



# 2013 Employee Renewal Packet

**TASC Card: Exclusive MyCash Access**





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# 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!**

Beginning in January 2013, employee salary reductions to a medical Flexible Spending Account (FSA) are limited to \$2,500 per Plan year. This limit is in effect with your next medical FSA Plan that begins on or after January 1, 2013. Limits are indexed annually for inflation.

### How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. 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!**

### Requesting a Reimbursement

As you incur eligible expenses, simply submit a request for reimbursement to TASC to receive reimbursement from FlexSystem, up to the amount of your annual contribution (Dependent Care FSA expenses are reimbursed only as contributions are available).

You may request a reimbursement via MyTASC Mobile, text message, online, fax, or mail. We perform daily claim processing. All reimbursements are deposited into your MyCash account. You will be issued a **TASC Card with exclusive MyCash access**. You can access your MyCash funds in three ways: (1) swipe your **TASC Card with exclusive MyCash access** at any merchant that accepts Visa, (2) withdraw at an ATM, or (3) transfer to a personal bank account from MyCash Manager within MyTASC.

### FlexSystem FSA Healthcare FlexSystem FSA Dependent Care

#### Pre-Tax Savings Example

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

**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
- Certain insurance premiums

More detailed lists can be found at [www.irs.gov](http://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:

- **MyTASC Online:** [www.tasconline.com/mytasc](http://www.tasconline.com/mytasc)
- **MyTASC Mobile App:** free download at [www.tasconline.com/mobile](http://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.***

***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.

Beginning in January 2013, employee salary reductions to a medical Flexible Spending Account (FSA) are limited to \$2,500 per Plan year. This limit is in effect with your next medical FSA Plan that begins on or after January 1, 2013. Limits are indexed annually for inflation.

### 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.

Watch this helpful video to learn more: <http://portal.sliderocket.com/BOORR/MyTASC-Online-Enrollment-100312>

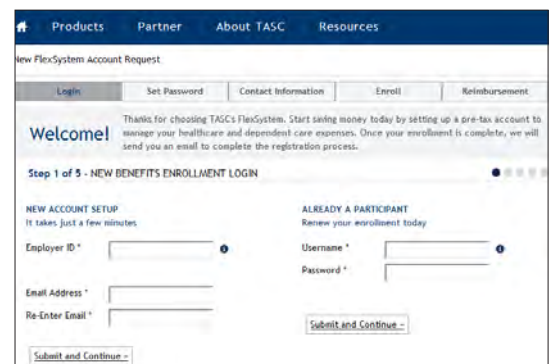
#### ***New Enrollees (new to the Plan):***

You must obtain the Client ID from your employer. Then go to [www.tasconline.com/tasconline/flexsystem/enroll](http://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.

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



#### ***Steps to Re-Enroll Online:***

1. Go to [www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll) to enroll or you may login to your MyTASC account at [www.tasconline.com](http://www.tasconline.com) to enroll.
2. If you login to your MyTASC account, click the green Continue button on the Participant Manager screen.
3. Follow the prompts to make your election for the new Plan Year.

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



## TASC Mobile Tools

### Easily access your FlexSystem FSA while on the go!

**TASC Mobile** offers a mobile app and text messaging capabilities to you as a FlexSystem participant, giving you quick and easy access to your account(s) from anywhere and at any time from your mobile handheld device.

Now you can securely check real-time balances, request a reimbursement, upload receipts, view transaction details, and review plan information and contributions...*all while on the go!*

#### MyTASC Mobile App

The MyTASC Mobile App is a free download from the Apple iStore<sup>®</sup> and Android Market<sup>™</sup> for smartphones and tablets. Once downloaded, you are able to securely log-in with your current MyTASC username and password.

*Conveniently perform the following functions with the MyTASC Mobile App:*

- **Submit a request for reimbursement for out-of-pocket FSA expenses.**
- **Upload pictures of receipts with phone camera.**
- **View real-time account balances and transactions for active and closing plans and your MyCash account.**
- **Review FlexSystem Plan information and annual contributions.**
- **Securely log-in with MyTASC username and password.**
- **Enable log-in memory for faster return access (per device).**
- **Access a help screen for system assistance.**

Download the MyTASC Mobile App on your mobile phone today for easy, secure and convenient account access. *It's free!*



To learn more about TASC Mobile, download the mobile app, and obtain texting instructions, please go to:

**[www.tasconline.com/mobile](http://www.tasconline.com/mobile)**

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

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

#### MyTASC Text Messaging (SMS)

MyTASC Text messaging (SMS) is available for convenient access to your FlexSystem account(s) from your mobile phone through instant two-way communication.

