



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.

With less tax taken, your take-home pay increases!

Consider this example: (for illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators.

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

How to participate.

It's easy to start saving with an FSA.
Just follow 3 simple steps:

1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at www.tasconline.com/benefits-limits.

The more you contribute, the lower your taxable income will be.

However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES



MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.



TASC Mobile App: Track and manage all benefits and access numerous helpful tools, anywhere and anytime! Search for "TASC" (green icon).

3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

This Mastercard is administered by TASC, a registered agent of Pathward. Use of this card is authorized as set forth in your Cardholder Agreement. The card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.





What is on beneshop?

Beneshop gathers a large selection of products and retailers all in one place, so participants can find the best option and make the most of their pre-tax dollars. There are also amazing tools to help assist in making decisions.

Popular Items

- ✓ First Aid Kits
- ✓ Contacts
- ✓ Glasses
- ✓ Braces
- ✓ Over-the-Counter Meds
- ✓ Baby Care
- ✓ Allergy Meds
- ✓ Cold & Flu Meds

Check out the blog

Beneshop's blog features product reviews and educational items to help participants make thoughtful purchases.

New TASC Partnership

TASC has partnered with beneshop to make shopping for healthcare products easier and more affordable.

What is beneshop?

Beneshop gives participants the ability to purchase FSA/HSA eligible products from a wide variety of retailers and brands all in one location. **Beneshop helps consumers find the lowest cost option for health-eligible products, ensuring participants maximize their pre-tax benefits.**

HOW IT WORKS



Sign into the TASC mobile app where there is a link to shop.



Shop for eligible products by category or by looking up products on our eligible expense list.



Choose products to compare costs and purchase at the retailer that best fits.



Be Money Smart.

Contribute to a Healthcare FSA with minimal risk of losing funds at the end of the year.

Putting money in an FSA is smart and safe.

The cost of prescriptions, copays, OTC items, dental care, and vision care can all add up fast over the course of a year. Enrolling in a Healthcare FSA is a savvy way to save up to 30% on these out-of-pocket expenses by paying for them with pretax dollars.

If you anticipate any eligible out-of-pocket expenses during your plan year, why not use pretax dollars to pay for them? It reduces your taxable income and increases your take-home pay. The more you elect, the more you save in taxes!

Keep your money.

It can be a challenge to estimate how much money to set aside each year in a Healthcare FSA. Fortunately, with **Carryover** you have a safety net!

Government regulations allow you to carry over a portion of your unused Healthcare FSA (general and limited purpose) funds to the next plan year, meaning there is minimal risk of forfeiting your unused contributions.

If you've participated in an FSA in the past, you already know how much you can save. And now you're safe to increase your annual election knowing if you don't use it, you won't lose it all.

Be money smart. Enroll in a Healthcare FSA today and take advantage of the benefit of Carryover!

How Carryover Works

When the benefit plan year ends, you can continue to request reimbursement for eligible expenses that you incurred during the just-ended plan year.

You have until the **Last Day for Submitting Expenses** to do so. This is the **Runout Period**.

Your previous plan year funds will be used for any such reimbursement requests you submit during the Runout Period.

After the Runout Period ends, any funds you have left from the previous plan year **up to the limit** will be carried over and added to your available balance for the current plan year.

If you did not re-enroll, your Carryover funds will become available after the Runout Period ends.

The IRS has adjusted the maximum carryover amount for a plan year up from a flat \$500 to an amount equal to 20% of the maximum salary reduction contribution under §125(i) for that plan year. Refer to your Summary Plan Description for your specific plan details, as they may differ from the maximum allowance.



For current IRS contribution limits, please visit www.tasconline.com/benefits-limits



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 (LPPFSA). The eligible expenses under an LPPFSA are limited to Dental and Vision expenses only.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- 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
- Feminine care products (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- 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
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychiatric care, psychotherapy (as medical treatment)
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & flu shots
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note. Eligible OTC products include items that 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
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers (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)

*PPE expenses must be used for the purpose of preventing the spread of coronavirus.

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

Does not cover medical costs. Use the Healthcare FSA for medical expenses incurred by your dependents.

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services provided in or outside of your home (including babysitters or nursery school)
- 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

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.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 person with a disability in excess of the cost of an ordinary automobile; device for lifting a person with a mobility impairment into an automobile
- Braille books or magazines (in excess of cost of non-Braille editions)
- Note-taker in school for a child with a hearing impairment
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a person with a visual impairment
- Visual alert system in the home or other items such as a special phone required for a person with a hearing impairment
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to diagnose or treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your medical practitioner explaining the medical necessity of the expense (diagnosed condition, onset of condition, etc.) and including the practitioner's signature.

