



Client Administration Manual



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This Administration Manual provides guidance to properly manage your TASC ERISA Plan. Besides detailing the requirements necessary to keep your Plan compliant with ERISA document and disclosure requirements, this document will familiarize you with all the tools we offer to help you do so. In the meantime, if you have any questions pertaining to your TASC ERISA Plan, call us toll-free at 1-800-422-4661. While not required, the 12-digit TASC ID provided in this welcome kit will help get you to the right contact quickly.

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Welcome

You have wisely decided to outsource your ERISA Health and Welfare Document and Disclosure Administration to TASC. The Employee Retirement Income Security Act, known as ERISA, covers far more than retirement, unlike its name might imply.

Most employers fail to realize the power of ERISA. This complex law guarantees employees and their beneficiaries the right to initiate civil and criminal actions in federal court when such actions seek to enforce the requirements of ERISA and/or the terms of a health and welfare plan. Failure to comply with ERISA document and disclosure requirements can be costly to an employer, with daily and cumulative penalties possible.

Fortunately, TASC is here to ensure your company complies with ERISA health welfare and document and disclosure requirements.

Visit our TASC news site at www.tasctracker.com and subscribe to receive news updates via email. Must-know information regarding TASC products is posted regularly on this site.

WELCOME TO TSC ERISA!



ERISA

Getting Started

How does TASC ERISA Work?

As a first step in implementing your Plan, you must provide TASC ERISA with information regarding all health and welfare benefit plans you offer. The information required to prepare your document was outlined in the Service Agreement. A TASC ERISA representative will review your application and email you a list of additional information needed to prepare your Plan Document/SPD and Form 5500 Return(s), if applicable. Without complete information, we cannot continue our service, and your Plan will not be in compliance.

As mentioned above, your TASC ERISA Plan can begin once we have information for the health and benefit plans that you offer your employees. At that point, we will assemble your Wrap or Mega-Wrap Document(s), which along with the Certificates of Coverage and benefit summaries that you distribute to participating employees, will fulfill the Plan Document and Summary Plan Description (SPD) requirements under ERISA.

Plan Document/Summary Plan Description

TASC will create the Plan Document and Summary Plan Description (SPD) for your Plan. The Plan Document/SPD, which incorporates by reference the Certificates of Coverage and/or benefit summaries that you distribute to participating employees, will describe the Plan's terms and conditions and by law must address several topics; some of the most important follow.

General Information About the Plan

This includes Plan Name, Type of Plan, Plan Number, Plan Year, Effective Date, Funding Medium Method and Type of Plan Administration, Plan Sponsor, Plan Sponsor's Employer Identification Number, Insurance Companies (including all contact information), Plan Administrator, Named Fiduciary, and Agent for Service of Legal Process.

Eligibility and Participation Requirements

This points to benefit eligibility information and also details the termination policy, the continuation of coverage under COBRA and USERRA, and the WH-CRA requirement.

Summary of Plan Benefits

This section discusses the various benefits available and details the Plan's funding method as well

as how payments are made to and from the Plan. If the Plan has assets, then the Document must also address how benefits will be funded. In addition, this document will address required provisions for group health plans, including COBRA, qualified medical child support orders, coverage of dependent children in cases of adoption, HIPAA portability, special enrollments, access provisions, hospital stays for newborns and mothers, parity in the application of certain limits to mental health benefits, and coverage for reconstructive surgery in connection with mastectomy (WHCRA).

How the Plan is Administered

This addresses who is responsible for the Plan Administration. That individual will see to it that the Plan is carried out in accordance with the Plan Document/SPD and applicable laws that govern ERISA health and welfare benefits. The duties of the Plan Administrator include, but are not limited to, interpreting the Plan, prescribing applicable procedures, determining eligibility for and authorizing payments of benefits, and gathering information necessary for administering the Plan.

Other Items

Some of the other items that must be addressed in the Plan Document include:

- circumstances that may affect benefits,
- amendments or termination of the Plan,
- no contract of employment,
- claims procedures, and
- statement of ERISA rights.

