



# Flexible Compensation Enrollment Form

Make sure to sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer: Human Resources Department, Room 501, City-County Building, 210 Martin Luther King Jr. Blvd., Madison, WI 53703.** For enrollment assistance, call toll-free 800-422-4661. Have your enrollment form, Client ID, and company name ready. **Please Print.**

Employer Name City of Madison Client TASC ID Number 4207-6733-6719

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Participant Email Address\* \_\_\_\_\_

Participant Home Phone Number\* \_\_\_\_\_ Participant Mobile Phone Number\* \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Plan Effective Date \_\_\_\_\_

\*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.

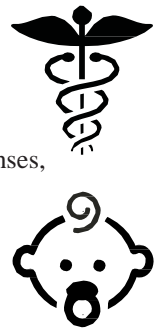
## Election Amounts

*Prior to completing your election amounts, refer to the instructions and frequently asked questions on page 2.*

I request the following amount(s) to be deducted pre-tax: **Employee Annual Salary Reduction Election**  
\$ \_\_\_\_\_

**1. Medical (Out of Pocket) Expenses**  
This amount is usually paid per year towards deductible and co-insurance portions of health insurance, dental expenses, orthodontia expenses, eye care, and other healthcare related expenses.

**2. Dependent Day Care**  
Amount paid for day care expenses per year. \$ \_\_\_\_\_



## 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 \_\_\_\_\_

## Enrollment Form Instructions

**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 healthcare expenses. Per IRS regulations, a Participant may salary reduce the maximum of \$2,550 per Plan Year (indexed annually for inflation). 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 amount.

**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; \$2,500 per calendar year for married individuals filing single.

### 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.)

**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. Purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) are only reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. Below are some *examples* of eligible OTC health related expenses:

**Examples of OTC items that require a prescription or Prescription Order Form:** Acid Controllers, Allergy and Sinus, Antibiotic Products, Cough, Cold and Flu, Digestive Aids, Pain Relief, Respiratory Treatments, Sedatives, and Stomach Remedies.

**Examples of OTC items that are eligible and need no physician authorization:** Bandages, Blood Pressure Kits, Contact Lenses, Contact Lens Solution, Diabetes Testing Supplies, Durable Medical Equipment, Hearing Aid Batteries, Heating Pads, Insulin, Nebulizers, and Walkers and Wheelchairs.

**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 dependent 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 off 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-or-Lose 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).

**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. 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 • 608-241-1900 • 800-422-4661 • Fax: 608-245-3623 • www.tasconline.com

<b>Pre-Tax Example</b>		
	<u>Without FlexSystem</u>	<u>With FlexSystem</u>
Gross Pay	\$3,500/mo.	\$3,500/mo.
<b>Pre-Tax</b>		
Medical/Dental Premiums	0	300
Medical Expenses	0	100
Dependent Care Expenses	0	400
<b>TOTAL</b>	<b>0</b>	<b>800</b>
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	800	0
Spendable Income	1,732	1,953
<b>Net Increase in Take-Home Pay = \$221/mo</b>		
<i>This is just an illustration and actual numbers may vary. Paying certain qualified expenses before tax increases your take-home</i>		