

Section 125 Flexible Spending Account (Cafeteria Plan)

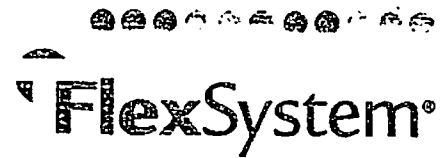
All employees scheduled to work 1,000 or more hours per year or a minimum of 5 1/12 hours daily are eligible to enroll in the Flex Account.

Flexible spending accounts allow employees to pay with pre-tax dollars for out-of-pocket medical and dental, insurance and dependent care expenses. Because these expenses are paid with pre-tax dollars, employees are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA tax. Tax is paid on a lower gross salary; therefore, an employee's take home pay increases. **(SEE EXAMPLE ON BACK OF ENROLLMENT FORM AND FLEXIBLE SPENDING ACCOUNT OPERATIONS SUMMARY PAGE).**

Amounts deducted from an employee's salary to pay for these expenses are called elections. Eligible employees need to determine their elections for each benefit in which they wish to participate during the course of the calendar year and fill out an Enrollment Form. The elections are specific to each type of flexible spending account, meaning that dollars set aside for dependent daycare can only be used for dependent daycare, not for out-of-pocket medical expenses, etc. It is important to be conservative in making elections because any unused funds following the close of the year that are not rolled over into next calendar year may not be refundable and are returned to the employer-not the employee. The reason they are not refundable is that once the elections are made they are not taxed as income.

If you do not wish to set aside money for expenses but do want the dependent health and dental premiums deducted from payroll on a pre-tax basis you need to complete the employee (participant) information section, put zeros in the election lines, sign and date the form and give it to Cathy Stolze within two weeks of your employment date.

The dollars set aside on a pre-tax basis for expenses and the payroll deduction amounts for dependent health and dental premiums will **not** be reported as wages earned for Social Security and Medicare and these amounts will not be taxed for Social Security or Medicare.



Advantages of a Flexible Spending Account (FSA)

A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars.

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

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

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 medical Flexible Spending Account (FSA) are limited to \$2,500 (2014) and \$2,550 (2015) per Plan Year, indexed for inflation. Check with your employer for your Plan's maximum annual election amount.

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.

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 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. *The more you contribute to these accounts, the more you save by paying less in taxes!*

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent 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 most 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.

FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$958	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!
For illustration only. Actual dollar amounts may vary.

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
- Prescriptions
- Dental care services
- Certain over-the-counter medications
- Vision care expenses
- 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 Online: www.tasconline.com.
- MyTASC Mobile App: Free download at www.tasconline.com/mobile.
- MyTASC Text Messaging: Elect through your MyTASC account online.

*Experts say
savings range from
25% to 40%
with those in
higher tax brackets
saving more.*

Chicago Tribune, September 2012

**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.

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 funds may carryover to the next Plan Year's healthcare FSA (up to \$500) when elected by your employer.) 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.

Sign up for FlexSystem and keep more money in your pocket!





BE MONEY SMART.

Put up to \$500 in a medical FSA with **no risk** of losing it at year's end.

Putting Money in an FSA is Smart *and* Safe.

Everybody has medical bills, right? Expenses for prescriptions, co-pays, doctor's office visits, glasses and contacts, and dental work add up over the course of a year. With an FSA, you can save 30% on these expenses by paying for them with pre-tax dollars.

Keep your money, yours.

It can be a challenge to estimate how much money to set aside each year in an FSA. But now you have a \$500 safety net! New government regulations allow you to carryover up to \$500 (if allowed by your employer) of your unused medical FSA funds from year to year.

How much will you elect this year?

Enrolling in an FSA is a savvy way to save money on health expenses. Everyone who anticipates any out-of-pocket medical expenses should take advantage of the benefits of an FSA. There is no risk to contribute at least \$500. At the end of the year, if your medical expenses are below that amount, you can carryover any amount up to \$500 and use it next year—with no cost or penalties.

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 by \$500, knowing if you don't use it this year, you can carryover a maximum of \$500 to the next year with **no risk of forfeiture** at the Plan Year end.

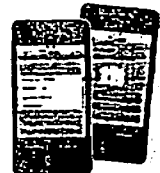
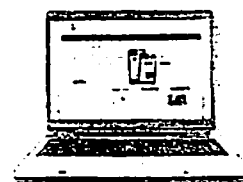
FSA contributions are deducted pre-tax from your payroll. The more you elect, the more your taxable income is reduced—which means more take-home pay!

Be Smart! Enroll in a medical FSA today.

Other FSA benefits may be offered by your employer. Ask your employer for more information.

