

# **How to Contact TASC!**

Customer Care: **800-422-4661 or 608-241-1900**

## **Hours of Operation**

Monday through Friday 8:00 AM to 5:00 PM

Visit [www.tasconline.com](http://www.tasconline.com)

Access your Account!

Submit Claims!

Manage MyCash!

MyTASC Mobile App!

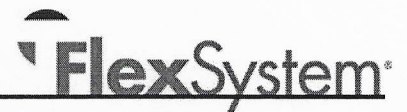
MyTASC Text Messaging!

## **HOW TO ENROLL ONLINE**

If you are “re-enrolling” in the plan please follow these directions:

In your web browser, go to [www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll). Enter your 12-digit TASC ID# and password. Click the green "continue" button on the participant manager screen and follow the on-screen enrollment prompts.

If you are enrolling for the first time please follow the directions on the Flyer. The TASC ID # for the Town of Millbury is: 4100-8099-5914.



## ENROLLMENT FORM INSTRUCTIONS

Enter your Client ID and Employer name in the space indicated. Refer to your employer for the correct Client TASC ID number and Employer name.

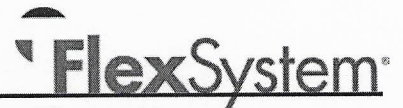
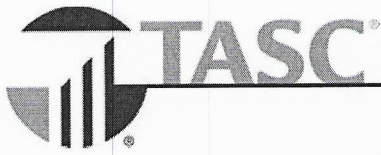
Instructions for entering elections under each applicable FlexSystem account type:

- 1. Healthcare FSA Election:** This amount you expect to pay out - of - pocket toward eligible medical expenses throughout the Plan Year, which may include deductible and co - insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a Participant may elect a maximum based on the current IRS limits. Your employer may have a Plan Year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your Plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pre - tax from every payroll throughout the Plan Year. Your total annual election amount is available for reimbursement on the first day of the Plan Year as eligible expenses are incurred.
- 2. Dependent Care FSA Election:** Amount you expect to pay out - of - pocket for eligible day care expenses for the Plan Year. Your annual contribution must be within the maximum allowable amount under IRS regulations for a family or for married individuals filing single. **Plan funds are ONLY available as they are contributed.**

### **IMPORTANT NOTES**

#### **Helpful Links**

Find all IRS limits on our resource web page: <https://www.tasconline.com/benefits - limits/>



## FlexSystem Employee Enrollment

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.

**Return the completed and signed form to your employer for processing.**

### For Employer to complete:

Employer Name: TOWN OF MILLBURY Client TASCID Number 4100-8099-5914  
Participant Plan Effective Date: JULY 1, 2020 Date of First Payroll JULY 9, 2020

### EMPLOYEE/PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
TASC ID#(if known) \_\_\_\_\_ Email Address\* \_\_\_\_\_  
Home Phone Number\* \_\_\_\_\_ Mobile Phone Number\* \_\_\_\_\_  
  
Home Address (street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*Required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.*

### ANNUAL ELECTIONS

**Prior to completing your election amounts below, please refer to the instructions on page 2.**

I request the following amount(s) to be deducted pre-tax:		Employee Annual Salary Reduction Election Amount	IRS Contribution Limits (2020)
1	Healthcare FSA	\$ _____	\$2750 per year
2	Dependent Care FSA (daycare)	\$ _____	\$5000 per year; \$2500 if married filing single

### TASC CARD

You will receive one TASC Card for your FlexSystem account. You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed in FlexSystem.

**To request an additional TASC Card for your spouse or dependent, please call TASC Directly at 1-800-422-4661. If you are a new participant please call after you have received your TASC Card.**

**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 amounts remaining in my flexible spending 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 additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

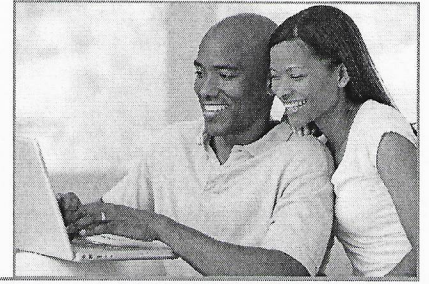
Signature \_\_\_\_\_ Date \_\_\_\_\_





How to Enroll Online

## Simple steps for online enrollment into the FlexSystem FSA Plan.



TASC FlexSystem FSA offers convenient, safe, online enrollment available 24/7 from the comfort of your home.

