

For fastest processing, submit this form and any	Fax	Mail		
coverage documents online via support request. You may also use one of the following methods:	608-245-3623	TASC, PO Box 14015 Madison, WI 53708-0015		

		(	CLIENT/EN	1PLOYE	R INFORM	/IATION			
CI: ./F   N						TAGG	ID /42  : ::	`	
Client/Employer Nam	e:						ID (12-digit	-	
Division: <sup>1</sup>							oyee Count		
Client/Employer Emai							:/Employer		
If you have multiple bro     Provide count of emplo								-	
			RETIF	REE BIL	LING SETU	JP			
Do not complete this s	ection fo	r COBRA p	ans.						
Will TASC send election	n packet	s for Retire	e Billing?		☐ Yes ☐	] No			
Will Client/Employer	charge 10	2% for pre	miums?		☐ Yes ☐	] No			
Will Client/Employer	charge 15	0% for disa	ability premi	ums?	☐ Yes ☐	No (not a	n option for	fully insu	red plans in MN)
			PLAN	1 1 INF	ORMATIO	N			
Plan Name: Effective Date:									
Plan Type:	edical	☐ Prescri	ption $\Box$	Dental	☐ Visio	n 🗆 Lif	fe 🗆 EA	AP 🗆	FSA □ HRA
Plan Setup:	f-Funded	☐ Fully	Insured	(FSA	Plans Only) P	lan Year Er	nd Date:		
What state is the plan	written i	n?		Are depe	endents eligi	ible for this	plan?	☐ Yes	□ No
When does group cov	erage ter	minate?	☐ QE Da	ite 🗆 ſ	Month End A	After QE Da	te 🗆 Otl	ner:	
Is this plan bundled w	ith anoth	er plan?	□ No □	☐ Yes, b	undled with	:			
Record detail in the next	section. D	epending o	n format, bun	dled plan	names may l	be displayed	individually	on electic	on notices.
Is this an existing plan	for whic	h rates and	setup are n	ot chan	ging?	Yes (no oth	ner plan info	rmation n	eeded) 🗌 No
Is this a new plan?	□ No.	rate chan	ge for existir	ng 🗆 Y	es $\square$ And	replaces:			
<b>Monthly Premium Ra</b>	tes: (Do i	not include 2	?% administra	tion fee.)					
If age rated: (Attach to	able; Da	ite used to	determine p	participa	nt's age:	☐ Date o	f Birth 🔲	Plan Sta	rt Date
only indicate plans in us	e.) Da	ite used to	determine s	spouse's	age:	☐ Spouse	DOB 🗆	Participa	ant's DOB
If based on	Si	ngle	Single + S	pouse					Single + Family
coverage tiers:									
Carrier Name:						Group N	umber:		
Is this a new carrier?	☐ Yes	□ No	TASC per	forming	Carrier Noti	fications?	□ No [	☐ Yes (C	omplete fields below.)
Eligibility Contact Nan	ne:					Contact <sup>-</sup>	Γitle:		
Contact Phone:		Co	ntact Fax:			Contact I	Email:		
How will TASC notify	Contact?	☐ Fax	☐ Email	Has co	ntact info cl	nanged sind	ce last rene	wal?	☐ Yes ☐ No

#### \*\*Authorization Signature Required on Last Page\*\*



					PLAN	N 2 INFO	ORMATIC	N						
Plan Name:		Effective Date:												
Plan Type:	□ Ме											☐ HRA		
Plan Setup:	☐ Self-	-Fun	ded	☐ Fully	Insured	(FSA Plans Only) Plan Year End Date:								
What state is t	he plan v	writt	en in	?		Are dependents eligible for this plan? ☐ Yes ☐ No								
When does gr	oup cove	rage	term	inate?	☐ QE Da	☐ QE Date ☐ Month End After QE Date ☐ Other:								
Is this plan bu	ndled wit	:h an	other	plan?	□ No □	☐ No ☐ Yes, bundled with:								
Is this an exist	ing plan f	for w	hich	rates and	l setup are n	setup are not changing?								
Is this a new p	lan?		No, r	ate chan	ge for existir	ng 🗆 Ye	es 🗆 And	replaces:						
Monthly Prem	nium Rat	es: (	Do no	t include 2	2% administra	ition fee.)								