FlexSystem[®] FEATURES:

- TASC Card pays for and substantiates most eligible expenses at the point of purchase.
- Reimbursements are deposited in MyCash and accessible via the TASC Card.
- Mobile App, texting, and 24-hour phone system for easy access on the go!
- Convenient account management, including online reimbursement requests.
- Dedicated customer support team.





FlexSystem®
Flexible Spending Accounts (FSA)

TASC Mobile Tools

Easily access your FlexSystem FSA while on the go!

TASC Mobile offers a mobile app and text messaging capabilities to you as a FlexSystem participant, giving you quick and easy access to your account(s) from anywhere and at any time from your mobile handheld device.

Now you can securely check real-time balances, request a reimbursement, upload receipts, view transaction details, and review plan information and contributions...*all while on the go!*

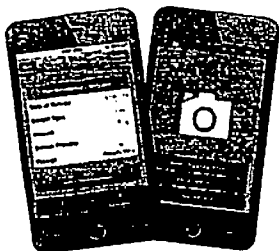
MyTASC Mobile App

The MyTASC Mobile App is a free download from Amazon, Apple App Store, and Android Google Play™ for smartphones and tablets. Once downloaded, securely log in using your current MyTASC username and password.

Conveniently perform the following functions with the MyTASC Mobile App:

- Submit a request for reimbursement for out-of-pocket FSA expenses.
- Upload pictures of receipts with phone camera.
- View real-time account balances and transactions for active and closing plans and your MyCash account.
- Review FlexSystem Plan information and annual contributions.
- Securely log in with MyTASC username and password.
- Enable login memory for faster return access (per device).
- Access a help screen for system assistance.

Download the MyTASC Mobile App on your mobile phone today for easy, secure and convenient account access. *It's free!*



To learn more about TASC Mobile, download the mobile app, and obtain texting instructions, please go to:
www.tasconline.com/mobile

TASC Mobile is available for the following FlexSystem Accounts (where applicable):

- FlexSystem Healthcare FSA
- FlexSystem Dependent Care FSA
- FlexSystem Transit & Parking FSA

MyTASC Text Messaging (SMS)

MyTASC Text messaging (SMS) is available for convenient access to your FlexSystem account(s) from your mobile phone through instant two-way communication.

- Request your current account balance.
- Request a reimbursement.
- Receive automated reimbursement status alerts.

Activate MyTASC Text Messaging and/or email notifications online by logging in to your MyTASC account and clicking Set Notifications.

FlexSystem Text Notifications

FSA Account Text Messaging Instructions

Account Balance Check

Text TASC BAL to number 41411

Request for Reimbursement (RFR) Submission

Text TASC RFR <Service Code> <Store> <\$Amount> to 41411

Example: TASC RFR MD Walgreens \$5

Service Codes

MD-Medical	DC-Prescription	OT-Over the Counter	MP-Medical Preventive
DN-Dental	VS-Vision	DC-Dependent Care	
PK-Parking	MT-Mass Transit	IP-Individual Premiums	

FSA Eligible Expenses

Healthcare expenses eligible for reimbursement.

Below is a sample list of permissible expenses reimbursable through a full scope Healthcare Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note, a limited purpose Healthcare FSA only allows dental and vision expenses.

Section 125 Flexible Spending Accounts

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

- Physicals
- 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

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request 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

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/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
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Dependent Care Expenses

- 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 children under the age of 13 or for elderly dependents who reside with you

- FICA/FUTA taxes of day care provider
- Late pick-up fees
- Nanny expenses attributed to dependent care
- Nursery school (preschool)
- Registration fees (allocated to dependent care services)
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents.

Ineligible Medical Expenses

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diaper service
- Diet (cost of special foods taken as substitute for regular diet)
- Dietary and fiber supplements
- Divorce (when recommended by doctor or psychiatrist)
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help (companion, babysitter, chauffeur who primarily renders 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 and physician calls
- Nursemaids or practical nurses who render general care for healthy infants
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, pillow, shampoo, mattress, etc.)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Premiums for coverage through other medical plans (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)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electric ones) and 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



Prescription Order Form

Make sure to sign and date the order form. For assistance call 1-800-422-4661. Have your order form and 12 digit TASC ID number ready. Please print.

