



 FlexSystem

 DirectPay

 COBRAToday

 MAPP

2302 International Lane
PO Box 14140
Madison, WI 53704-3140
608-241-1900 • 800-422-4661
Fax: 608-241-4584
sales@tasconline.com
www.tasconline.com

GROUP SERVICES PLAN APPLICATION





Group Services Plan Application

Follow these instructions for fast and efficient processing of your Plan Application.

- All Clients must complete Sections 1,2, and 3. Complete section(s) only for the product(s) you wish to enroll (4, 5, 6 and/or 7).
- Submit an addendum for instructions not included in the standard Plan Application such as Premium Services E-Pay and the FlexSystem Health Savings Account.
- Please print legibly for faxing.
- Contact TASC (at 1-800-422-4661) for assistance with the Plan Application.
- Fax your completed Plan Application along with your fee to 608-241-4584 or mail it to TASC, 2302 International Lane, PO Box 14140, Madison, Wisconsin 53704-3140.

(1) EMPLOYER/ADMINISTRATOR

Check all that apply: FlexSystem DirectPay COBRAToday MAPP

Contact Name _____

Company Name _____ E-mail _____

Telephone Number _____ Fax Number _____

Street Address (not PO Box) _____ City _____ State _____ Zip _____

Business Federal ID # _____ NAICS or SIC Code (Found on IRS Form 5500, line 2d) _____

Tax Filing Status: C-Corp S-Corp Partnership Sole Proprietor Non-Profit LLC Other _____

Nature of Business _____

Do you own an interest in any other business? No Yes Number of eligible Employees _____

If you are a current client of TASC; please note which service: FlexSystem DirectPay COBRAToday MAPP

(2) PAYMENT

The Administration fee and invoice frequency are determined by fee schedule and invoiced to Employer. To elect E-Pay, a fast and worry-free electronic method for the payment of administration fees, complete the Autodraft Application. The Enrollment fee and COBRAToday TQB fee, if applicable, are due at time of application. (South Dakota residents add 4% sales tax.)

Frequency of invoicing Quarterly Annually

Service	Enrollment Fee	Minimum Monthly Fee	Per Participant Fee	Other
<input checked="" type="radio"/> FlexSystem	\$	\$	\$	HSA Fee \$ Claim Card Fee \$
<input type="radio"/> DirectPay	\$	\$	\$	n/a
<input type="radio"/> COBRAToday	\$	n/a	\$	TQB Fee \$
<input type="radio"/> MAPP	\$	n/a	\$	Amendment Fee \$ Take Over Fee \$

Check # _____ Master Card Visa American Express Discover

Signature _____ Name of Cardholder (Name on Card) _____

Card # _____ Exp. Date _____

Provider Name _____ Provider # _____ Retail Code **RIPW**

(3) AUTHORIZATION

I have read, understand and agree to the terms and conditions stated on this document and the Service Level Agreement as attested by my signature below, effective on the date of the signature.

Employer (sign here) _____ Title _____ Date _____

I certify that the names listed below have HIPAA Business Associates Agreement with our Clients and are authorized to access information on our behalf.

Name _____ Name _____ Name _____



(4) COBRATODAY

Total number of employees _____ Total number of employees on employer's health insurance plan _____

Current COBRA administrator: Self Other _____ Current number of participants in COBRA _____

(A) Subsidiaries, Affiliates or Divisions

Identify all subsidiaries, affiliates, or divisions to be included under this program and identify whether they are to be established as a separate group for service communications.

Set-up Separate

- | | | |
|----------|---------------------------|--------------------------|
| 1. _____ | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. _____ | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. _____ | Yes <input type="radio"/> | No <input type="radio"/> |



(B) Health Carriers

Identify all health carriers (including current health insurance plan, HMO, dental, vision, etc.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

(C) Plan Start

Applications must be received by the 15th of the month to be eligible for the Plan to start on the first of the following month.