Summary Plan Description

The Summary Plan Description (SPD), which TASC provides in a document that serves as both the Plan Document and SPD, is a vital document and is required by ERISA. Indeed, this is probably the most important ERISA document because it is the main vehicle for communicating ERISA Plan rights and obligations to Participants and their beneficiaries. By law you have 120 days from the Plan's start-up during which you must disclose the SPD to all current participating employees. In addition, you must distribute the SPD to all newly-hired participating employees within 90 days of their coverage date.

TASC ERISA prepares the Plan Document and Summary Plan Description.

Who must comply with ERISA?

Any business that offers one or more employee health and welfare benefit plans, which may include the following:

- health insurance
- dental insurance
- vision insurance
- life insurance
- disability plans
- disability and death benefits
- funded vacation benefits
- funded sick pay benefits
- certain dependent and day care assistance benefits
- pre-paid legal services
- financial assistance for employee housing expenses

Do you offer any of these Plans? If you do—like most businesses, then you need TASC ERISA.

What is ERISA?

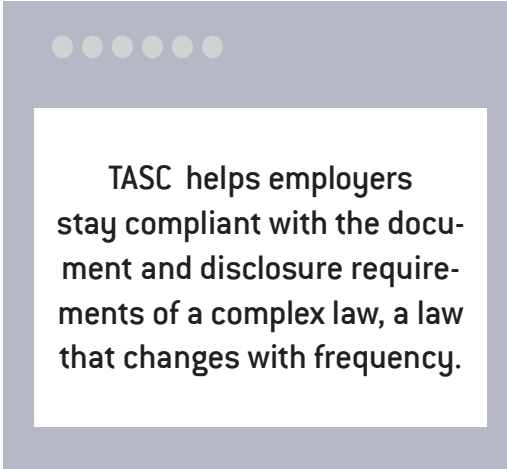
ERISA is a comprehensive federal law enacted by Congress in 1974 and amended several times since to regulate group sponsored benefits called “employee benefit plans.” The main purpose of ERISA is to protect the interests of employees and their beneficiaries who are participating in employee-sponsored health and welfare benefit plans, and to ensure that employees receive pensions and group sponsored health and welfare benefits promised by their employers. For most Plans, ERISA requires full disclosure to covered individuals (employees and beneficiaries). Meanwhile, for many Plans, ERISA additionally requires detailed and timely reporting to the government. Further, the law imposes a strict fiduciary code of conduct on many of those who sponsor and administer ERISA Plans. Failure to comply with ERISA can result in costly Department of Labor enforcement actions and penalty assessments, as well as employee lawsuits.

What is TASC ERISA?

TASC ERISA helps employers stay compliant with the document and disclosure requirements of a complex law, a law that changes with frequency. And this innovative product deals with the mandates of the law methodically and proactively.

- We prepare a combined Plan Document/SPD for your employees, based upon the ERISA health and welfare benefits you provide.
- We prepare and assist you in electronically filing any annual Form 5500 Return that is required for your health and welfare benefits.
- We provide information on how to disclose employee communications about any changes in their health and welfare benefit plan.

In sum, TASC ERISA helps ensure your Plan’s compliance with the law.



TASC helps employers stay compliant with the document and disclosure requirements of a complex law, a law that changes with frequency.

Wrap or Mega Wrap Document

TASC ERISA Plan Sponsors must choose between two types of Plan Document, a wrap or mega-wrap and TASC will prepare one or the other for your ERISA benefits.

If you keep all of your ERISA Plan benefits separate, you will need a Wrap Document for each ERISA Plan benefit. Each Wrap Document will include the Plan Document,/SPD, and incorporate by reference any Certificate of Coverage or benefit summary for that benefit only. TASC provides the Plan Administrator with these Wrap Documents, along with distribution instructions.

If you combine all of your ERISA benefits into one document, TASC will create a Mega Wrap Document/SPD that combines those benefits. The Mega Wrap Document/SPD will combine in a single, large document the Plan Document, /SPD and will incorporate by reference all Certificates of Coverage and benefit summaries. TASC provides the Plan Administrator with this Mega Wrap Document, along with distribution instructions.