If age rated: (A			Date	e used to	determine <sub>l</sub>	participa	nt's age:	☐ Date of	of Birth 🛚	Plan Sta	rt Date			
only indicate pla	ins in use.	)	Date	e used to	determine	spouse's	age:	☐ Spous	se DOB 🛚	Participa	nt's DOE	3		
If based on			Sing	gle	Single + S	pouse	Single +	1 Child	Single + C	Children	Single	e + Family		
coverage tiers														
Carrier Name:								Group N	lumber:					
Is this a new c	arrier?		Yes	□ No	TASC per	TASC performing Carrier Notifications?    No Yes (Compl					omplete f	ields below.)		
Eligibility Cont	act Name	e:				1		Contact	Title:					
Contact Phone				Co	ntact Fax:			Contact			I			
How will TASC	notify Co	onta	ct?	│ □ Fax	☐ Email	il Has contact info changed since last renewal?					□ No			
		PLAN 3 INFORMATION												
					PLAN	N 3 INFO	ORMATIC	)N						
					PLAN	N 3 INFO	ORMATIC							
Plan Name:								Effect	tive Date:					
Plan Type:	☐ Med			Prescr	ption 🛘	Dental	☐ Visio	Effect	ife 🗆 E	     AP	FSA	□ HRA		
Plan Type: Plan Setup:	☐ Self-	-Fun	ded	☐ Fully	ption   Insured	Dental (FSA	□ Visic	Effecton L	ife			□ HRA		
Plan Type: Plan Setup: What state is t	☐ Self- the plan v	-Fun writt	ded en in i	☐ Fully ?	ption  Insured	Dental (FSA Are depe	☐ Visic Plans Only) Indents elig	Effect on \( \subseteq \) L Plan Year E tible for the	ife	☐ Yes	FSA No	□ HRA		
Plan Type: Plan Setup: What state is t When does gro	Self- the plan voue	-Fun- writt rage	ded en inî term	☐ Fully ? inate?	ption  Insured  QE Da	Dental (FSA Are depe	☐ Visic Plans Only) Indents elig	Effecton L Plan Year E gible for the	ife	☐ Yes		□ HRA		
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Plan Type: Plan Setup: What state is t When does gro Is this plan but Is this an exist Is this a new p Monthly Prem If age rated: (A only indicate plan If based on coverage tiers	Self- che plan voup cove ndled withing plan filan? nium Rate Attach tab ans in use.	rage th an for w ces: (	ded en inf term other which No, r Do no Date Sing	Fully? inate? plan? rates and ate chan t include a e used to	ption	Dental  (FSA)  Are dependente	☐ Vision Plans Only) Indents elign Month End Jundled with Iting?  Les ☐ And Int's age:  age:	Effect on	ife	Plan Sta Participa Children	eeded) [  rt Date ant's DOE	□ No  3 e + Family		
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Plan Type: Plan Setup: What state is t When does gro Is this plan but Is this an exist Is this a new p Monthly Prem If age rated: (A only indicate place) If based on coverage tiers Carrier Name: Is this a new co	Self- che plan voup cove ndled withing plan filan? nium Rate Attach take ans in use.  : arrier? act Name	rage th and some strong to the control of the contr	ded en inf term other which No, r Do no Date Sing	Fully? inate? plan? rates and ate chan t include a e used to e used to gle  No	ption	Dental  (FSA)  Are dependente	□ Vision Plans Only) Indents elign Month End Jundled with Iting? □ □ And Int's age:  Single +	Effect on	ife	Plan Sta Participa Children	eeded) [  rt Date ant's DOE	□ No  3 e + Family		



					PLAN	4 INFO	ORMATIC	N						
Plan Name:		Effective Date:												
Plan Type:	□ Ме											□ HRA		
Plan Setup:	☐ Self-	-Fun	ded	☐ Fully	Insured	(FSA	Plans Only)	Plan Year E	nd Date:					
What state is t	the plan	writt	en in	?		Are dependents eligible for this plan? ☐ Yes ☐ No								
When does gr	oup cove	rage	term	inate?	☐ QE Da	☐ QE Date ☐ Month End After QE Date ☐ Other:								
Is this plan bu	ndled wit	th an	other	plan?	□ No □	☐ No ☐ Yes, bundled with:								
Is this an exist	ing plan 1	for w	hich	rates and	l setup are n	setup are not changing?								
