

Universal Subscription Agreement (USA) PURCHASER DETAILS

Submit this completed form with	Email	Fax	Mail
total fees due (on page 4) to TASC via one of the following methods:	newbusiness@tasconline.com	(608) 661-9638	TASC, c/o New Business Department 2302 International Lane, P.O. Box 14140 Madison, Wisconsin 53704-3140

GENERAL BUSINESS INFORMATION																
Company Name:					EIN #:											
Federal Filing Status:	C-Corp	S-Cor	p Partnership	Sole Proprietor	☐ Non-Profit	LLC	Other									
Multi-Employer Gi	· ·															
(check an that apply)	Total # of Employees															
Total # of Employe	ees:		Total # of Benefit Eligible Employees:		Participating in Gro Health Plan Benefit	up										
Nature of Business	s:		1	NAICS Code:												
Are you a current	TASC Client?		VAC NO	If yes, please prov TASC ID:	ide your 12-digit											
Class and/or Divisi	Class and/or Division Setup Required? Yes No If Yes, complete and attach Class & Division Designation Form (TC-6180)															
>> If Division setu	•	_	rom Yes No			-										
different bank accounts be required? If Yes, complete and attach Bank Account Authorization & Designation Form (TC-6181)																
If multiple accounts, indicate order for payment of requests: HRA 1 st , FSA 2 nd FSA 1 st , HRA 2 nd																
EDI File:	es 🗌 No If	Yes, complet	e and attach EDI Application	1	·											
			CLIENT CONTACT II	NFORMATIO	N											
Client Add					0.1	CELET CONTACT IN OMNATION										
	*****		Ctroot			Ctata	7in									
			Street		City	State	Zip									
Primary/Physical A			Street		City	State	Zip									
			Street		City	State	Zip									
Primary/Physical A (no P.O. Box)	Address		Street		City	State	Zip									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A	Address mary Address) Address		Street		City	State	Zip									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri	Address mary Address) Address				City	State	Zip									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A	Address mary Address) Address		Street Authorized Co	ontacts	City											
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type	Address mary Address) Address	Name			City	Primary	y or Secondary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary	Address mary Address) Address mary Address)	Name	Authorized Co		·	Primary	y or Secondary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact	Address mary Address) Address mary Address)	Name	Authorized Co		·	Primary Prim Seco	y or Secondary ary ndary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact Client Billing	Address mary Address) Address mary Address)	Name	Authorized Co		·	Primary Prim Seco	y or Secondary ary ndary ary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact	Address mary Address) Address mary Address)	Name	Authorized Co		·	Primary Prim Seco	y or Secondary ary ndary ary ndary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact Client Billing Contact	Address mary Address) Address mary Address)	Name	Authorized Co		·	Primary Prim Seco	y or Secondary ary ndary ary ndary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact Client Billing Contact Distributor/	address mary Address) Address mary Address) Contact		Authorized Co	line Access)	Phone	Primary Prim Seco	y or Secondary ary ndary ary ndary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact Client Billing Contact Distributor/	address mary Address) Address mary Address) Contact		Authorized Co Email (Required for On	line Access)	Phone	Primary Prim Seco	y or Secondary ary ndary ary ndary									
Primary/Physical A (no P.O. Box) Billing Address (if different than Pri Mailing/Shipping A (if different than Pri Contact Type Client Primary Company Contact Client Billing Contact Distributor/	address mary Address) Address mary Address) Contact		Authorized Co Email (Required for On	line Access)	Phone	Primary Prim Seco Prim Seco Seconda	y or Secondary ary ndary ary ndary iry									

GENERAL INFORMATION - UNIVERSAL BENEFIT ACCOUNT

CONT	RIBUT	ΓIONS								
If payr	oll land	ds on banking	holidays, selec	t one o	otion:	Apply contributions <u>next</u> business day Apply contributions <u>prior</u> business day				
Section	Section 125 Plan Document Premium Benefits									
Do yo	u hav	e an existing	Section 125	Plan?	Ye:	No If Yes, Enter the Plan Original Effective Date:				
Su	 Medical or Medical Related Premium (Group Sponsored): ☐ Group Medical Insurance Premium ☐ Dental Premium ☐ Vision Premium ☐ Supplemental Insurance (Voluntary Indemnity Plans) – includes cancer, hospital confinement, intensive care, AD&D ☐ Disability Insurance Premium (Employee Only) ☐ Voluntary/Group Term Life Insurance (Employee Only to \$50,000 in death benefits) 									
					igibility	for all accounts, except HRAs, will be set as designated here, unless Class and/or				
Waiting	g period		ate together m u	st not ex		0 days. Select the employment requirement below that an eligible employee must				
		enrollment, or a Period (enter #		e. If eligii	bility is	required by class, complete Class and Division Designation Form (TC-6180).				
			POI Daysj.	Fir	st of t	he month after waiting period ends				
Effecti	ive Dat	te:		_		after waiting period ends Same day when waiting period ends				
		Eligibility Red		select al	I that o	apply)				
Inclu	ded T	Excluded	N/A	Meml	ners of	bargaining units				
-]]					time employees regularly scheduled to work at least hours per week				
F	<u>, </u>					ployees regularly working at least months within a year (6 mo max)				
]			Emplo	yees ı	ınder years of age				
Estima	ated To	otal # of TASC	Participants:							
		U	NIVERSAL	BENE	FIT A	CCOUNT OFFERING SELECTIONS & FEES				
Check a	II that	apply:								
		Flexible Spen	ding Accounts			Healthcare FSA				
		(IRC §	§125¹)			Limited Purpose Healthcare FSA (LPFSA)				
		Health Savir	ngs Accounts			Health Savings Account (HSA)				
	Ц	ealth Reimburs	coment Accou	ntc		Client-Directed HSA				
щ	пе	aitii Keiiiibuis	Sement Accou	iits		Health Reimbursement Arrangement (HRA)				
HCARE						Integrated Funded HRA (Integrated FHRA)				
						Retiree Funded HRA (Retiree FHRA) Dental HRA				
HEALT						Ortho HRA				
						Vision HRA				
						Healthcare Premium Reimbursement Arrangement (Employer-Only Funded)				
						Individual Coverage HRA (ICHRA)				
						Excepted Benefit HRA (EBHRA)				
						Wellness Reimbursement Arrangement				
		pendent Care			\Box	Dependent Care FSA				
	Prei	mium Reimbu	rsement (IRC §	125¹)	<u> </u>	Healthcare Premium (NESP) Reimbursement Account				
SE .		Comi	muter			Parking Account Transit Account				
FRINGE		Awards/	'Rewards		H	Wellness Rewards Account				
		•				Wellness Reimbursement Account (Non-Tax Advantaged)				
						Back-up Care Reimbursement Account				
						Bike Account				

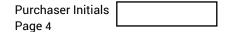


	Account	able Plans		Profe	ssional Bu	isiness Exper	nse Account		
				Home	e Office Ad	count			
				Trave	l and Rusi	ness Meals A	Account		
							teedane		
					Clothes A				
				Work	place Too	ls Account			
	Education	n Accounts		Tuitio	on Reimbu	rsement Acc	count		
ED	Education	ii Accounts		Stude	ent Loan R	eimburseme	ent Account		
¹ IRC §125: All b	enefits under a s	ingle IRC §12	25 plan must have	the same	e eligibility	and runout rul	les.		
			W/500AL DEN		0001111				
		UN	IIVERSAL BEN	_				•	
	ion Package					rvice Packag			
=	ding Package			$- \bigsqcup '$	Account C	ompliance Pa	ackage <i>(compl</i>	ete ne	ext section)
☐ Plan Opt	timization Pack	age			Other:				
Select ALL Ac	count(s) for <i>Ac</i>	count Com	pliance Add-On	Package	e (separat	e fees apply	for each acco	unt se	elected):
☐ Health	hcare FSA				Dental F	IRA			
Limite	ed Purpose Hea	Ithcare FSA			Ortho H	RA			
	ndent Care FSA				Vision H	RA			
Parkir	ng Account				Individu	al Coverage I	HRA (ICHRA)		
	it Account					d Benefit HR			
☐ Health	h Savings Accou	unt (HSA)					ment Arrangei	ment	
	-Directed HSA	· ·					(NESP) Reimb		nent Account
☐ Health	h Reimburseme	ent Arrange	ment (HRA)				ent Account		
		FEI	E SUMMARY	/: UNI	VERSAL	. BENEFIT	ACCOUNT		
		PPPM F	ee PEPM I	Fee*	Mo	nthly	Annual		Fees for
Level	Tier				1	ım Fee**	Membership	Fee	Add-On Packages
		E	nter only one				(will be invoid	ed)	riad on racinges
			ded up front – and	updated	quarterly				
**Only applies	with PPPM pricin	ng							
			OTH	IER OF	FERING	S & FEES			
			One Time						
			Set-Up Fee			Minimum	Annual		Additional Services
Selected Of	ferings		(due with	Adn	nin Fee	Admin Fee	Renewal		and Fees
			Purchaser Details			Admin Fee	Fee		and rees
	011		submittal)						
Continuation	Orierings								QB Takeover Fee \$
COBRA	Dilling			+					CD TUNCOVELLEC 3
Retiree E	DIIIIIIB			+					ligibility Determination \$
Compliance C	Offerings								ingionity Determination 3
	Σπεrings ull Administration	n)							ate 5500 Filing: \$ _
_=`	ocs Only (100+;			+					acc 5500 i milg. 4
	e Part D Notice	-		+			+		
=	E ERISA Notices			+					
	vithout ERISA))		+					
	·			+					Ongoing One-Time
Form 55	00 Preparation	(see p.21)	N/A					_	ate 5500 Filing: \$
Non-Disc	crimination Tes	sting		1					<u> </u>
	ompliance								
	ployer Reportir	ng							
Documents C		.0				I .	1		
	n Only Plan (PO	P)	N/A			N/A	N/A		
Plan Onl		,	,-,	+		,,,	1.7/		
	V HSA								
Self-Adm	·	4							
=	y HSA ninistration FSA ninistration HRA								