While the ERISA Plan Document and SPD are important parts of your Plan, having these documents in place is only part of being fully compliant with ERISA. TASC helps you with compliance all year long. For example, employees must be kept informed of any material Plan changes that take place during the year, with said changes communicated swiftly and thoroughly. Further, employers with 100 or more employees who are participating in any health and welfare benefit plan must complete and provide the Dept. of Labor with an IRS Form 5500 and applicable Schedules, and must do so within 7 months of the Plan Year's end.

Summary of Material Modification

In summary, TASC completes and delivers the Plan Document and Summary Plan Description (SPD) and you must disseminate the document to your employees. After that point, ERISA further requires that any subsequent changes or modifications that affect any of your employee health and welfare benefit plans must be incorporated into the Plan Document and SPD, and must be promptly reported to all participating employees. Because of the size and prohibitive cost of producing the Plan Document/SPD, when such changes take place ERISA allows Plan Administrators to produce an alternative Summary of Material Modification (SMM) document.

The SMM is limited to describing the specific Plan modification(s) or change(s) only. To request an SMM be created, simply complete and submit the ERISA Change Form found later in this Manual. On the form, indicate the type of change and the effective date of the change.

Changes that require submission of a TASC ERISA Change Form include but are not limited to the following:

- to change a carrier,
- to change the contract year,
- to change coverage and/or coverage level, and
- to add or remove benefits from your Plans.

After receiving the completed Change Form, TASC will create the SMM and send it to you. Finally, you must distribute the SMM to all participating employees within 210 days after the close of the Plan Year. Unless it is a material reduction in benefits in which case the SMM must be distributed in 60 days.

Form 5500; Schedule A; Schedule C; Summary Annual Report

As mentioned above, employers with 100 or more employees who are participating in any health and welfare benefit plan as of the first day of a Plan Year must complete an IRS Form 5500 with applicable Schedules for that Plan Year, and must do so within 7 months of the Plan Year's end. Said employer must electronically file these returns with the Employee Benefits Security Administration (EBSA). Penalties for failure to submit a Form 5500 can be costly. In addition to possible criminal penalties for willful Form 5500 failures, the Plan Administrator may be penalized up to \$1,100 a day during which time a Form 5500 is missing or incomplete. To fulfill this requirement and avoid penalties, each year TASC completes Form 5500 and applicable Schedules, then returns these to you. You must then electronically sign and submit these to the EBSA.

At the end of your Plan Year, TASC will send you an email message requesting Schedule A information (and Schedule C information if applicable) from your carriers or service provider. (Your carriers and service providers will know which Schedule informa-

ERISA Change Form

Please return this form to:
 BY MAIL: 14222461 9422
 BY MAIL: TASC Premium Services
 PO Box 14 4229
 Madison WI 53722

Client Name: _____ Client ID: _____

For any change, please include a copy of the new contract with this change form.

Type of Change	Effective Date	Certificate Attached
Carrier Change	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Change	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract Year Change	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Add/Remove Beneficiary	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Coverage	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage Level Change	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

As the Plan Administrator, I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming expense are their reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and policies.

Signature _____ Date _____

TASC - 2200, Investment Center - Madison, WI 53704-4229 - 1-800-473-4661 - Fax: 608-463-2733 - www.tasc.com

Information on this communication is confidential and may only be used by those named herein for the stated purpose. Any other use is strictly prohibited.

tion to send for each of your ERISA benefits.) Please forward the carrier/service provider information to TASC as soon as you receive it from your carriers or service providers. Upon receipt of all carrier/service provider information, TASC will complete a Summary Annual Report (described below) and will prepare Form 5500 and all Schedules, along with filing instructions and deadlines for submission to the EBSA. Filed and processed under the ERISA Filing Acceptance System (EFAST), your Form 5500 must be filed electronically

Certain employee health and welfare benefit plans are exempt from the annual reporting requirements or are eligible for limited reporting options. The major classes of plans thus exempt or eligible are described in the Form 5500 instructions.

