

Flexible Compensation Enrollment Form

Make sure to sign and date the enrollment form. Every line must be completed. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer.** For enrollment assistance call 1-800-422-4661. Have your enrollment form, Client ID, and company name ready. You may also enroll on-line at www.tasconline.com. **Please Print.**

Employer Name _____ Client TASC ID Number 4107-4965-2198

Participant Last Name _____ First Name _____ Middle Initial _____

Participant TASC ID (if known) _____ Participant E-mail Address _____

Participant Home Phone Number _____ Participant Mobile Phone Number _____

Participant Address _____

City _____ State _____ Zip _____

I request the following amount(s) to be deducted pre-tax:

| Employee Plan Year Election Amount |
|---------------------------------------|
|---------------------------------------|

| |
|--|
| * See Pg 2, Section 4 prior to stating your annual Medical Expenses election amount. |
|--|

1. Medical Expenses* \$ _____
(Out-of-pocket medical expenses)

2. Dependent Day Care \$ _____
(Not to exceed \$5,000 in a calendar year)

**2019 Health FSA Contribution Limit:
\$2,700 single or family**

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current Plan provisions and tax laws. I further understand that the Flexible Compensation deduction(s) will be in effect for the entire Plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand that my medical information related to this Plan will be shared with my spouse, dependent, or legal guardian unless I contact the employer otherwise.

Signature _____ Date _____

Enrollment Form Instructions

Client ID and Employer Name: Enter your Client ID and Employer name in the space indicated. Refer to your employer for the correct Client number and Employer name. Make sure to have this information available when calling for enrollment assistance. Check whether this enrollment is for a new (first-time) enrollment or for the renewal of a previous flexible spending account. If this is a mid-year election, calculate only the number of payroll deductions remaining in the year.

1. Medical Expenses: This amount is usually paid per year toward deductible and co-insurance portions of health insurance, dental expenses, orthodontic expenses, eye care and other miscellaneous health care expenses. After determining the payroll amount, multiply that number by the number of payrolls to determine your annual election. Check with your employer for the amount you may deduct.

2. Dependent Day Care: Amount paid for day care expenses per year. The maximum allowable amount under IRS regulations is \$5,000 per calendar year per family. This limit holds fast regardless of the number of dependents you may have.

Pre-Tax Example

| | Without FlexSystem | With FlexSystem |
|----------------------------|--------------------|-----------------|
| Gross Pay | \$3,500/mo | \$3,500/mo |
| Pre-Tax Benefits | | |
| -Medical/Dental Premiums | 0 | 300 |
| -Medical Expenses | 0 | 100 |
| -Dependent Care Expenses | 0 | 400 |
| TOTAL | <u>0</u> | <u>800</u> |
| Wages subject to tax | 3,500 | 2,700 |
| Federal Tax | 525 | 405 |
| FICA Tax (Social Security) | 268 | 207 |
| State Tax | 175 | 135 |
| Out-of-Pocket expenses | <u>800</u> | <u>0</u> |
| Spendable Income | 1,732 | 1,953 |

Net Increase in Take-Home Pay = \$221/mo

This is just an illustration and actual numbers may vary. Paying certain qualified expenses before tax increases your take-home pay.

Questions Frequently Asked by Employees

1. What does FlexSystem offer?

FlexSystem offers you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you. (See example in box.)

2. Any cost or fee to me? No.

3. Must I participate in my employer's health insurance?

FlexSystem is not tied to any insurance plan or company. You may participate in FlexSystem regardless of your particular insurance provider.

4. What are qualified medical expenses?

These expenses include dental care, prescriptions, eyeglasses, and out-of-pocket medical expenses not covered by insurance. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Effective 1/1/2011, purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) will only be reimbursable if accompanied by a prescription from your physician. Below are some *examples* of health related expenses:

Items that will require a prescription or Prescription Order Form AFTER December 31, 2010 include the following.

| | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------|
| Acid Controllers | Anti-Itch and Insect Bite | Digestive Aids | Pain Relief |
| Allergy and Sinus | Antiparasitic Treatments | Feminine Anti-Fungal/Anti-Itch | Respiratory Treatments |
| Antibiotic Products | Baby Rash Ointments and Creams | Hemorrhoidal Medications | Sleep Aids and Sedatives |
| Anti-Gas and Diarrheals | Cough, Cold and Flu | Laxatives | Stomach Remedies |

Items that will remain eligible and need no physician authorization include the following.

| | | | |
|--------------------------------|---------------------------|-------------------------|----------------------------|
| Bandages & First Aid Dressings | Contact Lens Solution | Heating Pads | Orthopedic Aids |
| Birth Control Products | Denture Products | Hot, Cold & Steam Packs | Pregnancy & Fertility Kits |
| Blood Pressure Kits | Diabetes Testing Supplies | Incontinence Products | Splints, Supports & Braces |
| Canes & Walkers | Durable Medical Equipment | Insulin | Thermometers |
| Contact Lenses | Hearing Aid Batteries | Nebulizers | Wheelchair & Accessories |

5. How does the Dependent Care Account compare with the tax credit available on the individual Form 1040?

The circumstances that determine which option offers greater savings vary from family to family, as such, the decision to choose the tax credit or the de-pendent care deduction may be made on a case by case basis only. Participation in FlexSystem results in an immediate savings on Federal, State and Social Security tax, whereas the Federal credit will affect Federal Income Tax only and will be taken at year-end.

6. How does a Cafeteria Plan affect Social Security benefits?

Reduction of your Social Security benefits will be minimal and is offset by the tax savings and lower health care costs available under FlexSystem. To compensate for this minimal reduction you may consider increasing your retirement plan funding.

7. Under what circumstances can the annual election be changed?

The elections may be changed only if there is a change in family or employment status. See the "Change of Elections Form" for more detail.

8. What is the "Use-It-or-Lose-It" rule?

Any funds left unused at the end of the Plan Year will be forfeited. Take precautionary steps to avoid having balances in the Flexible Spending Accounts at year-end. The key is to be conservative when making elections.

9. Who determines the rules and regulations of FlexSystem?

Flexible Spending Accounts are regulated by the IRS. Our documentation guidelines are intended as a means to ensure eligibility of your requests for reimbursement. It is the participant's responsibility to comply with these guidelines and to avoid duplication of requests or submission of ineligible charges. Failure to adhere to the above requirements could lead to payment delays or denial of expenses.

In the event of an error or omission in the course of administering the Plan on behalf of the employer and participating employees, TASC will notify and remedy the error or omission within a reasonable period of time following the error or omission. The employer and employees agree to TASC's procedures for making any corrections, including but not limited to payroll reduction. An error by the employer or TASC does not constitute an assumption of liability for the amount of the error.

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-245-3623 • www.tasconline.com

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