Draft

Cash Threshold Waiver/Reinstate Form

Funded HRA (FHRA), Retiree Medical Trust (RMT), Voluntary Employees' Beneficiary Association (VEBA)

Participant Name

Participant TASC ID

Employer Name

Submit Waiver/Reinstate Form:

a. Sign into your Universal Benefit Account, and submit a Support Request.

b.By Fax: 608-661-9601

c.Or by Mail: TASC
PO BOX 7308
Madison, WI 53707-7308

To request a WAIVER of the minimum cash threshold on your Funded HRA, Retiree Medical Trust or VEBA account, check the box below:

☐ **Cash Threshold Waiver**

To request the REINSTATMENT of the minimum cash threshold on your Funded HRA, Retiree Medical Trust or VEBA account, check the box below:

☐ **Cash Threshold Reinstatement**

Please Note: By electing the WAIVER, your Funded Health Reimbursement Arrangement, Retiree Medical Trust, or VEBA account status will be changed to non-disbursable status until you submit the form to reinstate the minimum cash threshold. The minimum cash threshold is required in order to submit requests for reimbursement of eligible expenses or for use with the TASC debit card to access benefit account funds.

Also note, waiving and reinstating the cash threshold may result in buy or sell orders tied to your investment account if applicable. Waiving the cash threshold triggers a buy order to move the cash available balance to the investment account. Reinstating the cash threshold triggers a sell order of your investments in order to fund the cash available balance which can be used for disbursements.

Employee Signature _____ **Date** ☐☐ / ☐☐ / ☐☐☐☐