- Request your current account balance.
- Request a Reimbursement.
- Receive automated reimbursement status alerts.

Activate MyTASC Text Messaging and/or e-mail notifications online by logging in to your MyTASC account and selecting these options under your "Profile".

# 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 autoette (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
- 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 Controllars    | 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](http://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](http://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.*

# 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.

In the absence of a contract or service agreement the orthodontic provider must apportion the total cost of the treatment, less the initial payment due and any payments expected from your insurance company or provider discounts to the remaining number of months required for treatment. This will determine the monthly payment amount eligible for reimbursement from the Medical FSA. Include a **copy** of this completed form with each Request for Reimbursement Form submitted to TASC.

1. Enter the total cost for the duration of the treatment in the *Total Cost* section in below.
2. Enter in any insurance payments and provider discounts.
3. Enter the estimated portion of the total cost that is apportioned to the services provided in the first visit (when the braces are applied) in the *Initial Payment Due* section. (Generally one-third or less of the total cost.)
4. Subtract the insurance payments, provider discounts and initial payment due from the total cost and enter this amount in the *Total Remaining Balance* section.
5. Enter the number of months the treatment is expected to continue after placement of the braces.
6. Divide the Total Remaining Balance by the number of months and enter this amount in the *Monthly Payment* section. This is the amount eligible for reimbursement from the FSA on a monthly basis.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant 12-Digit ID#

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer 12-Digit ID# (optional)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date Treatment Begins (Mo/Day/Yr)

**Total Cost for Orthodontia Services:**     \$ \_\_\_\_\_

**Subtractions**

Insurance Payments:                     \$ \_\_\_\_\_

Provider Discount:                        \$ \_\_\_\_\_

Initial Payment Due (upon  
placement of braces):                     \$ \_\_\_\_\_

Total Remaining Balance:                \$ \_\_\_\_\_ / \_\_\_\_\_ =

Number of Months

**Monthly Payment  
and Eligible Monthly  
Reimbursable Amount**

\_\_\_\_\_  
Signature of Orthodontic Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Orthodontic Service Provider

## 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) and MyCash account. 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



# MyCash Manager: manage your money smarter



When you submit a request for reimbursement for an eligible employee benefits expense, your approved reimbursement will be deposited directly into your MyCash account—usually within 24-48 hours. You can access your MyCash funds in three ways: swipe your TASC Card at any merchant that accepts Visa, withdraw at an ATM with your TASC Card, or transfer to a personal bank account. It's easy to view and manage your MyCash funds from your private MyCash Manager, a state-of-the-art web tool within MyTASC (www.tasconline.com) designed exclusively for the management of your MyCash account.

## RECENT ACTIVITY

View your recent MyCash reimbursements, transfers, ATM withdrawals, and/or TASC Card signature debit transactions.

| Date       | Description                          | Card Number         | Amount    | Balance  |
|------------|--------------------------------------|---------------------|-----------|----------|
| 05/14/2012 | Transfer to Personal Account ***0711 |                     | \$-443.04 | \$0.00   |
| 04/05/2012 | TEL DIAMOND CZ SET [Purchase]        | xxxx-xxxx-xxxx-1234 | \$-56.96  | \$443.04 |
| 01/05/2012 | Deposit: FlexSystem Reimbursement    |                     | \$500.00  | \$500.00 |

John submitted a Request for Reimbursement last week and wants to know if his account has been credited. He can visit MyCash Manager to view all of the funds entering and exiting his MyCash account.

Check your balance at any time.

## CARD MANAGEMENT

View your TASC Card information to ensure that it is current and/or to request an ATM PIN.