TASC

TASC Suites							
#1: ERISA, HIPAA, FMLA							
#2: ERISA, HIPAA, COBRA	ED 41 A						
#3: ERISA, HIPAA, COBRA,	FIVILA						
#4: HIPAA, COBRA							
TOTAL FEES (other offering	gs):						
TOTAL F	EES DUE WITH	I APPLICATI	ON:				
		BILLING	i INFORM/	ATION			
elect a payment method for y	our fees and cor	nplete the foll	owing inform	ation for the se	elected paym	ent method:	
Payment Method:	ACH (E-Pay) ²	Cred	it Card	Invoice			
Fees Required w/Purchaser Details submittal ¹				N/A		versal Benefit Account sales,	
Administration, Membership, Renewal, and Package Fees		N	I/A		 Membership Fee, Admin Fee and Add-On Packages for Universal Benefit Account wi be invoiced no later than 60 days after setu 		
Billing Frequency:	Annually	Quarterly	☐ Monthly	,			
NOTE: Small groups with 1-15 Banking Information:	This information			ayments for sei	rvices render	ed	
Bank Name:				Bank Accour	nt Name:		
Bank Routing Number:				Account Nu	mber:		
Account Type:	Business Ch		Business S Personal S	-			
Account Funding:							
If different bank accounts are rec	quired by benefit o	ffering or by div	rision, complete	e and attach <i>Banl</i>	k Authorizatior	a & Designation Form (TC-6181)	
Use same ACH information	n as banking info	rmation above	仓	TASC will init	iate ACH debit	s from the bank account and	
Use different ACH informa	tion as per below	v 🗘				in the amount funding section.	
Bank Name:					•	be electronically deducted from and automatically submitted on	
Bank Account Name:					ed payroll contr	•	
Bank Routing Number:				your scriedule	a payron conti		
Account Number:							
Account Type:	Business Ch		Business S	-			
Credit Card Information							
Credit Card information may only		set-up fees for	Offerings indic	ated as "Other" a	above.		
Name on Card:			J				
Card Type: Visa	MasterCar	d \square Ame	erican Express	Discov	/er		
Card Number:				Expiration D			
21.10.21.1	Fees for Other Ac			1			

²E-Pay is TASC's standard method for submission of *administration fees*. With E-Pay, TASC conveniently deducts your fees from your checking account. Simply complete the box above, signing where indicated. All written debit authorizations must agree that the Payer may revoke the authorization only by first notifying the Originator in the manner specified in the authorization. The language in the authorization represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.





AUTHORIZATION

The data and information are being provided to implement the services purchased. This data and information are subject to the terms

of the TASC Universal Subscri	otion A	greement (L	JSA), includ	ding TA	SC's reliance or	n its timelin	ess and accur	асу.			
Purchaser Signature:							Da	ate:			
Title:											
Distributor/Agent Name:					TASC Provider ID #:						
List Bill # (if applicable):					Ret	tail Code (If	applicable):				
INTERNAL USE ONLY:											
Assist MyTASC ID:											
Complete th	0 000	dicable s	octions	halay	u basad on	hanafit c	alactions	made above.			
- Complete til					COUNTS (ch			mude ubove.			
		LLXIDLL 3	PLINDIN	IG AC	COUNTS (CI	TECK UII LIIC	п ирріу)				
Healthcare FSA	Lin	nited Purpo	ose Healt	hcare	FSA (LPFSA)						
NEW Plan:	Plan S	tart Date:				Plan End	Date:				
EXISTING Plan:	Plan S	tart Date:				Plan End I	Date:				
EXISTING Flan.	Currer	nt Participan	t Count:		ERISA F	Plan #:		Mid-Year Plan Takeover			
Name of Administrator:											
If you have a current FSA, in			ninister	ПР	rior Administra	tor TAS	SC				
the plan's Grace and Runou	period	l(s):									
Plan Contributions		ı									
Healthcare FSA		Minimum					Contribution				
Limited Purpose Healthcare	FSA	Minimum	(if applical	ole):		Maximum	Contribution	n:			
Plan Details											
			Healthcare	FSA			ose Healthcare FSA				
Carryover (\$500 max)	<u> </u>		unt: \$			Yes	Amount: \$				
Grace Period (75-day max)	ΙDΥ	# 01 L	Days:/_ Date: / _	- ,		Yes	# of Days:				
(not available for plans with Carryover)	⊔ '	es Ellu L	Jace	/	-	□ тез	Ella Date.	//			
Runout Period (default 90		# of D	Davs from I	Plan Ye	ar End:		# of Davs f	rom Plan Year End:			
days after Plan End Date)¹			ut End Dat			Yes		d Date:/			
Employer Contributions	Y	es N	0			Yes	☐ No				
<i>If yes</i> , enter \$ amount	\$					\$					
If yes, frequency of	Пс	ame as Emp	lovee Ded	uction	Schedule	□ como	as Emplayes	Deduction Schedule			
Employer Funding will		other (List): _	noyee bea	action	Scricadic		. ,	Deduction Schedule			
be:	-					☐ Other					
Allow Online Enrollment		lo ∐ Y∈	es >> Oper //	n Enroll to	ment Dates: //	│	/	Open Enrollment Dates: _/ to/			
Termination											
Terminated Participant Cov			lan covera	ge opti			-				
Full Coverage after tern	ninatior	1			If Limited Co	<i>overage</i> , se		coverage paid through date:			
Limited Coverage after coverage period ends ($\perp =$	tion Date roll Date	L End of t	he Month of Termination			
Eligibility End Date:					Termina	tion Date					
Select the plan eligibility end	d date f	or the last d	ay a termi	nated			f Termination	1			
participant may incur expen											
								Coverage only)			
							f Paid Covera Coverage only)	ge End Date			
					(available	: joi Liiiiitea (Loveruge only)				



Runout Period for		End of Plan Runout		End of Plan Run	out							
Terminated Participants ¹		Days after Eligibility End	d Date 🔲 _	Days afte	r Eligibility End Date							
Offer Employer-Sponsored G	roup He	alth Insurance to Employees?	□ Y	es No								
FSA Benefit Plan Co-pays												
Office Visits	List:											
Prescriptions	List:											
Funding (funding method will default to automatic ACH Debit on each payroll deduction date unless indicated otherwise)												
Number of payroll deductions in 12-mo plan year:												
Employee Deduction Schedu	ıle:	☐ Weekly ☐ Bi-Weekly (2☐ Other (Enter all Payroll Date	· —	, , , _	mi-Monthly Monthly							
Deduction Dates:		First Deduction Date	Second Ded	uction Date	Last Deduction Date							
Deduction Dates.				/								
Point of Disbursement Fund	ing ²	Yes No										
	-	§125 plan must have the same eligib	•	es.								
² If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.												
		FALTU CANUNCC A COOLU	NITC () "									
	HE	EALTH SAVINGS ACCOU	NTS (check all	that apply)								
☐ Health Savings Account		EALTH SAVINGS ACCOU	•	that apply)								
Health Savings Account		Client Directed	•	that apply)								
Plan Start Date: Funding (funding method wil	(HSA) // I default to	Client Directed Graduatic ACH Debit on each payr	HSA Plan End Date:									
Plan Start Date:	(HSA) // I default to	Client Directed Graduatic ACH Debit on each payr	HSA Plan End Date:		 otherwise)							
Plan Start Date: Funding (funding method wil	(HSA) // I default tons in 12-r	Client Directed Graduatic ACH Debit on each payr	Plan End Date: roll deduction date	unless indicated o	 otherwise) mi-Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu	(HSA) // I default tons in 12-r	Client Directed Grant Directed Grant Debit on each payr mo plan year:	Plan End Date: roll deduction date	unless indicated o								
Plan Start Date: Funding (funding method will Number of payroll deduction	(HSA) // I default tons in 12-r	Client Directed Grant Debit on each payr The property of the	Plan End Date: roll deduction date 26) Bi-Week	unless indicated o	mi-Monthly Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu	(HSA) // I default tons in 12-r	Client Directed Grant Debit on each payr The property of the	Plan End Date: roll deduction date 26) Bi-Week is in Special Instruction Second Ded	unless indicated o	mi-Monthly Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu Deduction Dates: Employer Contributions: If yes, frequency of	(HSA) J I default tons in 12-rale:	Client Directed automatic ACH Debit on each payr no plan year: Weekly Bi-Weekly (2 Other (Enter all Payroll Date First Deduction Date	Plan End Date: roll deduction date 26) Bi-Week as in Special Instruc Second Ded	unless indicated o	mi-Monthly Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu Deduction Dates: Employer Contributions:	(HSA) J I default tons in 12-rale:	Client Directed Consider the property of the	Plan End Date: roll deduction date 26) Bi-Week as in Special Instruc Second Ded	unless indicated o	mi-Monthly Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu Deduction Dates: Employer Contributions: If yes, frequency of Employer Funding will be: Contribution Amount per	(HSA) J I default tons in 12-rale:	Client Directed Consider the property of the	Plan End Date: roll deduction date 26) Bi-Week as in Special Instruc Second Ded	unless indicated o	mi-Monthly Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedution Dates: Employer Contributions: If yes, frequency of Employer Funding will be: Contribution Amount per Coverage Level:	I (HSA) I default tons in 12-rolle:	Client Directed automatic ACH Debit on each payr no plan year: Weekly Bi-Weekly (2 Other (Enter all Payroll Date First Deduction Date Yes No >> If Yes, ent Same as Employee Deduct Other (List): Single: \$ Family: \$	Plan End Date: roll deduction date 26) Bi-Week as in Special Instruct Second Ded	unless indicated o	ni-Monthly Monthly Last Deduction Date							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu Deduction Dates: Employer Contributions: If yes, frequency of Employer Funding will be: Contribution Amount per	I (HSA) I default tons in 12-rolle:	Client Directed Client Directed Consider the property of the	Plan End Date: roll deduction date 26)	unless indicated of services in the services i	mi-Monthly							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedution Dates: Employer Contributions: If yes, frequency of Employer Funding will be: Contribution Amount per Coverage Level:	I (HSA) I default tons in 12-rolle:	Client Directed automatic ACH Debit on each payr no plan year: Weekly Bi-Weekly (2 Other (Enter all Payroll Date First Deduction Date Yes No >> If Yes, ent Same as Employee Deduct Other (List): Single: \$ Family: \$	Plan End Date: roll deduction date 26) Bi-Week is in Special Instruc Second Ded	unless indicated of stay (24) Sertions):uction Date	Last Deduction Date							
Plan Start Date: Funding (funding method will Number of payroll deduction Employee Deduction Schedu Deduction Dates: Employer Contributions: If yes, frequency of Employer Funding will be: Contribution Amount per Coverage Level: Pro-rated for Mid-Year Enr	I (HSA) I default tons in 12-rolle:	Client Directed Column	Plan End Date: roll deduction date 26) Bi-Week is in Special Instruc Second Ded	unless indicated of stay (24) Sertions):uction Date	Last Deduction Date							