1. This form replaces the Letter of Medical Necessity. Use this form to be reimbursed for products and services that require physician authorization such as Over-the-Counter (OTC) medicines or drugs and other non-OTC medicine products and services.
2. Complete Section I (including your signature and the date) and Section II (Patient Name, Treatment Prescribed and Reason for Treatment) prior to visiting your Medical Practitioner.
3. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II (Instructions/Restrictions) and Section III.
4. Instruct them to follow the specific pharmacy/prescription laws in their respective state when completing the Instructions/Restrictions portion (Section II).
5. You may use the same form for each individual in your household for whom you purchase healthcare expenses, as long as the same Medical Practitioner is completing the form
6. TASC Card purchases of OTC medicines or drugs require a prescription from your medical practitioner. Do not use this Prescription Order Form when using your TASC Card to purchase OTC medicines or drugs. The Prescription Order Form may be used in place of a prescription for all other methods of Requests for Reimbursement (online, faxed, or mailed).
7. FlexSystem and DirectPay Participants must submit a copy of this completed form to TASC with each Request for Reimbursement (if submitting online, include a copy with your receipts and Veriflex (FlexSystem only) Cover sheet). Prescription Order Forms received without a Request for Reimbursement or Veriflex (FlexSystem only) Cover Sheet will not be processed. AgriPlanNOW and BizPlanNOW Participants should retain the completed Form for their own records.

Definitions

For the purposes of this form...

- 1) "Medical Practitioner" generally includes the following health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist and podiatrist.
- 2) "Prescription Order" is any order for drugs or medical supplies signed by a licensed medical practitioner granted prescriptive authority by the laws of the state. It contains the name, strength and quantity of the medicine/product prescribed, directions for use and number of refills (if applicable).

Restrictions

- The Medical Practitioner's signature may NOT be preprinted in the states of Arkansas, Connecticut, Florida, Georgia, Idaho, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Virginia and Washington.
- Montana, Pennsylvania and South Dakota – the use of this form is prohibited; a prescription is required.

Section 1

Employer (Company) Name: _____ Participant (Employee) TASC 12-Digit ID #: _____

Participant's Last Name: _____ First Name: _____ M.I.: _____

Signature: _____ Date: ____/____/____

The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefit account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.

Section 2

Patient's Name	Prescribed Treatment Products/Services	Reason for Treatment	Instruction/Restrictions (if applicable)

Section 3

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 cosmetic reasons nor for general health and well-being.

Medical Practitioner's Name (PLEASE PRINT)

State of Prescriptive Authority

Medical Practitioner's Signature

Date

Over-the-Counter (OTC) medicines and drugs (other than insulin) are reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. Please note when using your TASC Card to purchase OTC medicines or drugs, a prescription is required. The Prescription Order Form or a prescription may be used when submitting Requests for Reimbursement via online, fax or mail.

OTC medicines or drugs that require a prescription or Prescription Order Form include the following:

- | | | | |
|---------------------|--------------------------|-------------------------|------------------------|
| Acid Controllers | Anti-Itch & Insect Bite | Digestive Aids | Pain Relievers |
| Allergy & Sinus | Antiparasitic Treatments | Feminine Anti-Fungal | Respiratory Treatments |
| Antibiotic Products | Cough/Cold/Flu | Hemorrhoidal Medication | Sleep Aids/Sedative |
| Anti-Gas | Diaper Rash Ointment | Laxatives | Stomach Remedies |

OTC products that do not need a physician authorization include the following:

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

Other products and services that require a Prescription Order Form or other physician authorization to show the expense is to treat a medical condition include the following:

- | | | |
|--------------------------|-------------------------------------|-------------------------|
| Air Purifier | Massage Therapy | Support Hose |
| Automobile Modifications | Nutritionist's Professional Fees | Varicose Vein Treatment |
| Ear Plugs | Orthopedic Shoes (excess cost only) | Whirlpool/Spa |
| Exercise Equipment | Special Foods (excess cost only) | Wigs |

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited.

Orthodontia Worksheet and Instructions

The treatment of orthodontic expenses under a Medical 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 2 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 Medical FSA. For example, if a full payment of \$3,000 is required at time of placement and your current Medical FSA balance is \$2500, you are eligible to be reimbursed for \$2500.

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 Medical 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 Request for Reimbursement Form must be completed each time you want to be reimbursed.
2. With each Request for Reimbursement, 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;
 - c. Submit with each Request for Reimbursement.
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 Request for Reimbursement.

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 Medical FSA. Include a copy of this completed form with each Request for Reimbursement Form 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.