Is this a new p	lan?		No, r	ate chan	ge for existir	ng 🗆 Ye	es 🗆 And	replaces:						
Monthly Prem	nium Rat	es: (	Do no	t include 2	2% administra	tion fee.)								
If age rated: (			Date	e used to	determine <sub>l</sub>	participa	nt's age:	☐ Date o	of Birth 🛚	Plan Sta	rt Date			
only indicate pla	ans in use.	<i>)</i>	Date	e used to	determine	spouse's	age:	☐ Spous	e DOB 🛚	Participa	nt's DOB			
If based on			Sing	gle	Single + S	pouse	Single +	1 Child	Single + C	Children	Single	+ Family		
coverage tiers	:													
Carrier Name:								Group N	lumber:					
Is this a new c	arrier?		Yes	□ No	TASC per	TASC performing Carrier Notifications?					(Complete fields below.)			
Eligibility Cont	act Nam	e:						Contact	Title:					
Contact Phone	e:			Co	ntact Fax:	tact Fax: Contact Email:								
How will TASC	notify C	onta	ct?	☐ Fax	☐ Email	il Has contact info changed since last renewal?						□ No		
	PLAN 5 INFORMATION													
					PLAN	N 5 INFO	ORMATIC	)N						
					PLAN	N 5 INFO	ORMATIC	ON						
Plan Name:					PLAN	N 5 INFO	ORMATIC	Effect	tive Date:					
Plan Type:	☐ Med			Prescr	ption 🛘	Dental	☐ Visio	Effect	ife 🗆 E	AP 🗆	FSA [	□ HRA		
Plan Type: Plan Setup:	☐ Self-	-Fun	ded	☐ Fully	ption   Insured	Dental (FSA	□ Visic	Effecton L	ife			□ HRA		
Plan Type: Plan Setup: What state is t	☐ Self- the plan	-Fun writt	ded en in i	☐ Fully	ption  Insured	Dental (FSA Are depe	☐ Visic Plans Only) Indents elig	Effect on \( \subseteq \) L Plan Year E tible for the	ife	☐ Yes	FSA [	□ HRA		
Plan Type: Plan Setup: What state is to the when does growth and the work of t	Self- the plan v	-Fun- writt rage	ded en inî term	☐ Fully ? inate?	ption  Insured  QE Da	Dental (FSA  Are depe	☐ Visic Plans Only) Indents elig	Effecton L Plan Year E gible for the	ife	☐ Yes		□ HRA		
Plan Type: Plan Setup: What state is t When does gr	Self- the plan voup cove ndled wit	-Fun- writt rage th an	ded en in term	Fully? inate?	ption	Dental (FSA  Are depe	☐ Visice  Plans Only)  Indents elige  Month End  Jundled with	Effecton L Plan Year Egible for thi After QE D	ife	Yes	□ No			
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Plan Type: Plan Setup: What state is the When does grown is this plan but is this an exist is this a new post if age rated: (a only indicate plane)	Self- the plan voup cove ndled with ing plan folian? nium Rate Attach tak	erage th an for w	ded en in in term other which No, r Do no Date	Fully? inate? plan? rates and ate chan t include a e used to	ption	Dental  (FSA)  Are dependente	☐ Vision Plans Only) Indents elign Month End Jundled with Iting?  Les ☐ And Int's age:  age:	Effect on	ife	Plan Sta	□ No  eeded) □  rt Date  ant's DOB	] No		
Plan Type: Plan Setup: What state is the When does grown is this plan but is this an exist is this a new post is the plan indicate plan indicate plan indicate plan is the plan indicate	Self- the plan voup cove ndled wit ing plan folian? nium Rate Attach tab ans in use.	erage th an for w	term other hich No, r	Fully? inate? plan? rates and ate chan t include a e used to	ption	Dental  (FSA)  Are dependente	☐ Visice  Plans Only)  Indents elige  Month End Aundled with  ging? ☐  es ☐ And  nt's age:	Effect on	ife	Plan Sta	□ No  eeded) □  rt Date  ant's DOB	] No		
