and drugs (other than insulin) are reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. Please note when using your TASC Card to purchase OTC medicines or drugs, a prescription is required. The Prescription Order Form or a prescription may be used when submitting Requests for Reimbursement via online, fax or mail.

OTC medicines or drugs that require a prescription or Prescription Order Form include the following:

Acid Controllors	Anti-Itch & Insect Bite	Digestive Aids	Pain Relievers
Allergy & Sinus	Antiparasitic Treatments	Feminine Anti-Fungal	Respiratory Treatments
Antibiotic Products	Cough/Cold/Flu	Hemorrhoidal Medication	Sleep Aids/Sedative
Anti-Gas	Diaper Rash Ointment	Laxatives	Stomach Remedies

OTC products that do not need a physician authorization include the following:

Bandages/First Aid	Contact Lens Solution	Heating Pads	Orthopedic Aids
Blood Pressure Kits	Denture Products	Hot/Cold/Steam Packs	Pregnancy/Fertility Kits
Canes & Walkers	Diabetes Testing Supplies	Incontinence Products	Splints/Supports/Braces
Condoms	Durable Medical Equip.	Insulin	Thermometers
Contact Lenses	Hearing Aid Batteries	Nebulizers	Wheelchair & Accessories

Other products and services that require a Prescription Order Form or other physician authorization to show the expense is to treat a medical condition include the following:

Air Purifier	Massage Therapy	Support Hose
Automobile Modifications	Nutritionist's Professional Fees	Varicose Vein Treatment
Ear Plugs	Orthopedic Shoes (excess cost only)	Whirlpool/Spa
Exercise Equipment	Special Foods (excess cost only)	Wigs

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited.



Direct Deposit Election Form

Note for re-enrolling Participants: If you already have an established Direct Deposit account with FlexSystem, *do not* submit a new Direct Deposit Form. If you do not have a direct deposit account set up with FlexSystem and wish to **avoid a check processing fee for each reimbursement**, login to www.tasconline.com and use the Direct Deposit Setup link to enter your applicable information. It's that easy! If you do not have web access, complete this form and return it to FlexSystem, along with a voided check or savings account deposit slip to the addresses listed below.

I hereby authorize Total Administrative Services Corporation, hereinafter called TASC, to initiate credit entries for _____ (name) to my checking/savings account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. **I acknowledge that the origination of ACH transactions to my checking/savings account must comply with the provisions of U.S. law.**

Financial Institution Name _____ Branch _____

Address _____ City/State _____ Zip _____

Client Name _____ Client ID # _____

Participant ID # _____ Participant E-mail Address _____

Participant Home Phone Number _____ Participant Mobile Phone Number _____

Checking/Saving Account Routing Number – 9 digits _____ Checking/Saving Account Number – 6-13 digits _____

This account is a: (check one) Checking Savings

This authority is to remain in full force and effect until TASC has received written notification from me of its termination in such time and manner as to afford TASC or my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

- Notes:
- Single entry reversals do not require authorization by the Receiver.
 - Due to our effort to ensure accuracy in establishing your direct deposit account, your initial transactions will occur by check. Please allow 7-10 days for processing. Thank you for your patience.
 - You must notify us immediately of any changes in your financial institution.
 - This authorization may be revoked only by notifying TASC in the manner indicated above.
 - Note: There may be a check-processing fee applied to a check reimbursement.
 - A Service Fee of \$30.00 will be charged to the Participant for the reissue of lost, stolen, or expired paper-copy checks. This Service Fee is avoided with the election and submittal of this Direct Deposit Election Form.

You must attach a copy of a voided check to this form to activate this service to your checking account. We cannot accept checking account deposit slips.

To activate this service, do one of the following: (1) login to MyTASC at www.tasconline.com, click Direct Deposit Setup, and enter your applicable information; (2) fax this completed form and voided check (if a checking account) or deposit slip (if a savings account) to 608-245-3623 or (3) mail this completed form and voided check (if a checking account) or deposit slip (if a savings account) to FlexSystem, 2302 International Lane, Madison, WI 53704.

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.



The TASC Card

MyBenefits. MyCash. MyWay

Offering ease and convenience for your FlexSystem FSA!

MyBenefits.

The TASC Card provides a convenient method to pay for eligible healthcare, dependent care, and/or transportation expenses as defined by your FlexSystem Plan. MyBenefits is funded by you and your employer through equal pre-tax payroll deduction based on your annual benefit election.

Card purchases are limited to your Plan type, and also to merchants with an inventory information approval system (IIAS) in place to identify FSA-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and day care centers. At the point of purchase, the IIAS automatically approves the purchase of eligible items and deducts the amount from your MyBenefits account.

MyCash.

Reimbursements are fast and paperless! If you do not use your TASC Card to pay for an eligible expense, you can submit a request for reimbursement via fax, mail, online, or text message. Unless you have elected direct deposit, your reimbursement will be deposited directly into your MyCash account—no more waiting for checks to arrive by mail.

Your MyCash funds can be used just like cash at any retailer that accepts Visa. Purchases are **not limited** regarding either type of merchant or type of expense. You can even withdraw your MyCash funds at an ATM (with a PIN). Spend your MyCash funds any way and anywhere you want—with the swipe of your card!