HEAI	TH REIN	MBURSEMENT	ARRANGEMI	ENTS	(check all that ap	ply)				
Health Reimbursement	Arrangen	nent (HRA)	Healthcare Pr	remiun	n Reimbursemen	t Arrangement				
Vision HRA	_	Γ	_		ement Arrangeme					
Dental HRA O	rtho HRA	Ē	☐ Individual Coverage HRA (complete section B - ICHRA)							
		Ē		_	RA (complete sect	•				
					(comprete see					
Effective Date:/		_								
Plan Information										
Estimated # of New Plan Partic	cipants:		# of Employ	yees (FT	Г+РТ):					
Existing HRA Plan in Place?		Yes No	If Yes, please p	rovide t	the following inform	nation:				
ERISA 3-Digit Plan #:			# Current P	articipa	ants:					
Name of Current Administra										
Runout for Terminated Partici	pants:	End of Benefit		<u> </u>	Days after Eligibi					
Allow Rollover:		Yes >> If elec	ted, select one tin	ning:	☐ After Runout E☐ Day 1 of New F					
		Available Bala	nce (no Maximum	1)						
		Maximum Rol	llover (List):							
		☐ % of Available	Balance (List):							
Plan Start										
Select and complete one of the				lates an	nd when TASC HRA	administration begins.				
HRA plan year should match th						Down and (Many 2005, days)				
New HRA Plan Year	F	Plan Start Date		Plan En	Runout (Max 365 days)					
Plan Year:				/		Days				
Daid Dies Vees Telescoon		ins need not run on th				End Date// Runout (Max 365 days)				
Mid-Plan Year Takeover Plan Year:		Plan Start Date	<u> </u>	Plan En	d Date	Days				
		//		_/	/	Days End Date//				
Service Start Date: Plan Sponsor must submit an aggre				- 4-4-4						
		e report of participan	it ciairiis paia year-ta	J-uute to		nt nna buiunce.				
HRA Benefit Account Off		T								
Health Insurance Carrier Name	:									
Health Insurance Deductible In	dividual:									
Health Insurance Deductible Fa	•									
HRA Benefit Plan(s) Co-p	ays									
_	List:									
	List:									
Participant and Eligibility	-				10:11					
Select an Eligibility requiremen						gnation Form.				
Eligibility requirements incl				e Plan;	- <u>OR</u> –					
Eligibility requirements incl						20.1				
Part-time employees w			<u>'</u>		cluded (maximum 2	,				
Current employees com				-	Il be included (maxi					
New employees comple					e included (maximu	· · ·				
Benefit Account Reimbur		•								
To ensure accuracy of reimburs the employee attach a copy of	the Carrier	s Explanation of Be	enefits (EOB). If the	he carri	er does not provide					
required to submit a copy of ar	online su		•	3. Selec	t all that apply:					
Medical deductible Prescription		Co-insura	ince							
213(d) (all qualified uninsur	ed medica		ums excluded)							
		P P								

Plan Type (select only ONE option)											
☐ Family Aggregate: Expenses can be shared by family members ☐ By Member: Embedded Deductible											
TASC HRA Plan Participant and Employer Responsibility											
Employee Pays First (no card option)											
			Fai	mily	HRA Deduc	tible	\$				
Percentage		Dollar Am	nour		nge		HRA Employe	er Reimbursed Amount			
	-		-								
	-		-								
	-		-	_							
	<u> </u>	rsement ner	indi		al·						
Maximum Reimbursement per family: \$											
					Other wise)						
		Jiii Seriedale	(13	·/·							
int of Disburse	ment	<u> </u>									
nding, POD Addend	dum an	nd Pre-fund is req	quired	d.							
verage HRA	(ICH	IRA)									
J											
pants:			#	of E	mployees (F	T+PT):				
	Yes	☐ No If	Yes	, ple	ase provide	the f	ollowing inform	nation:			
			#	Curr	ent Particip	ants:					
tor:											
ants:	End c	of Benefit Pla	n Ru	ınou	t 🔲	D	ays after Eligibi	lity End Date			
	Yes	>> If elected,	, sel	ect c	ne timing:						
	Avail	abla Dalanca	Ina	Nan	imm)	Ш	Day 1 of New P	lan Year			
=			•		imum)						
					41.						
	% 01 /	Available Bal	ance	e (Lis	t):						
following two	ontio	ns Indicate t	he r	olan y	ear dates a	nd w	nen TASC HRA a	administration hegins			
_			6	, and	rear dates a		1011111001111111	idilinistration begins.			
Plan S	tart [Date			Plan Er	nd Da	te	Runout (Max 365 days)			
		/						Days			
			lend	ar ye				End Date//			
Plan S	tart [Date			Plan Er	nd Da	te	Runout (Max 365 days)			
	/	/	-		/_	/_		Days			
	/	<u>/</u>	<u> </u>	.,		. ,		End Date//			
<u> </u>							erage HRA Class	Designation Form (DP-6379)**			
Premiums	2:	13(d) (all qua	lifie	d un	insured med	dical	expenses)				
		_						2.116			
	III AC	Courit (allow 6	empi	ioyee	s το pretax pr	emiun	ı portiori not rein	ibursea by trie employer;			
Healthcare Premium (NESP) Reimbursement Account (allow employees to pretax premium portion not reimbursed by the employer; cannot be used for Exchange coverage)											
	reaches shared at and Employ and	rean be shared by fail It and Employer It option) Percentage % \$ % \$ % \$ % \$ % \$ Maximum Reimbur Indianation ACCONTHILL OF CONTHILL OF CO	tand Employer Responsiber option) Percentage Dollar An	t and Employer Responsibility d option) Fai Percentage Dollar Amount % \$ - % \$ - % \$ - % \$ - Maximum Reimbursement per indi Maximum Reimbursement per fam and automatic ACH Debit unless indi conthly Custom Schedule (List conthly Budgeted conthly Budgeted control Disbursement (ACH Only) anding, POD Addendum and Pre-fund is required verage HRA (ICHRA) Yes No If Yes tor: ants: End of Benefit Plan Ru Yes >> If elected, sel Available Balance (no Maximum Rollover (L Maxim	rand Employer Responsibility dioption) Family Percentage Dollar Amount Ra % \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	t and Employer Responsibility d option) Family HRA Deduct Percentage	tand Employer Responsibility d option) Family HRA Deductible: Percentage Dollar Amount Range	tand Employer Responsibility doption) Family HRA Deductible \$			

