A Flexible Spending Account (FSA), also known as an Employee Reimbursement Account (ERA) allows you to save on your eligible healthcare and/or dependent day care expenses every year by using pre-tax dollars.

Consider how much you spend on healthcare and/or dependent day care expenses for you and your qualified dependents in one year:

- prescription drugs/medications.
- vaccinations.
- medical/dental office visit co-pays.
- daycare tuition.
- eye exams and prescription glasses/lenses.

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, every penny counts! By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you increase your take home pay!

Employee salary reductions to a healthcare Flexible Spending Account (FSA) are limited to $2,500 per Plan Year, indexed for inflation.

Putting money in an FSA is smart and safe! If you have medical FSA funds leftover at the end of the Plan Year and your employer has elected Carryover, you may carryover up to $500 from year to year with no cost or penalty.

Advantages of a Flexible Spending Account (FSA)

A valuable pre-tax benefit with innovative services!

FlexSystem Healthcare FSA
FlexSystem Dependent Day Care FSA

Pre-Tax Savings Example

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

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Day Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pre-tax, throughout the Plan Year.

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Day Care FSA funds are available up to the current account balance only.

Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates many eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement form in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyTASC.
Important Considerations

FSA Funds do not Rollover:
It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. (The only exception to this rule is for the Healthcare FSA where up to $500 in funds may carryover to the next Plan Year’s healthcare FSA—which will be implemented for 2015-16 Plan Year.) You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:
You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- Certain over-the-counter medications
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- MyTASC Text Messaging: Elect through your MyTASC account online.

Online enrollment and account management.

Online tax-savings calculator to help determine how much to contribute.

Convenient pre-tax payroll deductions.

Benefits debit card for eligible purchases.

Mobile app for account access on the go.

Multiple self-service tools.

Fast reimbursements.
FSA Eligible Expenses

Health Care expenses eligible for reimbursement.

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursed from your Health Care FSA. The prescription will need to be included with each OTC medicine or drug claim request submitted. Health-related supplies purchased over-the-counter continue to be eligible without additional documentation. Below is a sample list of permissible expenses reimbursable through a Health Care Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note a Limited Purpose Health Care FSA (LPFSA) only allows dental, vision and post deductible expenses.

Medical Expenses
- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother’s portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist’s or ophthalmologist’s fees
- Orthopedic inserts
- Physical therapy (as medical treatment)
- Physician’s fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs
Purchases require a prescription or an OTC Prescription Order Form for reimbursement:
- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication
Additional health care expenses eligible for reimbursement.

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Health Care Expenses Requiring Additional Documentation

Following are some expenses eligible only when incurred to treat a diagnosed medical condition. This type of expense requires a Letter of Medical Necessity from your physician to be submitted along with your request for reimbursement that contains the medical necessity of the expense, the diagnosed condition, the onset of the condition and the physician’s signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)
Ineligible Expenses for Health Care FSA

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, cosmetic dentistry or other cosmetic procedures
- Cosmetic supplies (make up, facial soaps/creams and moisturizers, etc)
- Deodorant
- Dental floss
- Diaper service
- Diet: special diets and/or cost of special foods taken as substitute for regular diet
- Dietary and fiber supplements
- Divorce: expenses of divorce when doctor or psychiatrist recommends divorce
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help: payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of a non-medical nature
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medication
- Insurance premiums, all types
- Lanyards
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Mobile telephone used for personal calls as well as calls to physician
- Nursemaids or practical nurses who render general care for healthy infants
- OTC drugs/medications without a prescription (effective January 1, 2011)
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, vacuum, pillow, shampoo, mattress, etc)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness program)
- Premiums for coverage through other medical plans (i.e., spouse’s employer-sponsored plan or individual plan)
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs, such as diet foods.
- Sun Glasses (non prescription) and Sun Clips
- Teeth whitening
- Toiletries
- Toothbrush (includes prescribed electric ones)
- Toothpaste
- Vacuum cleaner purchased by an individual with dust allergy
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being
Eligible Expenses for FSA Dependent Day Care

*Eligible dependent day care expenses must be employment related.*

- Day Camp -- primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time.
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees -- when allocated to dependent care services that have been provided

*The Dependent Day Care FSA is used to pay for expenses related to the physical care for children under the age of 13 or for elderly dependents who reside with you. No medical costs are covered by the Dependent Care FSA; use the Healthcare FSA for medical expenses incurred by you and your dependents.*
A Section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Day Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent day care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) **The dependent day care expenses must be work related.** The care must be necessary for the employee and the employee’s spouse to work, look for work, or attend school full-time, or if they are physically unable to care for their children.