(5) MAPP

Plan Number _____

Date Incorporated ____/____/____ Date Business Began ____/____/____ Effective Date of Plan ____/____/____

Tax Year End ____/____/____ Plan Year End ____/____/____

(A) Plan Selection

- Profit Sharing
- 401(k)
- 401(k) Safe Harbor

Do you have a current Retirement Plan with another administrator? No Yes

If yes, Plan Type: _____

Any current pension plan in force? No Yes If so, provide Plan Documents.

Has the business ever had a retirement plan? No Yes If so, provide Plan Documents.

Owners have interest in other business? No Yes If so, provide Plan Documents.



(6) DIRECTPAY

DirectPay Administration Options (Check only one): Full Administration Self Administration

(A) Participant and Eligibility Requirements

Choose one of the following:

- Eligibility requirements include participation in the named Health Insurance Plan.
- The following eligibility requirements apply (choose all that are applicable):
 - Part-time employees completing _____ hours of work per week will be included (maximum of 25 hours)
 - Seasonal employees completing _____ months of work within a year will be included (maximum of 7 months)
 - Employees _____ years of age will be included (maximum 25 years)
 - Current employees completing _____ months of service with the employer will be included (maximum 36 months)
 - New employees completing _____ months of service with the employer will be included (maximum 36 months)



(B) Available Benefits and Qualified Expenses

Each Plan selected requires a separate Direct Pay Plan Application. Plan administration fees and funding arrangements apply to each Plan Application. **Check only one Plan per Application.**

Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<input type="radio"/> Medical Expenses Select Benefits <input type="radio"/> Deductible ** <input type="radio"/> Prescription <input type="radio"/> Co-Insurance** <input type="radio"/> Dental <input type="radio"/> Co-Pay ** <input type="radio"/> Orthodontics <input type="radio"/> Uninsured Medical <input type="radio"/> Vision <input type="radio"/> Uninsured Medical Premium	<input type="radio"/> Dental Select Benefits <input type="radio"/> Dental <input type="radio"/> Orthodontics	<input type="radio"/> Orthodontics	<input type="radio"/> Vision	<input type="radio"/> Prescription

** EOB required for reimbursement.

Name of Health Insurance Carrier _____

DirectPay Deductible Amount Individual \$ _____ Family Maximum \$ _____

DirectPay/Employer Reimburses: _____% From \$ _____ to \$ _____ DirectPay/Employer Reimbursed \$ _____
 _____% From \$ _____ to \$ _____ DirectPay/Employer Reimbursed \$ _____
 _____% From \$ _____ to \$ _____ DirectPay/Employer Reimbursed \$ _____
 _____% From \$ _____ to \$ _____ DirectPay/Employer Reimbursed \$ _____

Maximum DirectPay/Employer reimbursement per Individual \$ _____

Maximum DirectPay/Employer reimbursement per Family \$ _____

(C) Funding (Required for full administration plans)

To fund your account, DirectPay (TASC), will initiate debit entries from the checking account and financial institution named below. **Attach a copy of a voided check to this Application.**

Financial Institution Name _____

Branch _____

Routing Number

Account Number

(D) Plan Start

Administration shall begin on the first day of _____ (Month/Year) and continue for _____ consecutive months.

For the second and successive years, the Plan shall operate commencing on the first day of _____ (month/year) and continuing for the following consecutive successive twelve (12) month period.

Are you choosing a short Plan Year (less than 12 months)? No Yes. If yes, do you wish to extend a deductible credit to your Participants based on the amount of the health insurance deductible that has been satisfied thus far within this Plan Year? No Yes
 If yes, please submit credit amounts.

(7) FLEXSYSTEM

FlexSystem Administration Options (Check only one.) ISA POP

Total number of eligible employees _____ Specify all applicable payroll cycles (12, 24, 26, etc.) _____

Number of payrolls in first year _____ Number of pre-tax deductions in a typical 12 month Plan Year _____

Do you currently have a Section 125 Plan? No Yes If Yes, indicate type of Plan ISA POP

If yes, number of Participants _____ and name of administrator _____

Grace Period No Yes If Yes, indicate number of days _____. (Default is 75 days)

Run Out Period No Yes If Yes, indicate number of days _____. (Default is 90 days)

(A) Participation and Eligibility Requirements

Check eligible employees and their respective maximums.