**Cardholder Information**

Name: Doe, Jane | Home Phone: 608-555-1212  
 Mailing Address: 1234 International Lane, Madison, WI 53704 | Mobile Phone: 608-555-1212  
 Email Address: jane.doe@tasconline.com | Business Phone:

**ATM PIN Request**

Last ATM PIN requested on: 01-17-2012 | Card Number: xxxx-xxxx-xxxx-1234

Submit ATM PIN Request

Request a PIN for ATM use.

## BANK ACCOUNT

Save your bank account details so you can easily schedule transfers from your MyCash account to a personal bank account.

**Bank Accounts**

Account Type:  | Routing Number: | Account Number: | Re-enter Account Number: | Account Name: g

Save Changes | Cancel Changes

**My Active Accounts**

| Date                | Updated By     | Account Type | Routing Number | Account Number | Account Name    |   |   |
|---------------------|----------------|--------------|----------------|----------------|-----------------|---|---|
| 05/14/2012 10:06:56 | 1234-1234-1234 | CHECKING     | *****8886      | ***0611        | Jane's checking | ✎ | ✕ |
| 05/14/2012 10:10:07 | 1234-1234-1234 | SAVINGS      | *****8886      | ***0612        | Jane's saving   | ✎ | ✕ |
| 05/14/2012 10:22:23 | 1234-1234-1234 | CHECKING     | *****8886      | ***0711        | Joe's checking  | ✎ | ✕ |

Save multiple accounts!

# Making MyCash Transfers

The industry-exclusive tools in MyCash Manager let you make transfers how and when it's convenient for you! Using a robust set of options, you may transfer funds from MyCash to a personal savings or checking account any time from anywhere.

|  |  |   |   |  |
|--|--|---|---|--|
| <p><b>Choose from four types of transfers:</b></p> | <p><b>Quick Transfer:</b> a single, instant transfer with no bank account details saved unless a saved bank account is selected.</p> | <p><b>One Time Transfer:</b> a single transfer scheduled in advance using saved or new bank account details, based on date or amount.</p> | <p><b>Recurring Transfer:</b> multiple transfers scheduled in advance using saved or new bank account details, based on date or amount.</p> | <p><b>Automatic Transfer:</b> repeated transfers scheduled to occur to a selected bank account every time funds enter MyCash (same as direct deposit).</p> |
|--|--|---|---|--|

## QUICK TRANSFER

Make an instant transfer of your MyCash funds to a personal bank account without saving your bank account details (unless you select a saved bank account).

## SCHEDULE A TRANSFER

Schedule a transfer of your MyCash funds to a personal account. Establish a MyCash Schedule for one-time, recurring, or automatic (direct deposit) transfers based on your personal needs.

Patti prefers her reimbursements be direct deposited into a bank account of her choice. She should schedule an "automatic" transfer to occur every time funds enter MyCash.

Jennifer wants funds in her bank account on the 15th of each month to pay her daycare provider. She simply needs to schedule a "recurring" transfer "by date" for the amount due to her nanny.

## MyCash SCHEDULES

View your existing and past transfer schedules, and the history of each. You can edit your existing schedule or delete it to make a new schedule.

| Transfer Type       | Date       | Start Date | Description                                    | Amount | Status  | End Date    |                              |
|---------------------|------------|------------|--|--------|---------|-------------|------------------------------|
| One Time-By Date    | 05/14/2012 | 12/15/2012 | Scheduled transfer to Personal account ***0611 | ALL    | Expired | N/A         | <a href="#">View History</a> |
| Recurring-By Amount | 05/14/2012 | N/A        | Scheduled transfer via a check                 | ALL    | Expired | No End Date | <a href="#">View History</a> |
| One Time-By Date    | 05/14/2012 | 05/31/2012 | Scheduled transfer to Personal account ***0611 | ALL    | Expired | N/A         | <a href="#">View History</a> |
| One Time-By Date    | 05/14/2012 | 05/31/2012 | Scheduled transfer to Personal account ***0612 | ALL    | Expired | N/A         | <a href="#">View History</a> |
| Automatic           | 05/15/2012 | N/A        | Scheduled transfer to Personal account ***0711 | ALL    | Expired | No End Date | <a href="#">View History</a> |
| One Time-By Amount  | 05/16/2012 | N/A        | Scheduled transfer to Personal account ***0711 | ALL    | Expired | N/A         | <a href="#">View History</a> |

View all the transfers that occurred in this schedule.