B) **The dependent day care expenses provided during a calendar year cannot exceed $5,000.** In the case of a separate return by a married individual, the limit is $2,500. This amount may be less if the employee’s earned income or spouse’s earned income is less than $5,000.

The dependent day care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

A) A dependent who was under age 13 when the care was provided and for whom a tax exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

C) A dependent who was physically or mentally not able to care for himself or herself and for whom a tax exemption can be claimed, and lived with you for more than half the year.

To receive the dependent day care benefit, one must follow these procedures:

A) All persons and organizations that provide dependent day care for a qualified person must be identified. This information is requested on Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.

B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.

C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim a tax exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.

D) Use Form W-10 to request the required information from the dependent day care provider.

Continued on back...
Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a tax exemption or tax dependent, he or she is treated as your qualifying person if all of the following are true:

• The child was under age 13 or was not physically or mentally able to care for himself or herself.
• One or both parents provided more than half of the child’s support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
• One or both parents had custody of the child for more than half of the year.
• You were the child’s custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent day care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent day care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent day care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

Eligible and Ineligible Expenses for FSA Dependent Day Care (partial list):

**Eligible Expenses (must be employment related)**

- FICA/FUTA taxes of dependent day care provider.
- Nanny expenses attributed to dependent day care.
- Nursery school (preschool).
- Late pick up fees.
- Day Camp – primary purpose must be custodial care and not educational in nature.
- Day care when one parent is working and the other is sleeping during daytime hours.

**Ineligible Expenses**

- Kindergarten.
- Activity fees/supplies.
- Late payment charges.
- Overnight camp.
- Transportation.
- Fees paid to a provider not reporting the income to the IRS.

For more information regarding dependent day care expenses, please review IRS Publication 503.
What is a Section 125 Cafeteria Plan?
With Section 125 Cafeteria Plans you can use pre-tax dollars to pay for out-of-pocket medical expenses, dependent care expenses, non-employer-sponsored insurance premiums, and qualified transit and parking expenses.* The amounts deducted from your salary to pay for these expenses are called elections. In addition, you may also use pre-tax dollars to pay for your portion of the employer-sponsored medical-related insurance premiums.

What does pre-tax mean?
Pre-tax is your pay before state, federal, and social security taxes have been deducted. Because these Section 125 expenses are paid with pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state, and FICA taxes—and you take home more pay! You should be paying certain out-of-pocket expenses with pre-tax dollars.

What are these expenses?
• Your contributions toward medical-related insurance premiums.
• Medical-related expenses such as deductibles, co-insurance, or uninsured medical expenses.
• Dependent care expenses.
• Transit (public transportation, such as bus, train, ferry, or subway, or commuter highway vehicles) and qualified parking expenses (ramp, park ‘n ride).

How does a Section 125 Plan work?
You elect the amount to have deducted from your salary and deposited into a Flexible Spending Account (FSA). FlexSystem maintains these funds in an account until reimbursement is requested.

How do I request reimbursements?
You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. Simply complete a Request for Reimbursement Form and submit it to FlexSystem via your mobile device (free MyTASC Mobile App), online Request for Reimbursement Wizard in MyTASC, text, fax, or mail. FlexSystem processes Requests for Reimbursement daily. Once a request is reviewed and approved, a reimbursement is issued to your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card, or (3) transfer to a personal bank account (or paper check). Click on the MyCash Manager link in MyTASC to view and manage your MyCash funds.

