## **ERISA CHANGE FORM**

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TASC

Submit this completed form and	Online	Mail
all required materials via one of	Sign into your account at www.tasconline.com and go to	PO Box 14015
the following methods.	Support - Contact Us and attach to a support request.	Madison, WI 53708-0015

## **CLIENT / EMPLOYER INFORMATION**

Client Name	Client TASC ID (12-digit)	
Contact Name	Contact Phone	

## **BENEFIT PLAN INFORMATION**

Anticipated number of enrolled employees as of the first day of your new Plan Year (including those on COBRA)	□ 1-99 □ 100 or more
Are you considered an Applicable Large Employer (ALE) under the Employer Shared Responsibility provision of the Affordable Care Act (ACA) and are you currently tracking employee hours to determine if any variable hour, part-time, or seasonal employees are "full-time" employees for purposes of health plan eligibility?	□ Yes □ No
Upon renewal, what will be the status of your Group Health Plan offered to employees?	<ul> <li>Grandfathered</li> <li>Non-Grandfathered</li> </ul>

NO changes to benefit plans.

**Change Codes** 

Or detail changes to benefit plans below: 

- (1) Change of Carrier (2) Change of Contract Period
- (3) Change of Insured Status (4) Add New Benefit

(5) Cancel Existing Benefit

	Change Code	Details (include full carrier name, if different)	Insured Status*	Effective Date
Health				
Dental				
Vision				
Life (employer-paid)				
AD&D (employer-paid)				
Voluntary Life				
Voluntary AD&D				
Dependent Life				
Dependent AD&D				
STD				
LTD				
Wellness				
EAP				
Stop Loss *				
Voluntary Products				
Other *				
* Confirm with your benefits	s advisor that these are	Employer Sponsored Plans subject to ERISA.	^ Fully-Insured or Se	lf-Insured

\* Confirm with your benefits advisor that these are Employer Sponsored Plans subject to ERISA.

## **AUTHORIZATION**

Name

Email

Signature

Date

TASC | 2302 International Lane | Madison, WI 53704 | 800-422-4661 | www.tasconline.com | ER-4235-100724

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