The IRS Form 5500s that must be filed by Plan Administrators are due by the last day of the 7th calendar month after the end of the Plan Year. See the Form 5500 instructions for information on extensions.

All Clients are obliged to maintain up-to-date contact information in MyTASC; this includes email and mailing addresses, and phone numbers. TASC periodically sends important Plan notifications (regarding balances, deadlines, and/or Plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Summary Annual Report

Once the IRS Form 5500 and the appropriate Schedules are completed, TASC will prepare and return to you a Summary Annual Report (SAR) for each Form 5500 filing. By law, you must distribute a copy of the SAR(s) to each participating employee within 9 months of Plan Year end. Please note: An employee also has the right to receive from the Plan Administrator, upon request a copy of the full annual report, i.e., the Form 5500 itself. An employee also has the legally protected right to examine the annual report (the Form 5500) at the main office of the Plan.

Document Disclosures

As part of your Plan administration, each time TASC completes a Plan Document/SPD, SMM, Form 5500 return, SAR or an Annual Notice for you, along with the document itself you will be provided with clear instructions for how to proceed. These will include who should receive a copy of the document, how the document must be delivered, and the time frame during which the document must be delivered. ERISA documents have varying disclosure requirements. This means you should pay careful attention to the specific directions accompanying each document.

Stay informed about important news regarding your Plan.

Visit the TASC Client news site at www.tasctracker.com and subscribe to receive news updates via email.

Disclosure Requirements

The Department of Labor (DOL) has published rules regarding the disclosure of various documents pertaining to health and welfare benefit plans that employers offer to their employees. These disclosure rules regard the hard copy distribution of these documents as well as disclosure through electronic means. In addition, DOL has set standards for using electronic media to maintain and retain records for these plans, as required by ERISA. In sum, the Safe Harbor Guidelines in the rule apply to the disclosure of all reports, statements, notices, and other documents that a Plan must automatically furnish to Participants (and their beneficiaries upon request). These guidelines also expand the categories of individuals who may receive disclosures to include Participants and their beneficiaries as well as others (e.g., eligible employees not participating) entitled to this information.

The major standards for disclosure rules are highlighted here:

- The system for furnishing documents, whether via hard copy or electronically, must reasonably ensure the actual receipt of the information and protect the confidentiality of personal information relating to the individual's accountants and benefits. The Plan Sponsor should also keep a record of the steps taken to ensure the method used to disclose the information would result in actual receipt.
- If In order for documents to be electronically furnished in the workplace, Participants must be able to access the system for disclosing the documents at their individual workstations. The DOL emphasizes that making electronic information systems available only within the common areas of the workplace is not a permissible means to furnish information to Participants. If disclosed electronically, an individual always has a right to a paper version of that document.
- If the documents are electronically furnished outside of the workplace, individuals must affirmatively consent to receiving said documents. Prior to consent, individuals must be fully informed about types of documents that they will receive, their right to withdraw consent without charge, the procedures for updating their electronic mailing address, and their right to request and obtain a paper version of a document that has been provided electronically. Following consent, the individuals must receive information and updates about any change in hardware or software requirements which could impact their receipt of electronically furnished documents; said information must be provided in a written statement detailing the revised hardware or software requirements.
- If the documents are not or cannot be disclosed electronically, then a paper copy must be provided. The method for distributing the hard copy must be a method that would result in actual receipt of the document.

The Department of Labor (DOL) has published rules regarding the disclosure of various documents pertaining to health and welfare benefit plans that employers offer to their employees.

Recordkeeping/Plan Renewal

Recordkeeping

Recordkeeping instruction is a critical component to the TASC ERISA administration service. ERISA imposes a specific recordkeeping rule which requires employers (a) to maintain sufficient records, (b) to document specific Plan information, and (c) to make documents available for examination for various durations of time.

Documents must be provided or made available for inspection upon written request from Participants and/or their beneficiaries. DOL regulations require documents to be readily accessible and clearly identified at all times. In addition, employers must institute reasonable procedures for Participants and beneficiaries that wish to examine documents.