Paper reimbursement checks are issued on a limited basis and only upon request. A convenience fee may be applied per check, and a $30 service fee is charged for the reissue of lost, stolen, or expired checks. (Note: These fees can be avoided with the use of MyCash signature debit via the TASC Card or Automatic Transfer to a bank account.) With Automatic Transfer to a bank account (direct deposit), funds are forwarded to your bank within 48 to 72 hours of a complete submission; actual timing is dependent upon the banking system.

* The Transit and Parking benefit meets the requirements of Code Section 132. It is not a benefit offered under a Cafeteria Plan. However, the administration of this benefit is similar to other benefits offered under a Cafeteria Plan.
What is the Use-It-or-Lose-It Rule?
To avoid an account balance at year-end, be conservative when making elections. Any funds left unused at the end of the Plan Year are forfeited, unless your employer offers a Carryover (for Medical Out-of-Pocket Expenses Benefit only). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds in your account at year-end.

With Carryover, an employer may allow Participants in the Medical (Out-of-Pocket) Expenses Benefit to carryover to next year’s Medical Expense Benefit a portion of their unused balance. The Carryover amount applies to the following year’s benefit after close of the prior Plan Year Runout, at which time it may be used to reimburse expenses incurred in the new Plan Year. While the IRS Carryover maximum is $500, your employer may establish a lower amount. Refer to your Summary Plan Description for details specific to your Plan.

Can I change elections during the Plan Year?
You may change your FSA elections during the Plan Year only if you experience a change of status such as a marriage or divorce, birth or adoption of a child, or a change in employment status. The change of election must be (a) on account of and correspond to the qualifying event and (b) made within 30 days of the qualifying event. Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year. In addition, during each Plan Year anniversary, you may change elections for the next year.

What qualifies for the dependent care benefit?
Dependent Care expenses that may be run through a Section 125 Plan must be for the primary purpose of assuring the well-being and protection of a qualifying individual. In addition, the dependent care expenses must be necessary in order for you and your spouse to work, to look for work, to attend school full-time, or if you or your spouse are physically unable to care for the children. The dependent care expenses provided during a calendar year cannot exceed $5,000. In the case of a married individual filing a separate tax return, the limit is $2,500.

How do I enroll?
To enroll in FlexSystem, you must first determine elections for each benefit in which you want to participate during the course of the Plan Year. The elections are specific to each type of flexible spending account, meaning that dollars set aside for dependent daycare may be used for dependent care only, and not for out-of-pocket medical expenses, etc.

May I enroll online?
With online enrollment, you benefit from 24-hour access and the convenience and the privacy of being able to enroll from the location of your choice. In addition, you can check your FlexSystem account balances and other Plan information online. If you are new to the Plan, you must obtain the Client ID from your employer and then visit www.tasconline.com/tasconline/flexsystem/enroll and follow the prompts.

If you are a renewing Participant, use your existing username (12-digit TASC ID, located on your TASC Card or Request for Reimbursement Form) and password.

For additional instructions on enrolling online, refer to the How to Enroll Online flyer or watch this short presentation: http://portal.sliderocket.com/BOORR/FX_1021_102313-FlexSystem-Online-Enrollment.

What if I have no web access or my employer doesn’t offer online enrollment?
You may complete a FlexSystem Enrollment paper form (obtained from your employer). Make a copy for your files and return the completed form to your employer.

For enrollment assistance, call FlexSystem Customer Care at 608-241-1900 or toll-free 1-800-422-4661.
Welcome to FlexSystem and to the tax saving benefits of a Section 125 Cafeteria Plan.

We hope you will find FlexSystem to be an efficient and valuable service. Our Participant website is www.tasconline.com and is referred to as MyTASC throughout this Guide. This Guide will walk you through the initial login process, how to use your TASC Card, how to request a reimbursement, and how to change your election(s), as well as how to use several other Participant web tools. Please retain this Guide for future reference. If you have additional questions, log in to MyTASC and select Contact Us or call Customer Care at 608-241-1900 or toll-free at 800-422-4661.