### Determine Your FSA Elections

To enroll in FlexSystem FSA, you must first choose which Flexible Spending Account(s) you wish to participate in for the Plan Year (as offered by your employer).

Next, determine your elections to be contributed **pre-tax** into each type of FSA from your payroll over the course of the Plan Year. Your elections are specific to each FSA and may only be used for expenses incurred for that account type. For example, dollars set aside for Dependent Care FSA may only be used for dependent care expenses and not for medical expenses.

### Easy Online Enrollment

Online enrollment into FlexSystem FSA is available 24-hours a day from the convenience of your home. Once you are enrolled, you may access your FlexSystem accounts online at any time.

#### ***New Enrollees (new to the Plan):***

First, obtain the Client ID# from your employer. Then head to [www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll) to establish your personal username and password. Please note: a valid email address is required to authenticate your account. Once you have authenticated your account, just follow the system prompts to enroll.

#### ***Renewing Enrollees:***

In your web browser, go to [www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll). Enter your 12-digit TASC ID# and password. Click the green "continue" button on the participant manager screen and follow the on-screen enrollment prompts.

The screenshot shows the 'New FlexSystem Account Request' web page. At the top is a navigation bar with links: Home, Products, Partner, About TASC, and Resources. Below this is a sub-header 'New FlexSystem Account Request' and a tabbed interface with tabs for 'Sign In', 'Set Password', 'Contact Information', 'Steps', 'FSA Card', and 'My Cash'. The main content area has a 'Welcome!' message and a prompt to 'Enroll today and start saving money on your healthcare and dependent care expenses.' It indicates 'Step 1 of 6: NEW BENEFITS ENROLLMENT LOGIN'. There are two columns of instructions: 'NEW INFO SETUP' (It takes just a few minutes) and 'EXISTING INFO SETUP' (Renew your enrollment today). The form includes input fields for Employee ID#, Username, Email Address, Password, and Re-Enter Email. At the bottom are two buttons: 'Submit and Continue' and 'Submit and Continue'.



Total Administrative Services Corporation  
2302 International Lane | Madison, WI 53704-3140  
[www.tasconline.com](http://www.tasconline.com) | 800.422.4661

FX-4247-080115





# Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent 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 care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an 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 an exemption can be claimed, and lived with you for more than half the year.

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

### **Allowed for Reimbursement:**

- ☒ Fees for licensed day care or adult care facilities
- ☒ Before and after school care programs for dependents under age 13
- ☒ Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- ☒ Nanny expenses attributed to dependent care
- ☒ Nursery school (preschool) fees
- ☒ Summer Day Camp – primary purpose must be custodial care and not educational in nature
- ☒ Late pick-up fees

### **NOT Allowed for Reimbursement:**

- ☐ Medical expenses
- ☐ Baby-sitter in or out of your home for reasons other than to enable you to work
- ☐ Activity fees/ educational supplies
- ☐ Food, clothing, and entertainment
- ☐ Transportation expenses
- ☐ Child support payments
- ☐ Kindergarten fees
- ☐ Overnight camp
- ☐ Late payment charges

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**For more information regarding Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).**

**You can also find helpful information and rates on our resource page at:**

[www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)

## How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits)).

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

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS 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 an 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 care provider.

## Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a 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 care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.







## Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

**NOTE:** If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

### Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Baby Formula, Nutritionals, Electrolytes & Food
- Bandages & dressings
- 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
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Flu shots
- Hearing aids & hearing aid batteries
- 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
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations
- X-ray fees

### Eligible OTC Medicines and Drugs

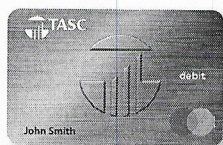
**Over-the-counter (OTC) medicines and drugs are now reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.**

Eligible OTC products include items that are for medical care and are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Feminine care products (tampons, pads, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Hydrogen peroxide & rubbing alcohol
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Nasal spray
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc.)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

*Continued on next page...*





Use your TASC Card to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

## Eligible Dental Expenses

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

## Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](http://irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

## Eligible Disability Expenses

- 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/magazines in excess of cost of regular editions
- Note-taker 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)

## Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and 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 (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

**Questions?** Ask your employer or contact your Plan Administrator.  
Total Administration Services Corporation • [www.tasconline.com](http://www.tasconline.com) • 1-800-422-4661

FX-4248-042420