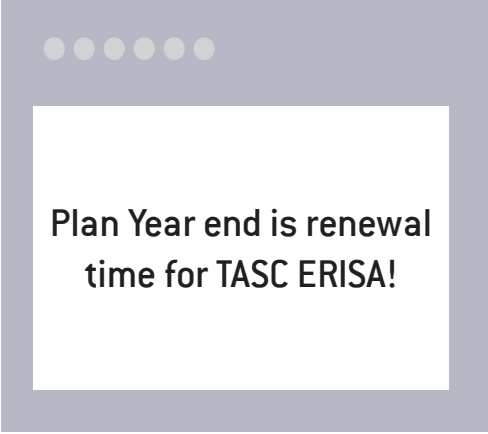
Plan Administrators can use electronic media to comply with records maintenance and/or retention requirements under ERISA. The standards require a recordkeeping system that provides reasonable controls in order to ensure the integrity, accuracy, authenticity, and reliability of all Plan records that are maintained in electronic form. The Plan Administrator may dispose of original paper records any time after they are transferred to a system that complies with the electronic recordkeeping requirements, if original records are not required by the Plan or by state or federal law. Finally, said records must be maintained in a manner such that they can be easily converted into paper copies.

Plan Renewal

Near the end of the Plan Year, various procedures are permitted and/or required.

- Employees may re-enroll in benefits for the upcoming Plan Year.
- Employers may change the parameters of the Plan.
 - Refer to the Plan Document/SPD to determine if any changes have occurred.
 - Communicate said changes in your Plan to TASC .

After TASC receives notification of any changes, we will complete and deliver to you a Summary of Material Modification. By law, you must provide these updated documents to your participating employees. Please note that you may also make changes to your Plan parameters midyear. To do so, simply complete the Change Form and TASC will prepare and provide you with an SMM.



**Plan Year end is renewal
time for TASC ERISA!**

Business Processing Event Time Line

Event Kit	Event Title	Duration*	Responsibility
	1. Submit application with fees.	Varies	Provider
	2. TASC receives and previews application.	2+ days(if clean)	TASC
	3. TASC enters the new business.	1+ days	TASC
	4. TASC ERISA enters Client information and establish the Client account.	2 days	TASC
Welcome Kit	5. TASC emails Client material including the Client Administrative Manual.	1 day	TASC
	6. Email is sent to Client requesting additional information needed to proceed with Plan Document/SPD preparation and Form 5500 Return(s), if applicable.	Within 5 business days	TASC/Client
Wrap Kit	7. When all information has been received, TASC prepares Plan Document/Summary Plan Description and sends to Client.	35 days	TASC
	8. Client discloses SPD to Participants.	within 90 days	Client
SMM Kit	9. When a Plan or a provision of the Plan incurs a material change, Client completes and submits a Change Form.	Varies	Client
	10. TASC creates a Summary of Material Modification Form and sends it to Client.	20 days	TASC
	11. Client discloses SMM to Participants	Varies	Client
5500 & SAR Kit	12. TASC sends request via email to Clients for annual Schedules from Client's carriers.	1 day	TASC
	13. Client sends requested Schedules to TASC.	Varies	Client
	14. TASC prepares the Form 5500 Return and the Summary Annual Report (SAR). Signing information and SAR are sent to Client.	Varies	TASC
	15. Client signs completed Form 5500 and submits it to the EBSA and distributes the SAR to all participating employees.	Varies	Client
	16. Client renews service with TASC.	ongoing	Client

* Duration is noted in business days.

TASC Invoicing Practices

Purpose

TASC's Invoicing Practices aim to foster a clear understanding by communicating expectations to all Clients, ensuring compliance to TASC Plans and services, creating consistency between all of TASC's divisions, and ensuring the continuation of services.

Philosophy

To ensure that TASC operations continue to run smoothly, various actions need to occur in a timely manner, including the payment of TASC administrative fees. Paying in advance demonstrates that the Plan is for the benefit of employees and provides further evidence that the Plan has been established on a pre-thought basis. TASC invoices in advance for two reasons:

1. TASC requires a commitment in advance of the business being processed, and
2. TASC requires a payment history for its Clients, so as to determine the Clients' status of good standing.