TC-6068-103019

TASC HRA Plan Participant & Employer Responsibility: **Specify on ICHRA Class Designation Form (DP-6379)**										
Funding (funding meth	od will defaul	t to automatic ACH Debit unle	ess indicated ot	herwise)						
Funding Schedule:	☐ Mont	hly 🔲 Custom Schedu	ıle (List):							
Funding Options:	_	hly Budgeted								
		of Disbursement ¹ (ACH On g, POD Addendum and Pre-fund is	<u>,, </u>							
SECTION C – Except	ted Benef	it HRA (EBHRA)								
Effective Date:	_//_									
Plan Information										
Estimated # of New Pla Participants:	n		# of Employ (FT+PT):	rees						
Existing HRA Plan in Place?										
ERISA 3-Digit Plan #: # Current Participants:										
Name of Current Ad	ministrator:									
Employer Contribution	Amount:	\$ (sub	bject to IRS ar	nnual maximum; i	indexed	l in subsequent year)				
Runout for Terminated	Participant	s: End of Benefit Pla	ın Runout	Days a	fter Elig	gibility End Date				
Allow Rollover:		Yes >> If elected,	, select one ti	· · =		nout End New Plan Year				
		Available Balance	(no Maximur	n)						
		Maximum Rollove	er (List):							
		☐ % of Available Bal	lance (List):							
Plan Start		·								
Select and complete one of the following two options. Indicate the plan year dates and when TASC HRA administration begins. HRA plan year should match the medical plan year if applicable.										
New HRA Plan Year		Plan Start Date	PI	an End Date		Runout (Max 365 days)				
				J		Days				
Plan	Year: Not	e: Plans need not run on the co	alendar year (i.e 31)	e., January 1 – Dece	ember	End Date//				
☐ Mid-Plan Year Take	over	Plan Start Date	PI	an End Date		Runout (Max 365 days)				
Plan	Year:			J		Days				
Service Start						End Date//				
Plan Sponsor must submit	an aggregate	balance report of participant	claims paid yea	ır-to-date to adjust	the parti	icipant HRA balance.				
Participant and Elig		-								
_				plete the <i>Class ai</i>	nd Divis	ion Designation Form (TC-6180).				
<u> </u>		(select all that apply below	•							
		ing months of service				· · · · · · · · · · · · · · · · · · ·				
		months of service w	·	oyer will be includ	ded (ma	iximum 90 days)				
Premiums for except 213(d) (all qualified COBRA Premiums	oted benefit uninsured r		d other:		-					
		t to automatic ACH Debit unle	ss indicated oth	nerwise)						
Funding Schedule:	Month									
Funding Options:	_	ly Budgeted (ACH or invoice f Disbursement ¹	e)							
 ¹ If Point of Disbursement (Claims		g, POD Addendum and Pre-fund is	required.							
ADMIN ONLY: TAS	C HRA - Sr	pecial Instructions:								
	Minimum									
Purchaser Initials			TASO	~ *						

DEPENDENT CARE FSA

NEW Plan:	Plan Star	t Date:			Plan End Date:					
EXISTING Plan:	Plan Star	Date:	//.		Plan End Date:					
EXISTING PIAII.	Current P	articipant C	ount:	ERISA P	Plan #:	☐ Mid-Year Plan Takeover				
Name of Administrator:										
If you have a current Depen will administer the plan's Gr			Prior Adm	inistrator 🔲	TASC					
Plan Contributions										
Annual Election:	Minimum	ı (if applicak	ole):		Maximum Cont	ribution:				
Plan Details			<u> </u>							
Grace Period (75-day max)		Yes	# of Days:	End	Date:/	J				
Runout Period¹ (default 90 days after Plan E	End Date)	Yes	# of Days fro	om Plan Year En	nd: Rund	out End Date:/				
Employer Contributions		☐ Yes	□ No >> If	<i>yes</i> , enter \$ am	ount:	_				
If yes, frequency of		Same		eduction Sched						
Employer Funding will be	:	Other	Other (List):							
Termination										
Eligibility End Date: Select the plan eligibility end the last day a terminated pa may incur expenses.		 ☐ Termination Date ☐ End of the Month of Termination ☐ Last Payroll Date ☐ End of Plan Year (requires DCAP spend down amendment/plan option) 								
Runout Period for Terminated Participants ¹		End of Plan Runout Days after Eligibility End Date								
Allow Online Enrollment?		☐ No [☐ Yes >> Op	en Enrollment	Dates:/	/ to/				
Offer Employer-Sponsored	Group Hea	lth Insurand	e to Employee	es:	Yes N	lo				
Funding (funding method w	ill default to	automatic A0	CH Debit on each	payroll deductio	n date unless indica	ted otherwise)				
Number of payroll deduction	ns in 12-m	o plan year	:							
Employee Deduction Sched	ule:	☐ Weekly☐ Other (_	-Weekly (24)	Semi-Monthly Monthly				
Deduction Dates:		First D	eduction Date	Secor	d Deduction Date	Last Deduction Date				
Deduction Dates.			//							
Point of Disbursement Fund	ding ²		Yes No							
¹IRC §125: All benefits under a s	single IRC §1	•	have the same e	eligibility and run	out rules.					



²If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.

PREMIUM REIMBURSEMENT ACCOUNT

Healthcare Premium (N	ESP) Reir	nbursem	ent Acco	ount						
NEW Plan:	Plan Sta	rt Date:	/_		_	Plan End D	ate:	/		
EVICTING PL-	Plan Sta	t Date:	/_		/		ate:			
EXISTING Plan:	Current	Participar	t Count:		ERIS	A Plan #:		Mid-Year Plan Takeover		
Name of Administrator:										
If you have a current plan, in the plan's Grace and Runout		will adm	inister	Prior Ac	lministra	ator 🗌 TAS	С			
Plan Contributions										
Annual Election	Minimur	n (if appli	cable):			Maximum	Contributi	on:		
Plan Details										
Grace Period (75-day max)	☐ Yes	# of D	ays:	_ End D	ate:	//_				
Runout Period¹ (default 90 days after Plan End Date)	Yes	# of Days from Plan Year End: Runout End Date:/								
Employer Contributions (Note; Not applicable if this account is paired with ICHRA) Yes No >> If yes >> If yes, frequency of Employee Deduction						ding will be (below):	ist):		
Termination				. ,				,		
Eligibility End Date: Select the plan eligibility end may incur expenses.	date for t	ne last da	y a termin	ated particip	ant	End of 1	ation Date the Month yroll Date	e n of Termination		
Runout Period for Terminated Participants ¹	E	nd of Plar		gibility End Da	ite					
Allow Online Enrollment?		☐ No	Yes	>> Open En	rollment	Dates:		/to/		
Offer Employer-Sponsored G	iroup Hea	lth Insura	nce to Em	ployees?		Yes	☐ No			
Funding (funding method wil	default to	automatic	ACH Debit	on each payrol	deduction	on date unless	indicated o	otherwise)		
Number of payroll deduction	ns in 12-m	o plan ye	ar:							
Employee Deduction Schedu	ile:	_	, —	i-Weekly (26 Payroll Dates	_			mi-Monthly Monthly		
Deduction Dates:		First	Deductio	n Date	Seco	nd Deductio	n Date	Last Deduction Date		
Deduction Dates.										
Point of Disbursement Fundi	ing ²		Yes [No						
¹IRC §125: All benefits under a si	ngle IRC §1	25 plan mı	ıst have the	e same eligibili	y and rui	nout rules.				



²If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.

COMMUTER ACCOUNTS (check all that apply) Parking Account Transit Account (terminal restricted card required) Plan Start Date: Plan End Date: **Parking Account Transit Account Maximum Employee Contribution:** Yes No Yes – card is required Elect a terminal restricted card Yes No Yes No Allow Rollover of full available balance Runout Period (Max 180 days, default # of days from Date of Service: _____ # of days from Date of Service: ____ 90 days after Plan End Date) Select one per Account: # of days from Plan Year End: _____ # of days from Plan Year End: _____ Runout End Date: ___/___/ Runout End Date: ___/___/ **Runout Period for** ☐ End of Plan Runout ☐ End of Plan Runout **Terminated Participants** Days after Eligibility End Date Days after Eligibility End Date Yes No Yes No **Employer Contributions:** If yes, Enter \$ Amount: If yes, frequency of Employer Funding Same as Employee Deduction Schedule Same as Employee Deduction Schedule will be: Other Schedule (list below): Other Schedule (list below): **Allow Online Enrollment** Yes >> Open Enrollment Dates: Yes >> Open Enrollment Dates: /___/__ to ___/___/_ Funding (funding method will default to automatic ACH Debit on each payroll deduction date unless indicated otherwise) Number of payroll deductions in 12-mo plan year: ☐ Weekly ☐ Bi-Weekly (26) ☐ Bi-Weekly (24) ☐ Semi-Monthly ☐ Monthly **Employee Deduction Schedule:** Other (Enter all Payroll Dates in Special Instructions): **First Deduction Date Second Deduction Date Last Deduction Date Deduction Dates:** Point of Disbursement Funding¹ ☐ Yes ☐ No ¹If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.



	AWARD/REWARD ACC	OUNTS (check all t	hat apply)				
Back-up Care Reimbursem	ent Account Bike Ac	count					
☐ Wellness Reward Account	☐ Wellnes	ss Reimbursement A	ccount (No	n-Tax Advantaged)			
Back-up Care Reimbursement Account – Plan Details							
Plan Start Date:			12/31/				
Maximum Annual Coverage Am	nount per Employee:	Amount: \$					
Runout Period (Max 60 Days)	☐ No ☐ Yes >> # of Days:						
Number of contributions in 12-							
Frequency of Employer Contributions: (When \$ are		26) 🗌 Bi-Weekly (24)	Semi-	Monthly			
made available to Employees)	Quarterly Annually Utilet (explain).						
Employer Contribution Dates	First Contribution Date Second Contribution Date Last Contribution Date						
Pro-Rated for Mid-Year Enrollees?	As of Plan Start As of Most Recent Quarter Other:						
Runout Period for	End of Benefit Plan Runout						
Terminated Participants							
Allow Online Enrollment? No Yes >> Open Enrollment Dates:/to/							
Funding (funding method will default to ACH Debit unless indicated otherwise) Funding Type (select one): Contribution Schedule (must match frequency selected for employer contribution dates)							
Funding Type (select one): When you are providing funding to TASC	Point of Disbursement ¹ Custom/Other (Indicate in s	pecial instructions)	cted for emp	oloyer contribution dates)			
¹ If Point of Disbursement (Claims Based) Fu	nding, POD Addendum and Pre-fund is requ	uired.					
Bike Account – Plan Det	tails						
Plan Start Date:		Plan End Date:					
Maximum Annual Coverage Am	nount per Employee:	Amount: \$					
Runout Period (Max 60 Days)	☐ No ☐ Yes >> # of Days:	End Date:/					
Number of contributions in 12-	mo plan year:						
Frequency of Employer	One Time with Contribution	Date of:/	<i>J</i>				
Contributions: (When \$ are	☐ Weekly ☐ Bi-Weekly (2	26) 🔲 Bi-Weekly (24)	Semi-	Monthly Monthly			
made available to Employees)	Quarterly Annually	Other (explain)	:				
Employer Contribution Dates	First Contribution Date	Second Contrib	ution Date	Last Contribution Date			
Employer contribution bates			J				
Pro-Rated for Mid-Year Enrollees?	As of Plan Start As of Most Recent Quarter Other:						
Runout Period for Terminated Participants	☐ End of Benefit Plan Runout ☐ Days after Eligibility End Date (Enter # of Days:)						
Allow Online Enrollment? No Yes >> Open Enrollment Dates:							
Funding (funding method will de	fault to ACH Debit unless indicated ot						
Funding Type (select one): When you are providing funding to TASC	Contribution Schedule (mussing Point of Disbursement ¹ Custom/Other (Indicate in specific Postulus Indicate Indicate In Specific Postulus Indicate In Specific Postulus Indicate In Specific Postulus Indicate In	pecial instructions)	cted for emp	oloyer contribution dates)			
¹ If Point of Disbursement (Claims Based) Fu	nung, איט Aaaenaum and Pre-fund is requ	iireā.					