MyWay.

- Two accounts on one card make the TASC Card more versatile than ever!
- Avoid embarrassing declines. MyCash funds can be used to pay for eligible expenses if no funds are available in your MyBenefits account.
- You can combine general retail items with healthcare expenses in one transaction. The TASC Card is smart enough to know that eligible expenses are automatically deducted from your MyBenefits account while ineligible expenses are withdrawn from your MyCash account.
- Funds in the MyCash account can be transferred to a personal savings or checking account, or withdrawn via an ATM.

The TASC Card is available for the following FlexSystem Accounts (where applicable):

- FlexSystem Healthcare FSA**
- FlexSystem Dependent Care FSA**
- FlexSystem Transportation Account**

Keep your receipts!

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- Over-the-counter items
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Track Account Activity

- MyTASC (www.tasconline.com/mytasc) with a private MyCash portal
- MyTASC Mobile App
- MyTASC Text Messaging (SMS)



Additional TASC Card Request for Spouse or Dependent

Give your dependent the flexibility of their own TASC Card.

The additional TASC Card offers your spouse or dependent the same convenience and advantages you enjoy! To request a TASC Card for your spouse or dependent, just complete sections 1, 2, and 3 below, sign and date the application and **fax to 608-245-3623** for processing.

How is the TASC Card issued?

The TASC Card and a standard Cardholder Agreement will be mailed directly to your mailing address within 7–15 business days.

Can I have more than one additional TASC Card?

Each participant receives one additional card for their spouse or dependent free of charge. A \$10.00 fee will apply for each subsequent TASC Card generated. This fee will be deducted from your FlexSystem account upon the creation of the card(s). Each application may be used to request one additional card; subsequent requests will require additional applications.

Section 1: Participant Information

Employee Name (Last, First, MI)

Employee TASC 12-digit ID #

Employer Name

Employer TASC 12-digit ID #
(Optional)

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

I hereby request an **Additional TASC Card** for the above named spouse or dependent. I understand and agree to the above authorization terms.

Participant Signature

Date

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.

Orthodontia Worksheet and Instructions

The treatment of orthodontic expenses under a Medical Flexible Spending Account (FSA) is different than other medical expenses because services generally span more than one Plan Year. Under IRS regulations the service must be reimbursed from the same FSA Plan Year in which the services were provided and the service must have been incurred. Nevertheless, IRS officials have informally commented that a pre-payment of orthodontia expenses is permissible in certain instances. Below are the various options for reimbursement of orthodontic services, instructions on how to submit a reimbursement request for orthodontic expenses and instructions on completing the Orthodontia Worksheet.

If a service agreement or contract has been drawn between the orthodontic provider and participant agreeing on services provided and payments due over the course of the treatment, the participant is reimbursed on a monthly basis according to the agreement. Reimbursements for these payments may span over one or more FSA Plan Years, as per the agreement. For example, if the agreement indicates a one-time payment of \$500 upon placement of the braces and a monthly fee of \$50 thereafter for 2 years, the amounts eligible for reimbursement are those incurred within each Plan Year (up to your current remaining balance). Pre-payments of monthly fees are not reimbursable as the service must be provided and payment must have a due date within your Plan Year coverage period. (Payments due in one Plan Year cannot be reimbursed from the next Plan Year.)

If full payment is required by the orthodontic provider before services can begin, the total cost for the treatment is eligible for reimbursement when the work is started and the payment is made. A one-time reimbursement for the total cost of the treatment up to your current available balance may be made from your current Plan Year Medical FSA. For example, if a full payment of \$3,000 is required at time of placement and your current Medical FSA balance is \$2500, you are eligible to be reimbursed for \$2500.

If the orthodontic provider does not offer the options above, complete the Orthodontia Worksheet to determine the monthly amount that may be eligible for reimbursement from your Medical FSA.

Loan payments and interest on a loan are not eligible expenses. Thus, the TASC Card cannot be used to make payments to a loan company. Complete the Orthodontia Worksheet if no other receipt or contract is available from the orthodontic provider.

Submitting orthodontia expenses for reimbursement:

1. A Request for Reimbursement Form must be completed each time you want to be reimbursed.
2. With each Request for Reimbursement, include a copy of the orthodontic contract, coupon (if provided a payment book) or itemized receipt. All documentation must clearly indicate the month and year of the service provided (or payment due date), the monthly payment amount, the name of the provider and a description of the service (orthodontia, braces, placement or banding fee).
3. In the absence of a contract or service agreement:
 - a. Complete the Orthodontia Worksheet
 - b. Have it signed by your orthodontist;
 - c. Submit with each Request for Reimbursement.
4. Initial payments, banding or placement fees are eligible for reimbursement upon placement. An itemized receipt must accompany the Request for Reimbursement Form that indicates the service is a banding or placement fee instead of a monthly fee.
5. A Request for Reimbursement of payment in full for orthodontic treatment at the start of the orthodontic services requires an itemized receipt from the orthodontic provider to accompany the Request for Reimbursement.