Types of Payments for Administrative Fees

- Debit - Clients may pay administrative fees or funding invoices via an electronic ACH Debit transfer.

Client Responsibilities

- Please make your checks payable to TASC Administration. Checks incorrectly payable to TASC ERISA can cause some confusion and may delay the administration of your Plan.
- Mail invoices and payments in the envelope provided (goldenrod color) to: TASC, 2302 International Lane, Madison, WI 53704-7098.
 - All invoice payments must be submitted separately from all other payments and transactions.
 - All invoice payments must be made separately (i.e. one check with one invoice).
- Notify TASC of any disputes or any changes.



What is “Confidentially Speaking”

The Confidentially Speaking program guarantees that TASC employees, customers, and vendors can safely and anonymously communicate with management regarding sensitive information. We respect and value your opinions, and hope you will feel comfortable using this program to communicate serious problems or concerns.

Confidentially Speaking is administered by Navex Global, an independent organization that is contractually forbidden to disclose your personal information to TASC (unless you give them permission).

How does it work?

If you have knowledge about the occurrence of unethical activity, promptly report the situation to a Confidentially Speaking representative via our website at www.tasc.alertline.com or via phone at 877-874-8416.

Learn more! View the Confidentially Speaking Reporting Program flyer. (Visit www.tasconline.com and click Consumer Protection Program from the About Us dropdown.

The Patient-Centered Outcomes Research Institute (PCORI) was established by the Patient Protection & Affordable Care Act (PPACA) to evaluate the quality of various medicines and treatments. A private, nonprofit corporation, this Institute conducts comparative clinical effectiveness research and is funded in part by plan sponsors (i.e., employers) of self-insured health plans.

Employers/plan sponsors with self-insured health plans (including non-excepted Health Reimbursement Arrangements and non-excepted Health Flexible Spending Arrangements) are required to file IRS Form 720 and remit PCORI fees to the Treasury Department on an annual basis. Fees are payable on a seven rolling Schedule for Plan Years beginning on or after October 1, 2012 through Plan Years ending September 30, 2019. Fees are due on July 31 of each year for Plan Years that ended during the prior calendar year. Initially this fee is \$1 per each covered life; it will then increase to \$2 after the first year and, in subsequent years, will be adjusted based on medical inflation rates.

TASC, as part of its service offering and at no charge to TASC ERISA Clients, will, on an annual basis, assist in determining which of your plans are subject to these fees and determining the actual fees due. In addition, TASC will provide you with guidance relating to the filing of IRS Form 720 and payment of the fees.

For further details regarding TASC's PCORI Fees Service, please contact your TASC representative.

TASC
PCORI

Patient-Centered Outcomes Research Institute (PCORI) Application

Please submit your completed Plan Application with enclosures here to:
 Email: enrol@tasc.com Fax: 608-661-9638
 Mail: TASC, c/o New Business Department
 2302 International Lane, P.O. Box 14160, Madison, WI 53706-3160

(1) EMPLOYER/ADMINISTRATOR

Contact Name: _____
 Company Name: _____
 E-mail: _____
 Company Physical Address (not PO Box): _____ State: _____ Zip: _____
 City: _____
 Mailing Address—if different from Physical address: _____ State: _____ Zip: _____
 City: _____
 Phone Number/Fax Number: _____
 Business Federal ID # NAICS or SIC Code: _____
 Tax Filing Status: C Corp S Corp Partnership Sole Proprietor Non-Profit LLC Other _____
 Nature of Business: _____
 Do you own an interest in any other business? Yes No
 If you are a current client of TASC – please note your Client ID Number: _____
 Which TASC service: FlexSystem DirectPay COBRA/Today ERISAEdge FMLAMatters
 Plan Year End Date: _____ Total Current Employee Count: _____

(2) REQUEST FOR INFORMATION

Check off that apply:
 A. Health Reimbursement Account (HRA) B. TASC DirectPay Client/TASC HRA Client
 C. Self-Insured Health Plan D. TASC DirectPay Self-Administration Client /TASC HRA Self-Administration Client