Describe your Wellness Plan: (be specific) Maximum Annual Reward Amount per Employee: S	Wellness Reward Account – Plan Details							
Plan Start Date:								
Runout Period (Max 60 days):	Maximum Annual Reward Amo	unt per Employee:	\$					
Runout Period (Max 60 days):	Plan Start Date:		Plan End Date:	12/31/				
Number of Contributions in 12-mo plan year: Frequency of Employer Contributions (When S are made available to Employees)	Runout Period (Max 60 days):		nd Date: /	1				
Contributions (When S are made available to Employees)	Number of Contributions in 12-							
Maximum Annual Reward Amount per Employee: Second Contribution Date S	Frequency of Employer	One Time with Contribution			Monthly Monthly			
Employer Contribution Dates: First Contribution Date Second Contribution Date Last Contribution Date J			· =		· — ·			
Employer Contribution Dates: As of Plan Start								
As of Plan Start	Employer Contribution Dates:	, ,	Jecond Contribu	/	/ /			
Days after Eligibility End Date (Enter # of Days:) Allow Online Enrollment?		As of Plan Start As of Most Recent Quarter	As of Plan Start As of Most Recent Quarter					
Allow Online Enrollment?			e (Enter # of Days:)				
Funding (funding method will default to ACH Debit unless indicated otherwise) Funding Type (select one): When you are providing funding to TASC USATON Deter (Indicate in special instructions) Wellness Reimbursement Account (Non-Tax Advantaged) — Plan Details List Wellness Items to be Reimbursed (be specific) Maximum Annual Reward Amount per Employee: Plan Start Date: Plan Start Date: Plan End Date: Frequency of Employer Contributions: (When S are made available to Employees) Weekly Bi-Weekly (26) Bi-Weekly (24) Semi-Monthly Monthly Date devaluable to Employees Employer Contribution Dates: First Contribution Date Employer Contribution Dates: Pro-Rated for Mid-Year Enrollees? Runout for Terminated Participants: Bi Contributions in contribution in point in section of the pays after Eligibility End Date (Enter # of Days: J J to J J J J Funding (funding method will default to ACH Debit unless indicated otherwise)		nent? No Yes >> Open Enrollment Dates:/to/						
Contribution Schedule (must match frequency selected for employer contribution dates) When you are providing funding to TASC Custom/Other (Indicate in special instructions) Foint of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.	Funding (funding method will de							
Wellness Reimbursement Account (Non-Tax Advantaged) – Plan Details List Wellness Items to be Reimbursed (be specific) Maximum Annual Reward Amount per Employee: \$	Funding Type (select one): When you are providing funding to TASC	lect one): Contribution Schedule (must match frequency selected for employer contribution dates) Contribution Schedule (must match frequency selected for employer contribution dates)						
List Wellness Items to be Reimbursed (be specific) Maximum Annual Reward Amount per Employee: \$	If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.							
List Wellness Items to be Reimbursed (be specific) Maximum Annual Reward Amount per Employee: \$								
Maximum Annual Reward Amount per Employee: \$	Wellness Reimbursement Account (Non-Tax Advantaged) – Plan Details							
Plan Start Date:								
Runout Period (Max 60 days): No	Maximum Annual Reward Amo	unt per Employee:	\$					
Runout Period (Max 60 days): No	Plan Start Date:	/ /	Plan End Date:	12/31/				
Frequency of Employer Contributions: (When \$ are made available to Employees) Weekly Bi-Weekly (26) Bi-Weekly (24) Semi-Monthly Monthly Monthly Other (explain): First Contribution Date First Contribution Date First Contribution Date Second Contribution Date Last Contribution Date Foro-Rated for Mid-Year Enrollees? As of Plan Start As of Most Recent Quarter Other: Runout for Terminated Participants: Days after Eligibility End Date (Enter # of Days: No Yes >> Open Enrollment Dates: Funding (funding method will default to ACH Debit unless indicated otherwise)	Runout Period (Max 60 days):		nd Date:/	J				
Contributions: (When \$ are made available to Employees) Weekly Bi-Weekly (26) Bi-Weekly (24) Semi-Monthly Monthly Other (explain): First Contribution Date First Contribution Date Second Contribution Date Last Contribution Date Pro-Rated for Mid-Year Enrollees? As of Plan Start As of Most Recent Quarter Other: Runout for Terminated Participants: Allow Online Enrollment? No Yes >> Open Enrollment Dates: Weekly Bi-Weekly (24) Semi-Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly	Number of Contributions in 12-	mo plan year:						
Contributions: (When \$ are made available to Employees) Weekly Bi-Weekly (26) Bi-Weekly (24) Semi-Monthly Monthly Quarterly Annually Other (explain): First Contribution Date First Contribution Date Second Contribution Date Last Contribution Date Pro-Rated for Mid-Year As of Plan Start As of Most Recent Quarter Other: Runout for Terminated Participants: Allow Online Enrollment? No Yes >> Open Enrollment Dates: Weekly Bi-Weekly (24) Semi-Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly M	Francisco of Francisco	One Time with Contribution	Date of: /	7				
made available to Employees) Quarterly Annually Other (explain): First Contribution Date Second Contribution Date Last Contribution Date Pro-Rated for Mid-Year Enrollees? As of Plan Start As of Most Recent Quarter Other: Runout for Terminated					Monthly Monthly			
First Contribution Date First Contribution Date Second Contribution Date Last Contribution Date				_	, , ,			
Pro-Rated for Mid-Year Enrollees? As of Plan Start As of Most Recent Quarter Other: Runout for Terminated Participants: Allow Online Enrollment? No Yes >> Open Enrollment Dates: Funding (funding method will default to ACH Debit unless indicated otherwise)					Last Contribution Date			
Enrollees? As of Most Recent Quarter Other: Runout for Terminated Participants: Allow Online Enrollment? No Yes >> Open Enrollment Dates: Funding (funding method will default to ACH Debit unless indicated otherwise)	Employer Contribution Dates:	/ /	/	/	Last continuation bate			
Runout for Terminated		As of Most Recent Quarter		<i></i>				
Participants: Days after Eligibility End Date (Enter # of Days:) Allow Online Enrollment? No Yes >> Open Enrollment Dates:/	Runout for Terminated							
Funding (funding method will default to ACH Debit unless indicated otherwise)								
	Allow Online Enrollment?	☐ No ☐ Yes >> Open Enro	ollment Dates:	JI	to/			
When you are providing funding to TASC Point of Disbursement Custom/Other (Indicate in special instructions)								
If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.	If Point of Disbursement (Claims Based) Fu	nding, POD Addendum and Pre-fund is requ	ired.					