- Counseling or therapy
- 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)



Using the TASC Mobile App

With the TASC Mobile App you can track and manage all your TASC benefit accounts and access numerous helpful tools, anywhere at anytime. It's full of self-service features and boasts a user rating of over four stars!

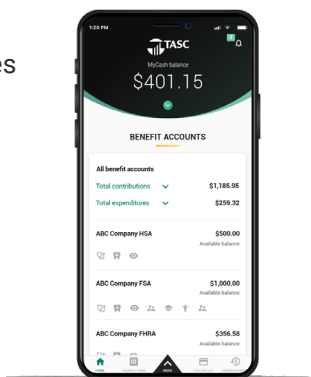
Sign Up & Sign In

Visit the App Store or Google Play and search for **TASC** (green icon). *If not already established*, you must sign up on the web with the email address you provided when you originally enrolled. You will use the same login credentials for the app.



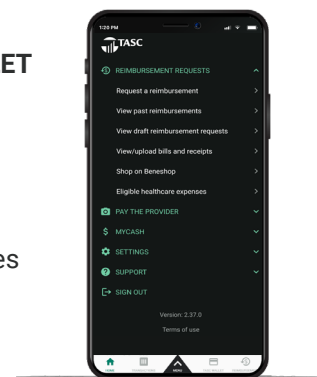
What you can view

- ✓ Account alerts
- ✓ Contributions and expenditures
- ✓ Recent transactions
- ✓ MyCash balance
- ✓ Account details
 - What's covered
 - Available balances
 - Important plan dates



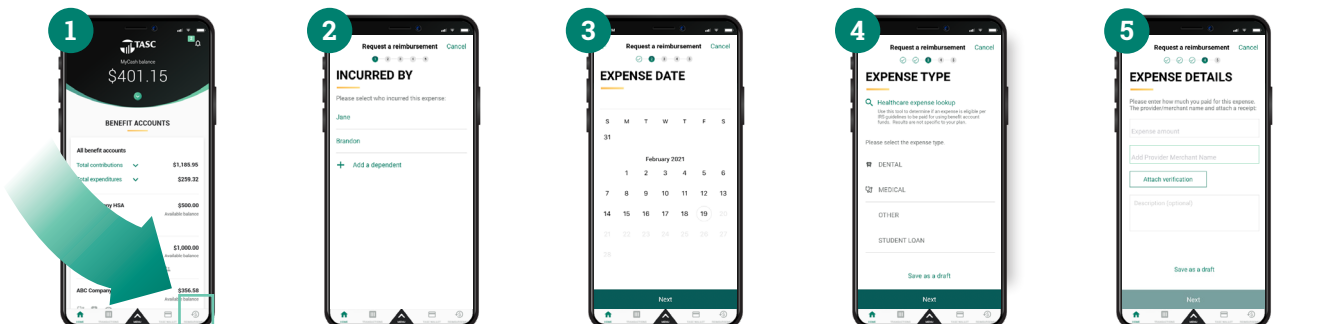
What you can do

- ✓ View all **TRANSACTIONS**
- ✓ Manage cards in your **TASC WALLET**
- ✓ Request a **REIMBURSEMENT**
- ✓ Shop on **beneshop™**
- ✓ Pay a provider with **Picture to Pay**
- ✓ Upload bills and receipts
- ✓ Search eligible healthcare expenses
- ✓ Manage your MyCash account



How to request a reimbursement

Tap the **REIMBURSEMENT** icon in the lower right corner and follow the screen prompts to complete the request. Have your verification (receipt, EOB, etc.) ready to capture with your device camera (or you can upload it later). Reimbursements are deposited in your MyCash account usually within 12 hours—faster than direct deposit!



Questions? Ask your employer or contact your Plan Administrator:
Total Administration Services Corporation • www.tasconline.com • 1-800-422-4661



LETTER OF MEDICAL NECESSITY

Use this form to be reimbursed for healthcare products and services that require authorization from a Medical Practitioner to be considered eligible for reimbursement from a Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA) or other TASC benefit account.

INSTRUCTIONS

- Complete the form on the following page.
 1. Complete Section I (including your signature and the date) **prior to** visiting your Medical Practitioner.
 2. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II. Instruct them to follow the specific pharmacy / prescription laws in their respective state when completing Section II.
- You must submit a copy of this completed form to TASC with each request for reimbursement (if submitting online, include a copy with your receipts). Any *Letter of Medical Necessity* received without a request for reimbursement will not be processed.
- The *Letter of Medical Necessity* will be considered effective for 12 months from the date signed by the Medical Practitioner, or until the end of the benefit plan year in which it was submitted. A new form must be submitted each plan year in which you request reimbursement, or any time the treatment plan changes.
- **Both sections of the form must be completed in full.** Incomplete forms may result in delay in processing or denial of your request for reimbursement.

