



Non-Discrimination Assessment Data Worksheet

TASC provides an Audit Guarantee that covers tax penalties resulting from a discriminatory Plan as long as the TASC Non-Discrimination Assessment is completed and Plan parameters are followed.

Note: This assessment is not a substitute for non-discrimination testing.

As part of our service, TASC reviews your Plan for discrimination of Non-Highly Compensated Employees (NHCEs). You will be notified of your results and options if the Plan fails the TASC assessment.

Client Name:		Client ID #:	
Plan Year:	___ / ___ / ___	to	___ / ___ / ___
	Start Date		End Date

Step 1 – Highly Compensated Employees (HCEs)

HCE Name	Group Sponsored Premiums under the Cafeteria Plan		HSA Contributions Provided under the Cafeteria Plan	
	Annual Employer Contributions	Annual Employee Pre-Tax Contributions	Annual Employer Contributions	Annual Employee Pre-Tax Contributions
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Combined HCE Subtotal:				\$

Step 2 – Non-Highly Compensated Employees (NHCEs)

	Group Sponsored Premiums under the Cafeteria Plan		HSA Contributions Provided under the Cafeteria Plan	
	Annual Employer Contributions	Annual Employee Pre-Tax Contributions	Annual Employer Contributions	Annual Employee Pre-Tax Contributions
	\$	\$	\$	\$
Combined NHCE Subtotal:				\$



Step 3 – Contributions for Other Qualified Pre-Tax Benefits

Only include qualified benefits under a Flex Plan that are not reported above and not included in your online MyTASC account. *For example:* an Adoption Assistance benefit or benefits listed under a separate FSA Plan Document, such as a Premium Only Plan (POP) for dental premiums.

Benefit Type	Non-Highly Compensated Contributions		Highly Compensated Contributions	
	Annual NHCS Employer Contributions	Annual NHCE Pre-Tax Contributions	Annual HCE Employer Contributions	Annual HCE Pre-Tax Contributions
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
NHCE Subtotal:		\$	HCE Subtotal:	\$

Step 4 – Carrier and Coverage Data

Health Plan Carrier Name	Coverage Types Offered (Family, Single+1, Employee Only, etc.)	Number of Employees in Plan	Plan Deductible Amount
			\$
			\$
			\$
			\$

Fax or mail your completed Data Worksheet to TASC within 30 days:

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(Mail)

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