Here’s what you’ll find inside:

- MyTASC: Online Account Management 2
- Eligible Expenses 3
- TASC Card 3
- Requests for Reimbursement 4
- Reimbursement Disbursements 5
- Managing Your Requests 6
- Change of Elections 6
- Plan Year End and Carryover 6
MyTASC: Online Account Management

TASC offers a variety of ways to manage your Flexible Spending Account (also known as Employee Reimbursement Account)! These include an online portal called MyTASC at www.tasconline.com, the MyTASC Mobile application for Kindle, Android, and Apple devices, and text messaging using any SMS compatible device.

A valid email is required to access each of these. If you or your employer provided your email address upon your initial enrollment, you will receive a Welcome New FlexSystem Participant email with instructions about how to set up your MyTASC account for the first time. You will be asked to set your password, and once logged in, you may create your own username. If you do not change your username, it will remain as your 12-digit TASC ID, printed on your TASC Card and personalized Request for Reimbursement Form.

If you did not receive the Welcome New FlexSystem Participant email with access instructions, please call Customer Care at 608-241-1900 or toll-free at 800-422-4661 to provide your email address so we may enter it in your Profile. After this update, you will be able to access your account online. (NOTE: If you have no email address, we suggest one of many email hosting services that are free, including Gmail, Hotmail, Yahoo, etc.)

Profile Settings

To access your profile settings, click on Profile from the MyTASC home page.

To change your username (not required), click Change Username in your Profile, enter your new username, and click Update. Usernames must be at least 10 characters and unique to our system. To avoid possible username duplication, you may use your email address for your new username. (If you do not change your username, it will remain as your 12-digit TASC ID.)

To change your password, choose from two options: (a) Click Change Password in your Profile page, enter a new password, and click Update. (b) Before login to MyTASC, click Can’t Access Your Account. In the next screen, click “I don’t know my password,” then enter your username and email address, to which we will send an email. (If you do not receive the message within a few minutes, it may have been blocked as spam by your email provider; please check your spam or junk folder to retrieve the message. To ensure that you receive important notifications, please add donotreply@tasconline.com and tasconline.com to your list of trusted contacts or approved senders.) Select the link in the email and enter your new password.

Passwords must be a minimum of eight characters and must contain at least one upper case letter, two lower case letters, and one number. Passwords will expire periodically; you will be prompted to change your password at that time.

Email and Text Notification services are available in MyTASC. From the home page (or your Profile page), sign up to receive notifications concerning your account balances, reimbursement requests, and payments. Only benefits-related emails specific to your account are emailed; no SPAM or other notifications are sent.
1. From your Profile page, validate your email address and enter your mobile phone number. (A valid email address must be entered to receive text messages.)
2. Select the text and/or email notifications you wish to receive (check sent, direct deposit sent, MyCash deposit sent, Request for Reimbursement received or denied).
3. A text message with a verification number will be sent to your mobile phone.
4. Enter the verification number in your Profile under Notifications and select Save. The verification process must be completed to authenticate your settings.

Account Overview

Online: You can see your current benefits and available funds immediately on the home page of MyTASC. To return to the home page from any window, click the Home icon in the blue navigation bar. For more details on each benefit, click View Account Overview on the home page or click My Benefits in the main blue navigation bar.

A separate display for each benefit provides these details for you: annual election, carryover, total reimbursements, available balance, Plan Year and helpful dates, (last day for spending, last day to submit) recent activity, requests, and contributions.

Select Recent Activity to view date, activity, name, status, amount, and details. Select the Requests tab to view method, date, name, description, provider, status, amount, and details. Select the Contributions tab to view the date, status, amounts, and details of contributions to your benefits elections.

MyTASC Mobile: For the ultimate convenience, you can access your account information from anywhere, at any time with the MyTASC Mobile app. And by using your phone or mobile device camera, you can submit Requests for Reimbursement along with any substantiation documents directly to FlexSystem. To download the MyTASC Mobile App, visit Amazon, Apple App Store, or Android Market and search for TASC.

MyTASC Mobile runs on most Android-based phones and tablets, the Apple iPhone, iPad, and iPod Touch, and the Amazon Kindle. MyTASC Mobile provides fingertip access to the same features available through your online account.

