



Claim ConneX Addendum to Group Plan Application

Provided by TASC, Claim ConneX is a service option for TASC Health Reimbursement Arrangements (HRA) and FlexSystem Flexible Spending Accounts (FSA). This innovation allows your health insurance carrier to forward employee medical claims directly to TASC for HRA and/or FSA reimbursements. Because we receive the claims automatically from the carrier, participating employees need not submit reimbursement claims or substantiation documents.

Claim ConneX is designed to streamline and simplify the reimbursement process and to reduce workload for all concerned. This electronic auto submittal and auto adjudication of claims comes at no additional cost to either Client or Participant.

HOW TO APPLY

- Complete the TASC Group Services Plan Application and attach to it this completed application form. **Email this form to claimconnex@tasconline.com.**
- Notify your health insurance carrier that you wish to sign up with Claim ConneX. (This notification must come from you or your insurance broker.)
- Complete the enrollment process for your TASC HRA and/or FlexSystem FSA Plan.
- Upon the inception of your TASC HRA and/or FlexSystem FSA Plan, TASC will receive claims automatically from your insurance carrier, through Claim ConneX. Participating employees need not submit claims as long as enrollment information is received in a timely fashion.

Yes, I want to apply for Claim ConneX!

Contact Name: _____

Company Name: _____

Client TASC ID: _____

(For an existing TASC HRA and/or FlexSystem FSA Client)

Insurance Carrier Name: _____

(Please be specific, providing the full name of the carrier)

Insurance Carrier Group ID: _____

Indicate which Plan(s) you want to set up with Claim ConneX: TASC HRA FlexSystem FSA

Do you want 'Claims Ordering' if you have both a TASC HRA and FlexSystem FSA Plan? Yes No N/A

If yes, indicate order of processing:

HRA first, FSA second (default) FSA first, HRA second (not recommended)

Do you want us to pay the claims to the Provider or the Participant? Provider Participant

(Note: The "Pay to Provider" option may not be available through all Insurance Carriers. When available, the "Pay to Provider" option is for TASC HRA claims only. All FlexSystem FSA claims "Pay to the Participant".)

TASC HRA expenses eligible for reimbursement:

- Medical Deductible Expenses Medical Coinsurance Expenses Medical Co-pay Expenses
- Prescription Expenses (only check this box if TASC HRA will receive Rx claims from the health insurance carrier)

2302 International Lane, Madison, WI 53704-3140 • 800-422-4661 • Fax: 608-663-2754 • www.tasconline.com

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Claim ConneX Processing Service Authorization & Enrollment Form

“Plan Sponsor” (listed below as “company name”), as Plan Sponsor and Plan Administrator of a Health Reimbursement Account (HRA) Plan or a Flexible Spending Account (FSA) Plan (the “Plan”), and TOTAL ADMINISTRATIVE SERVICES CORPORATION (“TASC”) are parties to this Agreement pursuant to which TASC and/or its subcontractors or agents provide certain services to the Plan (“Administrative Services”). To comply with (a) the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), (b) the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E (“Privacy Rule”), (c) the Security Standards and Implementation Specifications at 45 C.F.R. part 160 and part 164, subpart C (“Security Rule”), and (d) the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), the Plan and TASC have entered into a written Business Associate Agreement (“Business Associate Agreement”) containing specified provisions to ensure the privacy and security of and appropriate use and disclosure of protected health information (as defined in 45 C.F.R. § 160.103) by TASC and/or its subcontractors or agents for purposes of carrying out the Administrative Services. Plan Sponsor, as Plan Sponsor and Plan Administrator of, and on behalf of, the Plan, hereby appoints TASC or its subcontractors or agents to act as an Authorized Agent for the purpose of receiving and/or retrieving electronic reports/responses (“Claim Feed Information”) from listed insurer (listed below as “Carrier Name”) listed below on Plan Sponsor’s behalf. TASC and/or its subcontractors or agents use and disclosure of Claim Feed Information shall be subject to the terms of the Business Associate Agreement. This Authorization can be revoked at any time, in writing. It is considered in effect until terminated in writing.

Company Representative Signature

Date

Company Representative Name - Printed

Company Representative Title

Company Name

Client 12-digit TASC ID

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