Participant Name	Participant 12-Digit ID#
Employer	Employer 12-Digit ID# (optional)
Patient Name	Date Treatment Begins (Mo/Day/Yr)

Total Cost for Orthodontia Services: \$ _____

Subtractions

Insurance Payments: \$ _____

Provider Discount: \$ _____

Initial Payment Due (upon placement of braces): \$ _____

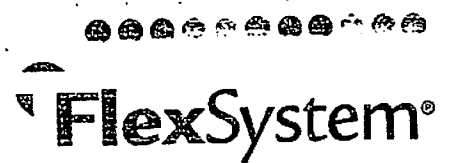
Total Remaining Balance: \$ _____ / _____ =

Number of Months

**Monthly Payment
and Eligible Monthly
Reimbursable Amount**

Signature of Orthodontic Service Provider _____ Date _____

Printed Name of Orthodontic Service Provider _____



The TASC Card MyBenefits. MyCash. MyWay

Offering ease and convenience for your FlexSystem FSA!

The TASC Card features two accounts on one card—MyBenefits for employee benefits purchases—and MyCash for cash reimbursements.

Visit MyTASC (www.tasconline.com) and click Manage My Card to view card information, view allowed benefits, reissue a card (due to never received, damaged, lost/stolen, or name change), request a PIN, and request a dependent card.

MyBenefits.

The TASC Card provides a convenient method to pay for eligible healthcare, dependent care, and/or transit and parking expenses as defined by your FlexSystem Plan. MyBenefits is funded through equal pre-tax payroll deductions based on your annual benefit election.

Card purchases are limited to your Plan type, and also to merchants with an inventory information approval system (IIAS) in place to identify FSA-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and day care centers. Simply swipe your card at the time you incur the eligible expense and the IIAS automatically approves the purchase of eligible items and deducts the amount from your MyBenefits account.

MyCash.

Reimbursements are fast and paperless! If you do not use your TASC Card to pay for an eligible expense, you may submit a request for reimbursement via MyTASC Mobile (visit www.tasconline.com/mobile for more information), online Request for Reimbursement form in MyTASC, text message, fax, or mail. Your reimbursement will be deposited in your MyCash account. 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 from MyTASC.

Spend your MyCash funds any way and anywhere you want! Click the MyCash tab in MyTASC to view account activity, request a PIN (for ATM), schedule a transfer, and more.

MyWay.

- Access to two accounts on one card makes the TASC Card more versatile than ever!
- Avoid embarrassing declines. MyCash funds can be used to pay for eligible expenses if no funds are available in your MyBenefits account.
- Combine general retail items with healthcare expenses in one transaction. The TASC Card is smart enough to know that eligible expenses are deducted from your MyBenefits account while ineligible expenses are withdrawn from MyCash.
- Transfer MyCash funds to a personal bank account (from MyTASC, click MyCash, then Schedule MyCash Transfer).

The TASC Card is available for the following FlexSystem FSAs (where applicable):

- Healthcare
- Dependent Care
- Transit & Parking

Keep your receipts!

FSA Eligible Expenses

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

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- 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.

Track Account Activity

- MyTASC (www.tasconline.com)
- MyTASC Mobile App
- MyTASC Text Messaging (SMS)



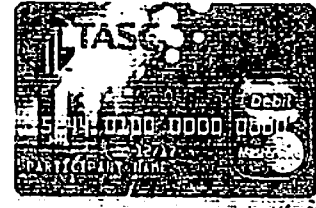
TASC Card: Frequently Asked Questions

How do I obtain a TASC Card?

Once your employer elects the TASC Card feature, a TASC Card is mailed directly to the your home address along with a Cardholder Agreement.

Can I request a card for my dependent or spouse?

You may request one additional card for a dependent or spouse free of charge. From MyTASC, click Manage My Card, Issue a Dependent Card, and follow the prompts. A \$10 fee is charged for each additional dependent card. A maximum of three dependent cards may be requested.



How long is my TASC Card good for?

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. (Funds in MyCash are not tied to any type of Plan Year and do not expire.) If you throw out or lose your card before it expires, a \$10 reissue fee will be automatically withdrawn from your FlexSystem account (pre-tax).

How can I replace a lost or stolen TASC Card?

You must notify FlexSystem immediately to report a lost or stolen TASC Card. To do so, (a) log in to MyTASC (www.tasconline.com) and 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 at 800-422-4661. A new card will be issued and a \$10 reissue fee will be automatically withdrawn from your FlexSystem account (pre-tax). Expect your card to arrive within 7-15 days.

How do I manage my account online?

Simply log in to MyTASC (www.tasconline.com) and click Manage My Card to view cardholder information, view approved benefits, reissue a card, request a PIN, and request a dependent card.

How do I access my MyCash reimbursements?

If you did not use your TASC Card to pay for an eligible expense, simply submit a reimbursement request via the online Request for Reimbursement form in MyTASC, the MyTASC Mobile App, text, fax, or mail. Your reimbursement will be deposited into 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 (with a PIN) using your TASC Card, or (3) transfer to a personal bank account from MyTASC (click MyCash, then Schedule MyCash Transfer).