	ACCOUNTABL	E PLAINS	(cnec	k all that apply))	
Professional Business Ex	pense Account 🔲 W	ork Cloth	es Acc	ount	Work	place Tool Account
☐ Home Office Account	Tr	avel and I	Busine	ss Meals Accou	nt	
Professional Business E	xpense Account – P	lan Deta	ils			
Expenses to be Reimbursed (list):						
Plan Start Date:	//	Plan End	Date:	12/31/	(plan	year runs on a calendar year)
Maximum Annual Coverage An	nount per Employee:	Amount:	\$			
Runout Period (Max 60 Days)		☐ No	Yes Yes	>> # of Days:		End Date:
Number of contributions in 12-	mo plan year:					
Frequency of Employer Contributions: (When \$ are made available to Employees - if annually is selected, required first day of plan year) One Time with Contribution Date of:/ Bi-Weekly [26] Bi-Weekly (24) Semi-Monthly Monthly Quarterly Annually Other (explain):						
Employer Contribution Dates	First Contribution	Date	Sec	ond Contribution	Date	Last Contribution Date
Employer Contribution Dates			_	/		
Pro-Rated for Mid-Year Enrollees?	☐ No ☐ Yes If Yes >	☐ As of Plan Start ☐ No ☐ Yes If Yes >> ☐ As of Most Recent Quarter ☐ Other:				
Runout Period for Terminated Participants (Max 60 days): Days after Eligibility End Date (enter # of days)						
Allow Online Enrollment?	☐ No ☐ Yes >> Op	oen Enrollm	ent Da	tes:/		_to/
Funding (funding method will default to ACH Debit unless indicated otherwise)						
Funding Type (select one): When you are providing funding to TASC Contribution Schedule (must match frequency selected for employer contribution dates) Point of Disbursement Custom/Other (Indicate in special instructions)						
¹ If Point of Disbursement (Claims Based) Fu	nding, POD Addendum and Pre-fu	ınd is required				
Home Office Account –						
expense. For reimbursement related Expenses to be Reimbursed	Internet	ne like, pieas T	Phor		tessionai	Personal Computer
(check all that apply):	Office Supplies		=	er & Printer Supp	olies	r crsonar compater
Plan Start Date:		Plan End	Date:	12/31/	(plan	year runs on a calendar year)
Maximum Annual Coverage An	nount per Employee:	Amount:	\$	·		
Runout Period (Max 60 Days)		☐ No	Yes Yes	>> # of Days:		End Date:
Number of contributions in 12-	mo plan year:					
Frequency of Employer Contributions: (When \$ are made available to Employees - if annually is selected, required first day of plan year)	One Time with Contribution Weekly Bi-Weekly Annu	eekly (26)	☐ Bi-V] Semi-N	Monthly Monthly
Franksian Contribution Dates	First Contribution	Date	Seco	ond Contribution	Date	Last Contribution Date
Employer Contribution Dates			_	//		/
Pro-Rated for Mid-Year Enrollees?	☐ No ☐ Yes If Yes >	> 🔲 As	of Plan of Mos her:	Start St Recent Quarter		
Runout Period for Terminated	Participants (Max 60 days)):	Days a	fter Eligibility End	d Date (e	enter # of days)
Allow Online Enrollment?	☐ No ☐ Yes >> Op	en Enrollm	ent Da	tes:/		to/
Funding (funding method will de	fault to ACH Debit unless indi	icated other	wise)			
Funding Type (select one): When you are providing funding to TASC Gray Custom/Other (Indicate in special instructions) Gray Custom/Other (Indicate in special instructions) Gray Custom/Other (Indicate in special instructions)						

Travel & Business Meals Account – Plan Details							
Expenses to be Reimbursed (list):							
Plan Start Date:		Plan End Date: 12/31/ (plan year runs on a calendar year)					
Maximum Annual Coverage An	nount per Employee:	Amount: \$					
If Per Diem Plan, Select One:		☐ Meals & Incidental Expenses ☐ Lodging					
Runout Period (Max 60 Days)		☐ No ☐ Yes >> # of Days: End Date:/					
Number of contributions in 12-	mo plan year:						
Frequency of Employer Contributions: (When \$ are made available to Employees - if annually is selected, required first day of plan year)		ribution Date of:/					
Employer Contribution Dates	First Contribution	Date Second Contribution Date Last Contribution Date					
Employer Contribution Dates							
Pro-Rated for Mid-Year Enrollees?	☐ No ☐ Yes If Yes >	As of Plan Start As of Most Recent Quarter Other:					
Runout Period for Terminated	Participants (Max 60 days)): Days after Eligibility End Date (enter # of days)					
Allow Online Enrollment?							
Funding (funding method will de							
Funding Type (select one): When you are providing funding to TASC Ustom/Other (Indicate in special instructions) Custom/Other (Indicate in special instructions)							
Work Clothes Account	– Plan Details						
Expenses to be Reimbursed (list):							
Plan Start Date:		Plan End Date: 12/31/ (plan year runs on a calendar year)					
Maximum Annual Coverage An	nount per Employee:	Amount: \$					
Runout Period (Max 60 Days)		□ No □ Yes >> # of Days: End Date:/					
Number of contributions in 12-	mo plan year:						
Frequency of Employer Contributions: (When \$ are made available to Employees - if annually is selected, required first day of plan year)		ribution Date of:/					
Employer Contribution Dates	First Contribution	Date Second Contribution Date Last Contribution Date					
Employer Contribution Dates							
Pro-Rated for Mid-Year Enrollees?	As of Plan Start No Yes If Yes >> As of Most Recent Quarter Other:						
Runout Period for Terminated	Participants (Max 60 days)): Days after Eligibility End Date (enter # of days)					
Allow Online Enrollment?	☐ No ☐ Yes >> Op	pen Enrollment Dates:/to/t					
Funding (funding method will de	· 						
Funding Type (select one): When you are providing funding to TASC Contribution Schedule (must match frequency selected for employer contribution dates) Point of Disbursement Custom/Other (Indicate in special instructions) General Schedule (must match frequency selected for employer contribution dates) Point of Disbursement Custom/Other (Indicate in special instructions)							



Workplace Tool Accour	Workplace Tool Account – Plan Details							
Expenses to be Reimbursed (list):								
Plan Start Date:		Plan End Date	e: 12/31/	(plan year	r runs on a d	calendar	year)	
Maximum Annual Coverage An	Naximum Annual Coverage Amount per Employee:							
Runout Period (Max 60 Days)		□ No □	Yes >> # of Days:	End	d Date:		J	
Number of contributions in 12-								
Frequency of Employer Contributions: (When \$ are made available to Employees - if annually is selected, required first day of plan year)	One Time with Contribute	eekly (26) 🔲	:// Bi-Weekly (24)] Semi-Mont	-	-		
Frankria Contribution Dates	First Contribution	Date 5	econd Contribution	Date	Date Last Contribution Date			
Employer Contribution Dates			/		/_	/_		
Pro-Rated for Mid-Year Enrollees?	☐ No ☐ Yes If Yes >	>	Plan Start Most Recent Quarter					
Runout Period for Terminated	Participants (Max 60 days)	: Day	s after Eligibility End	d Date (ente	r # of days)			
Allow Online Enrollment?	No ☐ Yes >> Open Enrollment Dates:/to/to						-	
Funding (funding method will de	efault to ACH Debit unless indi	cated otherwise						
Funding Type (select one): When you are providing funding to TASC	Contribution Schedu Point of Disbursemer Custom/Other (Indic	nt ¹ ate in special ir		for employe	r contribut	ion dates	.)	





¹If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.

EDUCATION ACCOUNTS (check all that apply) ■ Tuition Reimbursement Account Student Loan Reimbursement Account Tax reporting required if reimbursement exceeds \$5,250/year **Student Loan PLAN DETAILS Tuition Reimbursement Account Reimbursement Account** Plan Start Date: Plan End Date: 12/31/ **Pro-Rated for Mid-Year Enrollees?** As of Plan Start Date As of Plan Start Date ☐ As of Most Recent Quarter As of Most Recent Quarter Other: Other: **Elect Runout Period:** □No ☐ No Yes >> Yes >> # of Days: (Max 180 days) # of Days: (Max 60 days) End Date: ___/___ End Date: ___/___ **Employer Contribution Amount: \$** Frequency of Employer Contributions: Annual/One Time: Annual/One Time: (When \$ are made available to Employees) Date of Contribution: ___/___/ Date of Contribution: / / Per Payroll Per Payroll Monthly Monthly Other Other **Runout for Terminated Participants:** End of Benefit Plan Runout End of Benefit Plan Runout Days after Eligibility End Date: Days after Eligibility End Date: Enter # of Days: Enter # of Days: # of Contributions in 12-mo plan year: **Employer Contribution Dates:** 1st Contribution Date: / / 1st Contribution Date: / / 2nd Contribution Date: / / 2nd Contribution Date: / / Last Contribution Date: __ Last Contribution Date: ☐ No ☐ No **Allow Online Enrollment** Yes >> Open Enrollment Dates: Yes >> Open Enrollment Dates: _/__/__ to ___/__/__ __/__/ to ___/__/ **Funding** (funding method will default to ACH Debit unless indicated otherwise) Funding Type (select one per account): Contribution Schedule (must match Contribution Schedule (must match frequency selected for employer frequency selected for employer When you are providing funding to TASC

contribution dates)

Custom/Other

Point of Disbursement¹

(Indicate in special instructions)



contribution dates)

Custom/Other

Point of Disbursement¹

(Indicate in special instructions)

¹If Point of Disbursement (Claims Based) Funding, POD Addendum and Pre-fund is required.

