TASC

EMPLOYER CONTACT CHANGE FORM

Submit this completed	Support Request	Fax	Mail		
form via one of the following methods:	Sign into MyTASC at <u>www.tasconline.com</u> and submit via support request	608-245-3623	TASC, PO Box 7308 Madison, WI 53707-7308		

EMPLOYER INFORMATION

Employer Name

TASC ID (12-digit)

CONTACT CHANGE INFORMATION

□ Add New Contact 1

Contact Name					
Contact Email Address					
Contact Phone					
Contact Type	○ Client	O Distributor	O Payee	○ Vendor	
Position	Owner/OfficerOther	○ Executive	○ Director	○ Manager	
User Access Role(s)	□ Administrator	🗆 Benefit Plan Manager	Billing Manager	🗆 Employee Manager	
	File Specialist	🗆 Financial Manager	Reports Manager	□ Reviewer	
Business Function (Optional)	□ Accounting	Auditor	🗆 Billing	Contract Administrator	
	□ Files	Finance	□ Marketing		
	Operations	Technology			
Make this contact the prime , If Yes, that designation will If you also need to deactive	○ Yes ○ No				
Allow MyTASC access?	○ Yes ○ No				
Allow access to external					

\Box Add New Contact 2

Contact Name						
Contact Email Address						
Contact Phone						
Contact Type	○ Client	○ Distributor	○ Payee	○ Vendor		
Position	Owner/OfficerOther	○ Executive	○ Director	○ Manager		
User Access Role(s)	□ Administrator	🗆 Benefit Plan Manager	Billing Manager	🗆 Employee Manager		
	🗆 File Specialist	🗆 Financial Manager	Reports Manager			
Business Function	□ Accounting	Auditor	🗆 Billing	Contract Administrator		
(Optional)	Files	Finance	□ HR	□ Marketing		
	Operations	Technology				
Allow MyTASC access?	○ Yes ○ No					
Allow access to external						

COMPLETE AUTHORIZATION SECTION ON PAGE 2

TASC | 2302 International Lane | Madison, WI 53704-3140 | 800-422-4661 | www.tasconline.com | TC-6636-031225

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EMPLOYER CONTACT CHANGE FORM

□ Update Existing Contact 1

Existing Contact Name						Existing Cont	act Email		
Change Name	New:								
Change Email	New:								
Change Phone	New:								
Change Contact Type	O Clier	O Client C		O Distributor		O Payee			
Change Position	O Own	er/Officer	⊖ Exec	Executive O Director O Manager			○ Other		
Add/Remove	Admini	strator	🗆 Add	Remove		Benefit Plan Manager		□ Add	Remove
User Access Role(s)	Billing	Manager	🗌 Add	Remove		Employee Manager		\Box Add	Remove
	File Spe	ecialist	🗌 Add	□ Remove		Financial Manager		🗆 Add	□ Remove
	Reports	s Manager	🗌 Add	Remove		Reviewer			Remove
Make this contact the primary contact? L. If Yes, that designation will be removed from your current primary contact. If you also need to deactivate your current primary contact, complete the Deactivate Existing Contact section.							⊖ Yes	○ No	
Allow MyTASC access?							O Yes	○ No	
Allow access to external Compliance Management portals?									🗆 FMLA

□ Update Existing Contact 2

Existing Contact Name						Existing Cont	tact Email		
Change Name	New:								
Change Email	New:								
Change Phone	New:								
Change Contact Type	\bigcirc Client	O Client O Distributor			O Payee O Vendor				
Change Position	○ Owner/0	Owner/Officer		O Executive		O Director O Manager			○ Other
Add/Remove	Administra	itor	🗌 Add	□ Remove	Benefit Plan Manager		🗆 Add	Remove	
User Access Role(s)	Billing Manager		🗆 Add	Remove	Employee Manager		🗆 Add	Remove	
	File Specialist		🗌 Add	Remove		Financial Manager		🗆 Add	Remove
	Reports Ma	anager	🗌 Add	□ Remove		Reviewer		\Box Add	Remove
Allow MyTASC access?								O Yes	O No
Allow access to external Compliance Management portals?								FMLA	

□ Deactivate Existing Contact

k Removes online access and revokes authorization for the named individual to receive information from TASC on behalf of the employer named above. If that individual was your primary contact, use the Add New Contact 1 or Update Existing Contact 1 section to designate a new primary contact.

Existing Contact Name

Existing Contact Email

AUTHORIZATION

I certify that I am an owner, officer, executive or in an equivalent role for the employer named above and that I am authorized to request the contact change(s) submitted here.

Name

Title

Date

Signature

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