TXT Messaging: Account balance information may be retrieved via text message also. Once you’ve entered your mobile number in your account profile, simply send a text to 41411 with the message TASC BAL. Almost immediately, you will receive a text back with your current balance. Note: You must Set Notifications by entering your mobile phone number in your Profile to use this feature.

Eligible Expenses

For a list of eligible expenses: go to www.tasconline.com, click Resources in the top menu bar, then select Eligible Expenses from the dropdown. Click the link for FlexSystem Guide to Deductible Expenses.

The TASC Card

Your employer has elected the TASC Card feature for your Plan. The TASC Card request is implemented as soon as your enrollment is approved. The card is generated in your name and mailed directly to your home address, along with the Cardholder Agreement.

Log in to MyTASC (www.tasconline.com) and click Manage My Card to view your card details (number, status, expiration date), view allowed benefits, reissue a card, request a PIN, and request a card for a dependent.

Your TASC Card is good for four years. So hang on to it! Even if you deplete this year’s benefits funds, you’ll be able to use the TASC Card again next year when you re-enroll in your Plan.
Participants must notify FlexSystem immediately to report a lost or stolen TASC Card. To do so, (a) log in to MyTASC (www.tasconline.com), click Manage My Card, Reissue Card, and select Lost/Stolen as the reason for reissue; or (b) submit an online MyService Request (from MyTASC, click Contact Us); or (c) call Customer Care at 608-241-1900 or toll-free 800-422-4661. A new card will arrive within 7-15 days.

My Benefits
The TASC Card works like a typical debit card, but is used as a credit card for eligible medical, dependent daycare, or transit and parking expenses, based on the funds available in your benefits account. Rather than paying out-of-pocket and waiting to be reimbursed, the TASC Card allows you to pay for eligible expenses when the service is provided (or when an eligible product is purchased). Card purchases are limited to the Plan types elected, and also to merchants with an inventory information approval system (IIAS) in place to identify FSA-eligible purchases. All TASC Card transactions and services must occur within the Plan Year.

When using your TASC Card, the amount of the expense is automatically deducted from your Plan’s balance and paid directly to the authorized provider. Remember to save your receipts as you must retain records and documents that support and validate your TASC Card transactions. In some cases, you may be required to submit receipts and/or any other related documentation. If you pay for an eligible expense without the TASC Card, simply submit a request for reimbursement via the MyTASC Mobile App or the online Request for Reimbursement form in MyTASC (click Request a Reimbursement from the home page); or mail or fax your Request for Reimbursement Form to TASC. Reimbursements are deposited in your MyCash account.

MyCash
The TASC Card is a convenient way to access your MyCash reimbursement funds—simply swipe your card at a merchant or ATM. MyCash funds can be spent any way and anywhere major credit cards are accepted; purchases are not limited to a merchant or by type of expense. (Currently MyCash purchases may not be made at CVS Pharmacy, ShopKo, or Walmart.) Visit Manage My Card in MyTASC (www.tasconline.com) to request a PIN for ATM use.

MyWay
With access to two accounts, the TASC Card is more versatile than ever. Use the TASC Card your way! Avoid embarrassing declines; MyCash funds can be used to pay for eligible expenses if no funds are available in your MyBenefits account. Purchase retail and healthcare items together in one transaction—the TASC Card is smart enough to know that eligible expenses are paid from MyBenefits and ineligible expenses are withdrawn from MyCash. Transfer funds at any time in any amount (up to the fund balance) from MyTASC (click MyCash, Schedule MyCash Transfer). Plus, save money with MyCash; when reimbursements accumulate in the MyCash account, the “special stash” can be used for a vacation or shopping spree.

Dependent TASC Card
Give your dependent the flexibility of his/her own TASC Card. The additional TASC Card offers your spouse or dependent the same convenience and advantages you enjoy!

To request a TASC Card for your spouse or dependent, log in to your MyTASC account (www.tasconline.com) and click Manage My Card, Issue Dependent Card, and follow the prompts.

Requests for Reimbursement
When paying for an eligible expense, simply swipe your TASC Card at the point-of-purchase. The TASC Card automatically pays for and substantiates most eligible expenses at the point of purchase.

