

# **EMPLOYEE ENROLLMENT FORM**

# Flexible Spending Account (FSA)

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.

	Employer to comple											
Employer Name					Employer TASC ID #							
Employer Class Participant Plan Effective Date					Employer Division First Payroll Date							
Pal	ticipant Plan Enectiv	e Date			FIISUPA	iyi oli D	die					
	INDIVIDUAL/PARTICIPANT INFORMATION											
First Name:					MI:	Last	Name:					
TASC ID # (if known):				Email Addre	Email Address <sup>1</sup> :							
Primary Phone #:				Mobile Pho	ne #¹:							
Primary Address: Address Line Address Line		1:							Apt:			
		2:										
City:												
		State:				ZIP/F	Postal Code	:		+4		
Da	Date of Birth:			Date:		Payroll Frequence						
	ields are required for ac ase provide this informa				ential and is not	used fo	or marketing	purposes.				
				ANNU	JAL ELECTIC	NS						
Prio	r to completing your	election amous	nts helow	nlease	refer to the i	nstruct	ions on na	ne 2.				
	elect the following be				nual Salary	_	MPLOYER A	_	Ma	aximum E	mnlovee	
	amount(s) to be deducted pretax:		Reduction Election						Annual Election			
	Healthcare FSA	-										
	I elect to exclude (for HSA eligibili		\$			\$			\$			
	Limited Purpose F	lealthcare FSA	\$			\$			\$			
	Dependent Care FSA (Daycare Expenses)		\$			\$			\$			
	Healthcare Premium (NESP) Reimbursement Account		\$			\$			\$			
					ASC CARD							
	will receive one TASC endent free of charge.					-			-		r	
	equest an additional T										rtal):	
1	Spouse or Depende (No fee)	nt Name (First,	MI, Last)	:			<u> </u>	<u> </u>			<u> </u>	
2	Dependent Name (First, MI, Last): (Additional fee may apply)											
3	Dependent Name (First MI Last):											



### EMPLOYEE ENROLLMENT FORM

Flexible Spending Account (FSA)

#### **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 FSA 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 pretax 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:	
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#### **ELECTION INSTRUCTIONS**

### Instructions for entering elections under each applicable benefit account type:

- 1. Healthcare FSA Election: The 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, orthodontic, and eye care expenses. Participants may elect a maximum based on the current IRS limits. Your employer's plan maximum may be less than the IRS maximum. Review your Summary Plan Description (SPD) for your specific plan maximum. Your election will be split into equal amounts to be deducted pretax from every payroll throughout the plan year. Your total annual election amount is available for reimbursement of eligible expenses on the first day of the plan year.
- 2. Limited Purpose Healthcare FSA Election: Amount you expect to pay out-of-pocket for dental and vision expenses throughout the plan year. Your total election amount is available on the first day of the plan year as expenses are incurred. Refer to your SPD for your specific plan maximum.
- **3. Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the Plan Year. The maximum allowable amount under IRS regulations is \$5,000 per <u>calendar</u> year per family; \$2,500 per calendar year for married individuals filing single. Plan funds are available as they are contributed.
- 4. Healthcare 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 pretaxed, 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.

#### **IMPORTANT NOTE:**

<u>How Cafeteria Plans affect Social Security Benefits</u>: Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower healthcare costs available under an FSA. To compensate for this minimal reduction, you may consider increasing your retirement plan funding.

For enrollment assistance: call toll-free 800-422-4661

Have your enrollment form, employer name, and the Client ID# ready.

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