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Plan Type: Plan Setup: What state is the When does grown is this plan but is this an exist is this a new possible. When does grown is this an exist is this a new possible. It is a new possible in the plant is the plant indicate plant indicate plant indicate plant is the plant indicate plant	Selfthe plan voup cover ndled with ing plan folian?  Solid nium Rate and in use.	es: (	ded en inf term other which No, r Do no Date Sing	Fully? inate? plan? rates and ate chan t include 2 e used to e used to	ption	Dental  (FSA)  Are dependente	□ Vision Plans Only) Indents elign Month End Jundled with Iting? □ □ And Int's age:  Single +	Effect on	ife	Plan Sta Participa Children	Prt Date ant's DOB Single	No + Family		
Plan Type: Plan Setup: What state is the When does grown is this plan but is this an exist is this a new possible in the plant is the p	Self- the plan voup cove ndled with ing plan folian? nium Rate Attach tab ans in use.	es: (	ded en inf term other which No, r Do no Date Sing	Fully? inate? plan? rates and ate chan t include a e used to	ption	Dental  (FSA)  Are dependente	☐ Vision Plans Only) Indents elign Month End Jundled with Iting?  Les ☐ And Int's age:  age:	Effect on	ife	Plan Sta Participa Children	Prt Date ant's DOB Single	] No		
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						PLAN	16 INF	ORMATIC	N						
Plan Name:										Effect	ive Date:				
Plan Type:	□ Мес	dical		] Pres	crip	tion $\square$	Dental	☐ Visio	n		ife $\square$	EAP [	FSA	☐ HRA	
Plan Setup:		sured	(FSA	Plans Only)											
What state is t							Are depe	ndents elig	gible	for thi	s plan?	☐ Yes	□ No	o	
When does gro	oup cove	rage	term	inate?	)	☐ QE Da	te 🗆 N	/lonth End	Afte	er QE D	ate 🗆 C	Other:			
Is this plan bur	ndled wit	:h an	othe	r plan?	)	□ No □	Yes, b	undled with	า:						
Is this an existi	ing plan f	for w	hich	rates a	and s	setup are n	ot chang	ging?	] Ye	es (no ot	ther plan in	formation i	needed)	□ No	
Is this a new p	lan?		No, r	ate ch	ange	e for existir	ng 🗆 Yo	es 🗆 And	rep	olaces:					
Monthly Prem	nium Rate	es: <i>(</i>	'Do no	t includ	le 2%	6 administra	tion fee.)								
If age rated: (A	Attach tab	ole;	Date	e used	to c	letermine p	participa	nt's age:		Date	of Birth [	☐ Plan Sta	rt Date		
only indicate pla	ans in use.	)	Date	e used	to c	letermine s	spouse's	age:		Spous	e DOB [	☐ Particip	ant's D	OB	
If based on			Sin	gle		Single + S	pouse	Single +	1 C	hild	Single +	Children	Single + Family		
coverage tiers	:														
Carrier Name:									G	Group N	lumber:	umber:			
Is this a new ca	arrier?		Yes	□ No	)	TASC perf	forming	Carrier Not	ifica	ations?	□ No	☐ Yes (0	Complete	e fields below.)	
Eligibility Cont	act Name	e:							С	Contact	Title:				
Contact Phone	2:				Con	tact Fax: Contact En				Email:					
How will TASC	notify Co	onta	ct?	☐ F	ax	☐ Email	Has co	ntact info c	han	nged sir	nce last re	newal?	☐ Ye	es 🗆 No	
				If m	nore	plans exis	st, pleas	e append	and	other f	orm.				
						ΔСК	NOWI	EDGMEN	т						
						ACK	INOVAL	LDGIVILIN	-						
the month prior date for the rate the month follo earlier than Marin rates before any losses in primely manner.	to the efection to the change owing the rch 1). TA	ffect . If re e mo .SC ca eadli	ive da eceive onth for annot ne, yo	ate. Fai ed afte or whi t charg ou may	ilure er the ch r e pa hav	to supply a e 15th of th ates were articipants f e to pay th	any chan ne month received or retroa e premit	ges in rates n prior, imp (e.g., rate active prem um differen	by blem s re lium lice t	this denentation ceived to your	adline will on will be January 2 es. If you f carrier. T <i>i</i>	result in a delayed ui 0 will gen ail to comi	delay on til at le erally be munica t have a	of the effective east the first of be effective no te any changes any liability for	
Print Name											 Title				
Signature											– – Date				