DOCUMENTS ONLY								
Premium	n Only Plan (P	OP)	☐ Plan C	nly HSA				
Self-Adm	ninistration FS	SA	Self-A	dministration	HRA			
		- •						
		POP) – Plan						
		an Document Inder General					ements, and <i>I</i>	Additional
Plan Start Dat	_			Plan En				
Do you curre	ntly offer an HS	SA? No [] Yes >> <i>If</i>	<i>yes</i> , contribution	ons are: 🔲 Pro	etax under a Ca	feteria Plan	Post-Tax
Plan Only	HSA – Plan	Details						
-		an Document			-		ements, and A	Additional
Plan Start Dat	_	ınder General	Information-l	Jniversal Ben Plan En		ection.		
. Idii Stalt Da	_			Fian En	w Date.	// _		
Self-Admi	nistration F	SA – Plan D	etails					
Select all benej								
Healthcard			imited Purpose	Healthcare FS	A (I PESA)			
	it Care FSA	<u></u>	<u> </u>	nium (NESP) Re		Account		
Plan Start Dat	n Start Date:/ Plan End Date:/ ERISA Plan #:							
	Healtho	care FSA		Purpose are FSA	Dependent Care FSA		Healthcare Premium (NESP) Reimbursement Account	
Annual	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
Election	(if applicable): \$	Contribution:	(if applicable): \$	Contribution: \$	(if applicable): \$	Contribution:	(if applicable): \$	Contribution: \$
Carryover	Yes	Amount:	Yes	Amount:	N/A	N/A	N/A	N/A
(\$500 max) Grace	Yes	\$ # of Days:	Yes	\$ # of Days:	Yes	# of Days:	Yes	# of Days:
Period	_		_				_	
(75-day max)								
(not available		End Date:		End Date:		End Date:		End Date:
(not available for plans		End Date:		End Date:	_	End Date:		End Date:
(not available for plans with Carryover)								
(not available for plans with Carryover)	Yes	# of Days	Yes	End Date: # of Days from Plan	Yes	# of Days	Yes	# of Days
(not available for plans with Carryover) Runout Period¹ (default 90	Yes	# of Days	Yes	# of Days	Yes	# of Days	Yes	# of Days
(not available for plans with Carryover) Runout Period ¹	Yes	# of Days from Plan Year End: 	Yes	# of Days from Plan Year End: 	Yes	# of Days from Plan Year End: Runout End	Yes	# of Days from Plan Year End: Runout End
(not available for plans with Carryover) Runout Period¹ (default 90 days after	Yes	# of Days from Plan Year End:	Yes	# of Days from Plan Year End:	Yes	# of Days from Plan Year End:	Yes	# of Days from Plan Year End:
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date)		# of Days from Plan Year End: 		# of Days from Plan Year End: 	Yes	# of Days from Plan Year End: Runout End	Yes	# of Days from Plan Year End: Runout End
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P Select the pla	articipant's Eli n eligibility end	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las	e: et day a termina	# of Days from Plan Year End: Runout End Date:	t may incur exp	# of Days from Plan Year End: Runout End Date:		# of Days from Plan Year End: Runout End Date:
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P	articipant's Eli n eligibility end	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las	e: st day a termina	# of Days from Plan Year End: Runout End Date: ated participan ion Date	t may incur exp	# of Days from Plan Year End: Runout End Date: eenses.	Terminat	# of Days from Plan Year End: Runout End Date:
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P Select the pla Eligibility	articipant's Eli n eligibility end	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las ion Date e Month	e: et day a termina	# of Days from Plan Year End: Runout End Date: ated participan ion Date e Month	t may incur exp	# of Days from Plan Year End: Runout End Date: Date: Denses. ion Date e Month		# of Days from Plan Year End: Runout End Date: cion Date Month
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P Select the pla Eligibility	articipant's Eli n eligibility end Terminat End of th	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las ion Date e Month nation	e: t day a terminat	# of Days from Plan Year End: Runout End Date: ated participan ion Date e Month nation	t may incur exp	# of Days from Plan Year End: Runout End Date: Deenses. Cion Date e Month nation	☐ Terminat	# of Days from Plan Year End: Runout End Date:
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P Select the pla Eligibility	articipant's Elig n eligibility end Terminat End of th of Termir Last Payro (Full Cover	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las ion Date e Month nation oll Date rage Only)	e: t day a terminat Terminat End of th of Termin Last Payr	# of Days from Plan Year End: Runout End Date: ated participan ion Date e Month nation oll Date rage Only)	t may incur exp Terminat End of th of Termin Last Payr End of Pl	# of Days from Plan Year End: Runout End Date: Deenses. From Date Runout End Date Date: Deenses. Runout End Date: Date Date: Deenses. Runout End Date: Date Date Date Date Date Date Date Date	Terminat End of th	# of Days from Plan Year End: Runout End Date:
(not available for plans with Carryover) Runout Period¹ (default 90 days after Plan End Date) Terminated P Select the pla Eligibility	articipant's Eli n eligibility end Terminat End of th of Termir Last Payro	# of Days from Plan Year End: Runout End Date: gibility End Date date for the las ion Date e Month nation oll Date rage Only) onth Paid	e: t day a termina Terminat End of th of Termin	# of Days from Plan Year End: Runout End Date: ated participantion Date e Month nation oll Date rage Only) onth Paid	t may incur exp Terminat End of th of Termin Last Payr End of Pl (Depender	# of Days from Plan Year End: Runout End Date: Deenses. From Date Runout End Date Date: Deenses. Runout End Date: Date Date: Deenses. Runout End Date: Date Date Date Date Date Date Date Date	Terminat End of th	# of Days from Plan Year End: Runout End Date:

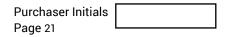


Terminated Participant Coverage for Healthcare FSA or LPFSA: Select the plan coverage option for terminated participants.													
Full Coverage after term	nination					If Lii	mited Coverage	, sele	ct the plan o	overag	e paid th	rough	า date:
Limited Coverage after		ed pa	rtic	ipant's paid		_	Termination Dat						
coverage period ends (c	overage p	aid th	irou	gh date) >>		_	End of the Mont		Termination				
Runout Period for Terminated	Participan	ts ¹		End of Pla	ın Rı		ast Payroll Date		after Eligibili	tv End	Date		
Offer Employer-Sponsored Gro	<u> </u>		cano			_	 ☐ Yes ☐ No			<u> </u>			
¹ IRC §125: All benefits under a single													
The 32237 in benefits under a single	e 3123 p.	<i>a </i>	150 11	ave the same e	g.io	mey c	and ranout rates.						
Self-Administration HR	Self-Administration HRA – Plan Details												
ERISA Plan #:													
Runout for Terminated Particip	ants:		End	of Benefit Pla	n R	unoı	ıt 🔲	Days	after Eligibi	lity End	Date		
Allow Rollover:	Allow Rollover:				, sel	ect o	one timing:		After Runou Day 1 of Ne		Year		
			٩vai	lable Balance	(no	Max	ximum)		•				
			Vlax	imum Rollove	er (L	ist):	·						
	-			Available Ba									
Plan Start	P			Date			Plan End I	Date		Run	out (Max	365	days)
(HRA Plan Year should match the				,			,	,				Days	
medical plan year, if applicable)	Note: Plai	 ns nee	d no	_/ ot run on the ca	lend	ar ye	ear (i.e., January 1	 – Dec	 cember 31)	End	Date	,	/
HRA Benefit Account Offe									,				
Health Insurance Carrier Name:		T											
Health Insurance Deductible Inc	dividual:												
Health Insurance Deductible Fa	mily:												
Participant and Eligibility Requirements													
Select an Eligibility requirement				is required b	y cla	ass, o	complete Class a	and D	ivision Desig	nation	Form.		
Eligibility requirements inclu					ealt	h Ins	surance Plan; - <u>C</u>	<u>)R</u> –					
Eligibility requirements inclu									,		,		
Part-time employees wo													
Current employees com													
New employees comple Benefit Account Reimbur									<u> </u>				
(select all that apply)	sement '	Opti	Ulis	s ioi Stailu	aı u	ш	A 3 (Group spon	sorec	i nealth insur	ince req	uireaj		
☐ Medical deductible		П		Dental									
Prescription				Vision									
Co-insurance				Ortho									
Co-Pays				213(d) (all qu	ıalifi	ied u	ininsured medic	al ex	penses – pre	miums	excluded	(k	
Plan Type (select only ONE o	ption)												
Family Aggregate: Expenses By Member: Embedded Dec		ared	by fa	amily membe	rs								
TASC HRA Plan Participar		nplo	ver	Responsik	oilit	V							
Employee Pays First (no care	d option)	•	•	•		•							
Individual HRA Deductible \$					Fa	milv	HRA Deductibl	e Ś					
Percentage Dollar Ar					\ Amo	unt	Range		HRA Employ	er Rei	mbursed	Amo	unt
		%	\$		-	\$		\$					
LIDA Delimbrima in the		%	\$		-	\$		\$					
HRA Reimbursement Schedule			\$		_	\$		\$					
Jenedale		%	\$		-	\$		\$					
	Maximui	m Re	imbı	ursement per	ind	livid	ual:	\$					
	m Re	imbı	ursement per	fan	nily:		\$						



COMPLIANCE OFFERINGS

ACA EMPLOYER REPORTING Complete and submit stand-alone ACA Employer Reporting Purchaser Detail for Controlled Groups and Governmental Entities									
Plan Start Date (must be a calendar year):			/	<i>I</i>	Terrear Erre				
Please indicate the calendar year in which yo	ou want repoi	ting to start							
Health Insurance Renewal Date:									
Employer Type (Select One)									
Single ALE (Applicable Larger Employer (one EIN)								
Aggregated ALE (more than one EIN)									
Non-ALE (under 50 full-time employees)									
Applicable Large Employer Status (ALE) (Select One)									
ALE with fully insured medical plan									
☐ ALE with self-insured medical plan ☐ Non-ALE with self-insured medical plan (1094B and 1095B Filing)									
ALE with fully insured and self-funded pl									
	ians running c	ongruently							
Controlled Group	f that fall accide	- / i l\-			l				
Please indicate if you are a member of any o									
 A Controlled Group of business entit An Affiliated Service Group under IR 			(b) or (c);		☐ Yes	(see below)	☐ No		
An Arrangement Described under IR									
Government Entity	3 3600011 414	.(0)							
-	talala amamila		and them are FIN		□ Vaa	(h-l)	Пис		
Are you a Government Entity that has report						(see below)	□ No		
If you answered YES to either question abov		•				•			
Aggregated ALE, placing the entity with the purchaser Detail must be submitted separate			escending to the	entity with t	ne rewes	st employees	. А		
Entity's Legal Name	ely loi each e		tity's EIN Numbe	ar					
Littly 5 Legal Name		Li	icity 3 Life Hulling						
Additional ACA Reporting Services (fees	apply)								
Variable Hour Tracking									
Variable flour fracking									
FORM 5500 PREPARATION – Plai									
NOTE: This service offering is for stand-alone 550		ot for custom	ers receiving 5500	preparations a	as part of	another TASC	offering.		
Number of Health/Welfare Plans (100+ ees									
Enter below all Plan Numbers to be filed an fees apply to each plan #):	d checkmark	the frequen	cy of services - cu	urrent and la	i te (separ	ate Purchaser	Details and		
Jees apply to each plan #).	CURRENT	CURRENT	LATE						
Plan Number(s) (if known)	Ongoing	One-Time		Notes	(applicabl	le years, quan	tity, etc.)		
	<u> </u>								
Enter additional Plan Numbers in special instructions box on last page.									
Is Entity Part of:									
 A Controlled Group of Corporation 	s under Code	Section 414	(b);						
 A Group of Businesses/Trades und 	er common c	ontrol under	Code Section 414	4(c); OR		Yes	☐ No		
An Affiliated Services Group under									
If Benefits/Premiums are NOT paid from a single source, a separate Purchaser Details is required.									
Must complete the "TASC USA Addendum One-Time Form 5500" in addition to the TASC USA.									