* Currently, the TASC Card MyCash feature does not work at CVS Pharmacy, ShopKo, and Walmart.

Additional Questions?

Review our TASC Card Frequently Asked Questions at www.tasconline.com/tasc-card-faqs for more information. Or contact FlexSystem Customer Care via an online MyService Request (from MyTASC, click Contact Us) or call 608-241-1900 or 800-422-4661. For speediest service, have your TASC ID available whenever you contact us.

Available exclusively for **FlexSystem**

MyCash: manage your money smarter



When you submit a request for reimbursement for an eligible employee benefits expense, your approved reimbursement will be deposited directly into your MyCash account—usually within 24-48 hours. You can access your MyCash funds in three ways: swipe your TASC Card at any merchant that accepts MasterCard, withdraw at an ATM with your TASC Card, or transfer to a personal bank account. It's easy to view and manage your MyCash funds from your MyTASC (www.tasconline.com) account.

RECENT ACTIVITY

View your recent MyCash deposits, transfers, ATM withdrawals, and/or TASC Card purchases.

MyCash
Manage My Card

\$1096.17

Recent Activity
Active Schedule
Schedule MyCash Transfer

Recent Activity

Date	Description	Card Number	Amount	Balance	View Details
2/11/2014	Food Service (PURCHASE)	xxxx-xxxx-xxxx-9999	12.53	3421.27	
2/10/2014	Hotel, Motel, etc. (PURCHASE)	xxxx-xxxx-xxxx-9999	1254.34	3552.59	
1/12/2014	Deposit: Flex System Reimbursement		127.11	2456.97	Q
1/12/2014	Deposit: Flex System Reimbursement		112.42	2597.97	Q
1/12/2014	ATM Withdrawal (ATM)	xxxx-xxxx-xxxx-9999	151.27	10	

Check your balance at any time.

John submitted a Request for Reimbursement last week and wants to know if his account has been credited. He can visit MyTASC to view all of the funds entering and exiting his MyCash account.

MANAGE MY CARD

View your TASC Card information, view allowed benefits, reissue a card, request a PIN (for ATM), and request a dependent card.

My Profile

Home
My Cash
My Card
My Profile

Manage Your Card

Primary Card

Card No: xxxx-xxxx-xxxx-9999

State: Active

Expire Date: 12/31/2014

Expiration Date: 11/30/2014

Cardholder Name: Patty Participants

Used for: FlexSystem Medical
FlexSystem Dependent Care
MyCash

I want to:

Request a PIN
Request a Dependent Card

Request a PIN for ATM use.

BANK ACCOUNT

Save your bank account details so you can easily schedule transfers from your MyCash account to a personal bank account.

Save multiple accounts!

Recent Activity
Active Schedule
Schedule MyCash Transfer

Schedule MyCASH Transfer

You may schedule only one (1) active transfer at a time. Unless specified by date, most transfers are completed within three (3) business days. This turnaround time cannot be guaranteed because it is affected by the date and time of your request and your financial institution.

Move MyCash...

Transfer to me via: **My Personal Account**

Account Name: **My Personal Account**

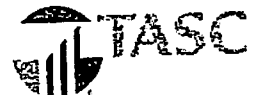
Account Type: **Savings**

In this way...

One Time

Recurring

Transfer to me:



Making MyCash Transfers

The industry-exclusive tools in MyTASC let you make transfers how and when it's convenient for you! You may transfer funds from MyCash to a personal savings or checking account any time from anywhere.

Choose from one time or recurring transfer:

One Time Transfer: a single transfer scheduled in advance using saved or new bank account details, based on date or amount.

Recurring Transfer: multiple transfers scheduled in advance using saved or new bank account details, based on date or amount.

SCHEDULE A TRANSFER

Schedule a transfer of your MyCash funds to a personal checking or savings bank account. Establish the MyCash transfer as a one-time or recurring transfer based on your personal needs.

Jennifer wants funds in her bank account on the 15th of each month to pay her daycare provider. She simply needs to schedule a Recurring transfer by a specific date for the amount due to her nanny.

Patti has a son at college and wants to send him some spending money. She can quickly transfer funds to her son's bank account with a one-time set up.

ACTIVE SCHEDULES

View your existing and past transfer schedules, and the history of each. To edit your existing schedule, delete it and make a new schedule.

Transfer Type	Start Date	End Date	Description	Status	Amount
Recurring	10/25/14	N/A	Scheduled transfer to Personal Account ****5202	Completed	\$0

Delete all schedules to let funds accumulate in your MyCash account and access via your TASC Card.