DEFINITIONS *(for the purposes of this form)*

- “Letter of Medical Necessity” refers to any order for healthcare products or services signed by a licensed Medical Practitioner granted prescriptive authority by the laws of the state. It contains the name and quantity of the medicine/product/service prescribed, directions for use, and treatment duration.
- “Medical Practitioner” generally includes the following licensed health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist, and podiatrist.

Products and services that require a Letter of Medical Necessity or other Medical Practitioner authorization to show the expense is to treat a medical condition include* the following:

- | | | |
|----------------------------------|---------------------------------------|----------------------------|
| • Air purifier | • Massage therapy | • Vitamins and supplements |
| • Automobile modifications | • Nutritionist’s professional fees | • Waterpik™ |
| • Ear plugs | • Orthopedic shoes (excess cost only) | • Whirlpool® or spa |
| • Exercise equipment | • Support hose (below 30 mmHg) | • Wigs |
| • Gym or health club memberships | • Varicose vein treatment | |

* *Not a complete list.*



LETTER OF MEDICAL NECESSITY

Include this completed form with your request for reimbursement online, or submit via fax or mail:	Fax	Mail
	608-245-3623	PO Box 7308 Madison, WI 53704-7308

SECTION I – PARTICIPANT AUTHORIZATION

Participant Name:		Employer Name:	
Participant TASC ID:		Email Address:	

The statements in this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my benefit account(s) and that the guidelines are implemented as a means of ensuring compliance with reimbursable expenses and that TASC reserves the right to verify the eligibility of the expenses in accordance with IRS regulations. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.

Participant's Signature

Date

SECTION II – TREATMENT INFORMATION

To be completed by Medical Practitioner. All fields are required.

Patient Name:	
Relationship to Participant:	

Prescribed Treatment Product / Services	Reason for Treatment / Medical Condition	Instructions / Restrictions (if applicable)	Date of Diagnosis / Onset	Duration / No. of Treatments

I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetics or general health and well-being.

Medical Practitioner's Printed Name

Medical Practitioner's Signature

Date



ORTHODONTIA EXPENSES INSTRUCTIONS & WORKSHEET

The treatment of orthodontic expenses under a Healthcare Flexible Spending Account (FSA) is different than other medical expenses because services generally span more than one plan year. Under IRS regulations, the service must be reimbursed from the same FSA plan year in which the services were provided, and the service must have been incurred. Nevertheless, IRS officials have informally commented that a pre-payment of orthodontia expenses is permissible in certain instances. Below are the various options for reimbursement of orthodontic services, instructions on how to submit a reimbursement request for orthodontic expenses, and instructions on completing the Orthodontia Worksheet.

If a service agreement or contract has been drawn between the orthodontic provider and participant agreeing on services provided and payments due over the course of the treatment, the participant is reimbursed on a monthly basis according to the agreement. Reimbursements for these payments may span over one or more FSA plan years, as per the agreement. For example, if the agreement indicates a one-time payment of \$500 upon placement of the braces and a monthly fee of \$50 thereafter for two years, the amounts eligible for reimbursement are those incurred within each plan year (up to your current remaining balance). Pre-payments of monthly fees are not reimbursable as the service must be provided and payment must have a due date within your plan year coverage period. (Payments due in one plan year cannot be reimbursed from the next plan year.)

If full payment is required by the orthodontic provider before services can begin, the total cost for the treatment is eligible for reimbursement when the work is started, and the payment is made. A one-time reimbursement for the total cost of the treatment up to your current available balance may be made from your current plan year Healthcare FSA. For example, if a full payment of \$3,000 is required at time of placement and your current Healthcare FSA balance is \$2,500, you are eligible to be reimbursed for \$2,500.

If the orthodontic provider does not offer the options above, complete the Orthodontia Worksheet to determine the monthly amount that may be eligible for reimbursement from your Healthcare FSA.

Loan payments and interest on a loan are not eligible expenses. Thus, the TASC Card cannot be used to make payments to a loan company. Complete the Orthodontia Worksheet if no other receipt or contract is available from the orthodontic provider.

Submitting orthodontia expenses for reimbursement:

1. A *Reimbursement Request Form* must be completed each time you want to be reimbursed.
2. With each reimbursement request, include a copy of the Orthodontic Contract, coupon (if provided a payment book), or itemized receipt. All documentation must clearly indicate the month and year of the service provided (or payment due date), the monthly payment amount, the name of the provider, and a description of the service (orthodontia, braces, placement, or banding fee).
3. In the absence of a contract or service agreement:
 - a. Complete the Orthodontia Worksheet;
 - b. Have it signed by your orthodontist; and
 - c. Submit with each reimbursement request.
4. Initial payments, banding, or placement fees are eligible for reimbursement upon placement. An itemized receipt must accompany the Request for Reimbursement Form that indicates the service is a banding or placement fee instead of a monthly fee.
5. A request for reimbursement of payment in full for orthodontic treatment at the start of the orthodontic services requires an itemized receipt from the orthodontic provider to accompany the reimbursement request.