ERISA – Plan Details									
Plan Start Date	The ERISA cont	ract will be effective th	ne first of the	e mo	nth in which the Pu	rchaser Deta	ils Form	is re	ceived.
Plan Information	(select all that o	apply; if No, leave blar	nk)				Yes		No
Is Entity Part of:	•		•						
		orations under Code Se	•	•					П
		es under common con		ode S	Section 414(c); OR		_		
		under Code Section 4						_	
		ngle source? (if no, se							
Are you considered an Applicable Large Employer (ALE) under the Employer Shared Responsibility Provision of the Affordable Care Act (ACA)?									
		rs to determine if any		r, pa	rt-time, or season e	mployees			П
		of health plan eligibilit	:y?					_	
Do you offer Medicare Part D Coverage? If Yes, please select one of the following Credible Non-Creditable Both									
			Non-Cred					\rightarrow	
Under PPACA, is your current Group Health Plan considered Grandfathered? (ERISA Continued) Please complete the following information:									
A	B Contract	C Benefit Contract	D Pre-Tax	,	E Insurance	F Is Benefit	Solf-	To	G tal Number
	Year	Written to Group	Benefit (Y		Carrier or	Insured (S			f Covered
	(mo/dd/yr)	(G) or Individuals	Denene (1)	, . • ,	Service Provider	Fully-Inst	- / -		articipants
	(1115, 515, 717	(1)			Name	(FI)			ot including
								De	pendents)
Health									
Dental									
Vision									
Life									
AD&D									
STD LTD									
Voluntary /									
Supplemental Life									
or AD&D									
Wellness									
Employee									
Assistance Program									
Stop Loss Insurance									
Voluntary Products									
Other ERISA Plans									
Additional ERISA Se	-	al fees may apply)							
Medicare Part D I					Professional Service	es (billed ho	urly)		
Additional Benefi					Form 5500 Late Fil	ing			
Carrier Certificate	☐ Carrier Certificates of Coverage Attached to Plan Document ☐ PPACA & ERISA Notices								
Wrap Document -	Wrap Document – Individual / Separate Affiliated Employer Other:								



PCOR	I – Plar	n Details							
Plan Sta	art Date:		deadline. All other	een 1/1/2019 & 9/30/2019 have plans no longer have this requir year in which you would like re	ement.				
Curre	nt Bene	fit Status (select all that apply)							
A -	A – Health Reimbursement Arrangement (HRA)								
=		A Purchaser							
		n-Excepted Health Flexible Spending	Account (NEFSA) Purc	haser					
=		red Health Plan -Administered HRA or NEFSA Purcha	cor						
	ipant Co		sei						
	•		.						
		y of the FIRST month of the plan year							
		y of the FOURTH month of the plan y							
		y of the SEVENTH month of the plan							
		y of the TENTH month of the plan yea	ır:						
		FOR PARTICIPANT COUNT: only, A and E, or C and E: Participar	at counts should coun	I the number of HDA or NEECA n	lan narticinant	s on the			
		quarter of the plan year.	it counts should equa	THE HUMBER OF TIKA OF NEFSA P	лан рагистранс	s on the			
		and D or C and D: Participant count	s should equal the tot	al number of self-insured health	n nlan narticina	ints on the			
-		quarter during the plan year. Count							
		ipants with other than self-only cove							
If you s	elected D	only: Participant counts should equ	al the total number o	f self-insured health plan partici	pants on the fi	rst day of			
		an year. Count each health plan part		coverage and then add to that t	he number of				
		other than self-only coverage multip							
-		&B only and TASC administered you			unts. If TASC d	id not			
adminis	ster your	HRA in the previous year, please prov	ide the appropriate c	ounts.					
NON-	DISCRI	MINATION TESTING – Plan	Details						
Control		o: Please indicate if you are a membe							
•		rolled Group of Business Entities und		or (c);	Yes	□No			
•		liated Service Group under IRS Section							
If you s		angement Described under IRS Section Yes" in the above question, please properties.		r companies and incorporated h	usiness entities	•			
		ist which entity or entities' employee							
entity (i.e., C-Cor	p, Subchapter S Corp, Partnership, et	c.)						
NOTE:	In genera	l, all employees under a Controlled G	roup of employer are	considered when performing N	on-Discriminat	ion Testing			
Testin	g Optio	ns (select all that apply; fill in dat	es if applicable)						
Yes	No								
	Ιп	Do you need testing for a Premium	Only Plan – Section 1	25 (POP)?					
		Plan Start Date/	/	Plan End Date	//_				
		Do you need testing for a Healthcan	e Flexible Spending A	ccount (FSA)?					
	⊔	Plan Start Date/_	/	Plan End Date	//				
		Do you need testing for a Depende	nt Care Flexible Spend	ling Account (FSA)?					
Ш	ΙШ	Plan Start Date /		Plan End Date	/ /				
	Do you need testing for a Health Reimbursement Arrangement (HRA)?								
	Plan Start Date// Plan End Date//								
	Do you need testing for Self-Insured Medical Plans?								
		Plan Start Date/	/	Plan End Date	//_				
		Do you need testing for Group Life	Insurance?						
	Plan Start Date/ Plan End Date//								
	Note: Group employees of all entities must be tested if entity is a member of a controlled group of corporations, trades, or businesses under								
commor	common control of an affiliated service.								

CONTINUATION OFFERINGS

2222															
COBRA - Plan	Details														
Plan Start Date:						ed by the 15 th of the month prior to thi d plan start date does not meet this red									
Total # of Employe	ees (Pro-Rate for	Part-Time):													
Number of Takeov	er Qualified				Nur	nber of Employees Enrolled									
Beneficiaries (TQB	s):				in G	roup Benefits Plan:									
COBRA Benefit Account Offerings (select all that apply)															
Include Takeover Qualified Beneficiaries (TQBs). >> If selected, please include TQB forms for each beneficiary															
Include additional Subsidiaries, Affiliates, Divisions, Locations or Classes under TASC COBRA. >> If selected, complete boxes															
below and TASC w	ill create sub-clie	ents under the pa													
NAME			SEPARATE	NAME			SEPARAT								
1				3											
2				4											
Qualifying Event	Qualifying Events (QE) - When a COBRA Qualifying Event occurs, select when you would like the COBRA period to begin:														
First of the mo	onth, following th	the Qualifying Event													
Other:															
Additional COBRA Services (fees apply)															
Carrier Notifica	ations (PS EOS R	equired)		Oth	ner:										
RETIREE BILLI	NG – Plan Do	etails													
Plan Start Date:		Pu	rchaser Details m	ust be rece	eived b	by the 15 th of the month prior to this st	art date.								
Number of Particip	oating Retirees:														
Retiree Billing	Account Offe	rings (select all	that apply)												
Include Takeov	ver Qualified Ber	neficiaries (TQBs)	. >> If selected,	please ir	nclude	TQB forms for each beneficiary									
☐ Include Addition	onal Subsidiaries	, Affiliates, or Div	visions under TA	ASC Retire	ee Bill	ing >> <i>If selected</i> , complete boxes	below:								
NAME			SEPARATE	NAME			SEPARAT								
1				3											
2				4											
Qualifying Events (QE) - When a Qualifying Event occurs, select when you would like the Retiree Billing period to begin:															
First of the month, following the Qualifying Event					Day after the Qualifying Event										
Other:															
Additional Retiree Billing Services (fees apply)															
	ations (PS EOS R			Oth	ier:										



FMLA - Plan Details	
Dian Start Hate: / /	t on the 1 st of the month. Purchaser Details must be received at least 5 business be requested start date.
	Yes No
Do you have employees currently on FMLA leave?	>> If Yes, enter # of employees on FMLA leave:
Does your company policy run FMLA concurrent with worker' compensation and short-term disability plans?	☐ Yes ☐ NO
Which method of reporting do you use for FMLA hours?	☐ Manual reporting via online form ☐ Data feed (via recurring file from your timekeeping system
Which 12-month FMLA tracking type does your company poli	Rolling Backward Rolling Forward cy outline? Calendar Year Plan Year with Start Date of///
Identify each State you have a location in:	
If you are subject to any State FMLA Leave Entitlement, list th	ne States:
Do you have any locations that are not eligible for FMLA?	☐ Yes ☐ No
Additional FMLA Services (fees apply)	
Eligibility and entitlement determination (free with TASC	Suite)
If reporting per location is required, please enter locations a	nd contacts below:
Location and Contact Name	Email Address
1	
3	
4	
SPECIAL INSTRUCTIONS FOR TASC (for any section abo	ve):
I .	