(3) PLAN PARTICIPANT COUNTS

Please provide the following Participant counts. See instructions below on how to count Participants:

Participant count as of the 1st day of the 1st month of your Plan Year: _____
 Participant count as of the 1st day of the 6th month of your Plan Year: _____
 Participant count as of the 1st day of the 7th month of your Plan Year: _____
 Participant count as of the 1st day of the 12th month of your Plan Year: _____

* If you checked Box A OR/and Box A and D ONLY your Participant counts should equal the total number of HRA Plan Participants* on the first day of each quarter during the Plan Year.
 * If you checked BOTH Box A and C your Participant counts should equal the total number of self-insured Health Plan Participants* on the first day of each quarter during the Plan Year. Count each Health Plan Participant with self-only coverage and then add to that the number of Participants with other than self-only coverage multiplied by 2.35. (The same Plan Year is assumed for both your HRA and self-insured Health Plan.)
 * If you checked Box C ONLY your Participant counts should equal the total number of self-insured Health Plan Participants* on the first day of each quarter during the Plan Year. Count each Health Plan Participant with self-only coverage and then add to that the number of Participants with other than self-only coverage multiplied by 2.35.
 * Please include all COBRA Participants in your count, but do not include any spouses or dependents that may be covered under the Plan in any of your counts.

13-08-04213

Contacting TASC

Technical and Customer Service Support

TASC has a team of employee benefits professionals who are ready to assist you with your Plan. Clients and Participants may call toll-free (from 8:00 am to 5:00 pm) to address questions relevant to TASC ERISA.

Phone: 1-800-422-4661
Fax: 608-661-9602
E-mail: ERISA@tasconline.com
Web: www.tasconline.com

For Your Benefit

TASC also distributes For Your Benefit, a bi-annual newsletter that includes Plan updates and a calendar of important dates, along with information about other TASC Plans and guidance for managing and developing your business.

News Updates

Stay informed about important news regarding your Plan. Visit the TASC Client news site at www.tasctracker.com and subscribe to receive news updates via email.





TASC ERISA Change Form

TASC ERISA
P.O. Box 14629
Madison WI 53708
erisa@tasconline.com
Fax: 608-661-9602

Client Name: _____ Client ID: _____

Anticipated number of employees enrolled in your group health plan at the beginning of your new Plan Year (including those on COBRA): 1-99 100 or more

The group health plan offered to employees upon renewal will be: Grandfathered Status
 Non-grandfathered Status

*Note – Will one or more of your benefits change? If so, TASC will provide you with a Plan Amendment/SMM (Summary of Material Modification) for distribution. This Plan Amendment/SMM will in effect incorporate these changes into and become a part of your Plan Document/Summary Plan Description (SPD).

Change Codes:

- (1) Change of Carrier
- (2) Change of Eligibility
- (3) Change of Contract Year
- (4) Add/Remove Benefits
- (5) Change of Coverage
- (6) Change of Coverage Level

	Change Code	Details	Effective Date
Health	_____	_____	_____
Dental	_____	_____	_____
Vision	_____	_____	_____
Life	_____	_____	_____
AD&D	_____	_____	_____
STD	_____	_____	_____
LTD	_____	_____	_____
Wellness or EAP	_____	_____	_____
Stop Loss	_____	_____	_____
Voluntary Products	_____	_____	_____
Other	_____	_____	_____

No changes to benefit Plans:

Signature _____ Date _____

*Email (erisa@tasconline.com) or fax (608-661-9602) the completed form to your dedicated TASC ERISA Account Representative.

ACA Employer Reporting
COBRA Administration
Flexible Spending Accounts (FSA)
ERISA Compliance
FMLA Administration
Form 5500 Preparation
Funded HRA
GiveBack
Health Reimbursement Arrangements (HRA)
Health Savings Accounts (HSA)
HIPAA Compliance
Medicare Part D
Non-Discrimination Testing
PayPath Payroll Services
PCORI
Retiree Billing
Transit & Parking