ORTHODONTIA EXPENSES INSTRUCTIONS & WORKSHEET

In the absence of a contract or service agreement, the orthodontic provider must apportion the total cost of the treatment, less the initial payment due and any payments expected from your insurance company or provider discounts, to the remaining number of months required for treatment. This will determine the monthly payment amount eligible for reimbursement from the Healthcare FSA. Include a **copy** of this completed form with each reimbursement request submitted to TASC.

1. Enter the total cost for the duration of the treatment in the *Total Cost* section in below.
2. Enter in any insurance payments and provider discounts.
3. Enter the estimated portion of the total cost that is apportioned to the services provided in the first visit (when the braces are applied) in the *Initial Payment Due* section (generally, one-third or less of the total cost).
4. Subtract the insurance payments, provider discounts, and initial payment due from the total cost and enter this amount in the *Total Remaining Balance* section.
5. Enter the number of months the treatment is expected to continue after placement of the braces.
6. Divide the Total Remaining Balance by the number of months and enter this amount in the *Monthly Payment* section. This is the amount eligible for reimbursement from the FSA on a monthly basis.



ORTHODONTIA EXPENSES INSTRUCTIONS & WORKSHEET

EMPLOYER/CLIENT INFORMATION

Employer Name _____	Employer TASC ID # (if known) _____
Employer Class _____	Employer Division _____

PARTICIPANT AND PATIENT INFORMATION

First Name:		MI:		Last Name:	
TASC ID# (if known):		Email Address:			
Primary Phone #:		Mobile Phone #:			
Patient First Name:		MI:		Last Name:	
Date Treatment Begins:					

CALCULATION

Total Cost for Orthodontia Services:		\$
Subtractions:	Insurance Payments:	\$
	Provider Discount:	\$
	Initial Payment Due (upon placement of braces):	\$
	Total Remaining Balance:	\$
Number of Months:		
Monthly Payment and Eligible Monthly Reimbursable Amount: <i>(Total Remaining Balance divided by the Number of Months)</i>		\$

AUTHORIZATION

Signature of Orthodontic Service Provider

Date

Print Name of Orthodontic Service Provider

For enrollment assistance: call toll-free 800-422-4661
Have your enrollment form, employer name, and the Client ID# ready.

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



DEPENDENT CARE CONTRACT

Submit this completed form with your Request Form Online or paper, or submit separately via fax or mail:	Fax	Mail
	(608) 663-2762	TASC P.O. Box 7308 Madison, Wisconsin 53704-7308

A new contract is required at the start of each new plan year. Use this form to substantiate dependent care expenses and submit a copy with each Request Form.

EMPLOYER INFORMATION

Client/Employer Name:		Client/Employer ID #: (If known)	
Division: (If applicable)			

INDIVIDUAL/PARTICIPANT INFORMATION

First Name:		MI:		Last Name:		
TASC ID # (if known):		Email Address:				
Primary Phone #:		Mobile Phone #:				
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		ZIP/Postal Code:		+4	

All fields 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.

DEPENDENT INFORMATION

List your spouse/dependent children below:

LAST NAME	FIRST NAME	AGE



DEPENDENT CARE CONTRACT

PROVIDER CERTIFICATION

Provider Name:				Tax ID:			
Provider Address:	Address:				Apt:		
	City:						
	State:		Zip/Postal Code:		+4		
I certify the total cost of qualified adult/child care services below have been provided during the period indicated and will continue for future periods through the Service Period End Date below for the dependents on this form unless the contract for services is terminated.							
Total Amount (total cost of qualified service): \$							
Duration (select one): ☐ Weekly ☐ Monthly ☐ Annually ☐ Other: _____							
Service Period:	Start Date:			End Date:			

Provider Signature: _____ **Date:** _____

PARTICIPANT CERTIFICATION

I understand that reimbursements (a) are limited to my Dependent Care Account annual salary reduction plus any employer contributions (if applicable) to my Dependent Care Account, (b) may not exceed my Dependent Care Account year-to-date available balance at the time of the reimbursement request, and (c) are for services already incurred.

I understand and agree that I must inform TASC in writing (a) if the amount charged for the dependent care services changes, (b) if the service is terminated, and/or (c) of any reason the expenses are not incurred. If I fail to notify TASC I jeopardize the tax-free nature of my reimbursements and will be required to repay the Plan with after-tax dollars.

Participant Signature: _____ **Date:** _____

For assistance, call TASC toll-free at (800) 422-4661