On the rare occasion you pay for an expense without your TASC Card, simply submit a Request for Reimbursement via the online MyTASC Mobile App or Request for Reimbursement form in MyTASC (click Request a Reimbursement from the home page), or fax or mail your personalized Request for Reimbursement Form with substantiation to TASC.
You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. Submit Requests for Reimbursements only for eligible expenses (a) incurred during the applicable Plan Year, (b) incurred by eligible Plan Participants, (c) not reimbursed previously under this or any other benefits plan, and (d) not claimed as an income tax deduction. It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible Requests for Reimbursement.

**MyTASC Mobile App**

The MyTASC Mobile app provides the simplest and quickest method to request a reimbursement. Simply enter the required information as prompted and attach your receipt to the Request for Reimbursement by taking a photo using your mobile device camera.

**Online Request for Reimbursement**

It’s easy to submit reimbursement requests along with substantiation online! Follow these steps:

1. Log in to your MyTASC account and click Request a Reimbursement.
2. Enter all required information (Service Type, Submitted For, Date (of service), Description, Provider, Amount Requested).
3. Add documentation by “drag and drop” or upload receipts (attach a scanned document: jpg, png, tif, or pdf).
4. Review your request carefully to ensure its accuracy, then Add Another Request or click Submit Request(s).

**Mail or Fax**

Download a personalized Request for Reimbursement form from MyTASC, complete, and submit with substantiation to TASC.

**Reimbursement Disbursements**

Requests for Reimbursement are processed daily. Once a request is reviewed and approved, a reimbursement is issued to your MyCash account. For dependent care, transit, and parking, the benefits account must contain sufficient funds for reimbursement. If funds are insufficient in the account, reimbursement will be limited to that particular account’s balance. The outstanding balance of the request will remain as Pending until additional deposits are received, at which time an additional reimbursement will be initiated. Medical Out-of-Pocket expenses will be reimbursed up to your total Plan Year election less prior reimbursements.

**MyCash**

All reimbursements are deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts MasterCard, (2) withdraw at an ATM using your TASC Card, or (3) transfer to a personal bank account. Click MyCash in MyTASC to view and manage your MyCash funds.

*Paper reimbursement checks are issued on a limited basis and only upon request.

**Direct Deposit**

To establish direct deposit of your MyCash funds to a personal bank account, visit MyTASC and click Set Up Direct Deposit from the home page. Enter your bank account information and click Save. With direct deposit, funds ($25 or more) are forwarded from your MyCash account to your bank within 48 to 72 hours of a complete submission. Remember to verify receipt of deposits before writing checks against expected payments. TASC is not responsible for any bank fees associated with overdraft charges.
Managing Your Requests

To view your submitted Requests for Reimbursements and payments, click View Account Overview in MyTASC, then the Requests tab. Requests show the method of payment, date, name, description, provider, status, and amount requested. Click the magnifying glass under View Details to review additional information and to attach documentation.

You can also obtain this information from your mobile device using the MyTASC Mobile App.

MyCash Manager

It’s easy to manage your MyCash reimbursement funds from MyTASC. From MyCash, you can view recent MyCash activity and card information, save bank account information, and transfer funds to a personal bank account. You can view MyCash activity and balance via MyTASC Mobile, too.

Change of Elections

You may change your medical FSA election during the Plan Year under certain circumstances only and only within 30 days of the qualifying event. For example, if you get married or divorced, have a child, or experience a change in work status, you may be able to make a change of elections. (See your employer for a complete list of circumstances and the appropriate form to use.) For transit and parking, elections may be changed monthly as needed; no qualifying status change required.

Plan Year End and Carryover

Typically there is a transitional period at the end of your Plan Year during which time you may be able to incur and/or submit expenses. Check with your employer for complete details pertinent to your Plan. The Plan Year is officially closed following a transitional period at the end of the Plan Year, or sooner if directed by your employer. At the end of the Plan Year, you may carry over a portion of your unused balance in your medical FSA from year to year. The maximum carryover allowed is $500. Any unused medical FSA funds (exceeding your employer’s carryover maximum) are forfeited.