



FlexSystem Employee Enrollment Form

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.

Return the completed and signed form to your employer for processing.

| | |
|---------------------------------------|-----------------------------|
| For Employer to complete: | |
| Employer Name _____ | Client TASC ID Number _____ |
| Participant Plan Effective Date _____ | Date of First Payroll _____ |

EMPLOYEE/PARTICIPANT INFORMATION

| | | |
|-----------------------------|----------------------------|----------------------|
| Last Name _____ | First Name _____ | Middle Initial _____ |
| TASC ID# (if known) _____ | Email Address* _____ | |
| Home Phone Number* _____ | Mobile Phone Number* _____ | |
| Home Address (street) _____ | | |
| City _____ | State _____ | Zip Code _____ |

**Required to 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.*

ANNUAL ELECTIONS

Prior to completing your election amounts below, please refer to the instructions on page 2.

| I request the following amount(s) to be deducted pre-tax: | | Employee Annual Salary Reduction Election Amount | IRS Contribution Limits (2018) |
|---|---|--|---|
| 1 | Healthcare FSA | \$ _____ | \$2650 per year or \$220.80 per month |
| 2 | Dependent Care FSA | \$ _____ | \$5000 per year; \$2500 if married filing single |
| 3 | Non-Employer Sponsored Premiums (NESP) | \$ _____ | n/a |
| 4 | Transit Reimbursement Account | \$ _____ | \$260 per month |
| 5 | Parking Reimbursement Account | \$ _____ | \$260 per month |

TASC CARD

You will receive one TASC Card for your FlexSystem account. You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed in FlexSystem.

To request an additional TASC Card for your spouse or dependent, print his/her name below:

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 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

Enter your Client ID and Employer name in the space indicated. Refer to your employer for the correct Client TASC ID number and Employer name.

Instructions for entering elections under each applicable FlexSystem account type:

- 1. Healthcare FSA Election:** This amount you expect to pay out-of-pocket toward eligible medical expenses throughout the Plan Year, which may include deductible and co-insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a Participant may elect a maximum based on the current IRS limits. Your employer may have a Plan Year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your Plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pre-tax from every payroll throughout the Plan Year. Your total annual election amount is available for reimbursement on the first day of the Plan Year as eligible expenses are incurred.
- 2. Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the Plan Year. Your annual contribution must be within the maximum allowable amount under IRS regulations for a family or for married individuals filing single. Plan funds are available as they are contributed.
- 3. Non-Employer Sponsored Premium (NESP) Election:** The total annual out-of-pocket cost for privately purchased (individual) insurance *premiums* such as health, disability, and cancer insurance. Other medical expenses are **not** eligible under the NESP Plan. Examples of insurance premiums NOT eligible are employer-sponsored group insurance (premiums deducted from your paycheck or your spouse's paycheck), life insurance, long-term care insurance, and premiums for coverage under the federal exchange "Marketplace" program. Please note, when disability premiums are pre-taxed, the benefits received are taxable. NESP is not subject to contribution limits unless otherwise set by your Employer, but is subject to the 'Use it or Lose it' rule in which unused funds are forfeited at year-end. Plan funds are available as they are contributed.
- 4. Transit Reimbursement Account Election:** Amount incurred to travel to and from work on mass transit facilities, or commuter highway vehicles. Examples of eligible expenses are vouchers, fare cards, or tokens for a bus, train, ferry, subway, or vanpool. Monthly limits apply.
- 5. Parking Reimbursement Account Election:** Amount incurred for parking expenses at or near your place of employment or at a location from which you commute to work (e.g. ramp or park 'n ride). Monthly limits apply.

IMPORTANT NOTES

How Cafeteria Plans affect Social Security Benefits: Reduction of your Social Security benefits will be minimal and is off set 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.

Helpful Links

Find all IRS limits on our resource web page: <https://www.tasconline.com/benefits-limits/>

**For enrollment assistance: call toll-free 800-422-4661
Have your enrollment form, employer name, and the Client ID# ready.**