If a category is checked, but a maximum is not elected, it will be defaulted to the maximum.

- Part-time employees working at least _____ hours per week will be included (maximum of 30 hours)
- Seasonal employees working at least _____ months within a year will be included (maximum of 6 months)
- Employees reaching _____ years of age will be included (maximum 21 years)
- Employees meeting probationary period of _____ months will be included (maximum 24 months)
- Members of bargaining unit will be included

After they have met the eligibility requirements above, an employee (other than a rehired employee) is able to enter and participate in the Plan the first day of the Plan Year, or such dates within the Plan Year noted: _____ (i.e. January 1 and July 1)

(B) Available Benefits

Select the benefits available to the eligible employee(s). These benefits are taken through salary deductions.

- Medical or Medical-Related Premium - (Group Sponsored - Employee and Family)
- Medical or Medical-Related Expense Reimbursement Account \$ _____ Maximum Election - (Employee and Family)
- Dependent Care Reimbursement Account - (Annual Maximum \$5,000, \$2,500 if married filing separately - Employee and Family)
- Transportation Reimbursement Account - (Employee Only - Call for current monthly maximum.)
- Voluntary Term Life Insurance Premium - (Employee Only-Up to \$50,000 in death benefits.)
- Disability Insurance Premium - (Employee Only)
- Cancer Insurance - (Employee and Family)
- Individual Premium Reimbursement Account - Not offered through employer.

(C) Add on features

Select only those features that are being elected.

- Claim Card

Health Savings Account (Select one): Full Limited Plan Only (Note: If elected, an HSA Addendum is required).

(D) Plan Start

First year administration shall begin on the first day of _____ (month/year) and continue for _____ consecutive months. For the second and successive years, the Plan shall operate starting on the first day of _____ (month/year) and continue for the following successive twelve (12) month period. Your first payroll deduction for FlexSystem administration will be taken on ____/____/____ (month/day/year). Note: Plans need not run on the calendar year (i.e. January 1 - December 31).



TASC® Service Level Agreement

THIS AGREEMENT, entered into by and between Total Administrative Services Corporation ("TASC") and (the "Employer"). This Agreement becomes effective on the date of signature. The services apply to the Plan Year as noted on the Plan Application and continuing for successive years in which the Service Level Agreement exists. The terms of this agreement shall be in effect indefinitely and will be automatically renewable. This agreement is applicable to the plan specified or selected in the Plan Application.

Services to be Provided

Under this Agreement, TASC is considered to be the Administering Agent and will provide timely administration and management of the appropriate Plan and associated accounts as outlined in the appropriate Product Administration manual/portfolio.

Employer Responsibility

Under this agreement, the Employer is considered the Plan Sponsor. Pursuant to this, the Employer must forward to TASC all relevant information in order for administrative functions to be timely performed. This includes timely submittal of enrollment and re-enrollment information, notification of employee terminations, payroll contributions, timely payment of administrative invoices, timely submission of non-discrimination information and Form 5500 information. Failure to provide inputs on a timely basis will result in delays and possible non-filing, which will be the liability of the Employer. It is also the Employer's responsibility to educate their plan participants on the services being provided. Employer is responsible for visiting www.tasconline.com/providers/HIPAA/ to execute and file the Business Associate Agreement provided by TASC. You will receive information regarding this within a few weeks. The Employer shall have the sole and final discretionary authority in respect to legal and administrative functions of the Plan.

Financial Responsibilities

Responsibility of plan benefits lies with the Plan Sponsor. TASC is merely the agent managing the administration of those benefits. Although TASC will fund benefits on behalf of the employer, ultimately all plan contributions are the responsibility of the Employer. Unsubstantiated or fraudulent Participant claims (regardless of whether by use of the debit card, web-submitted or manually submitted claims) and amounts distributed to participants that exceed the participant's account balance are the Employer's responsibility. TASC will invoice the Employer for all unsubstantiated or fraudulent claims and negative account balances. TASC also reserves the right to request a deposit if the funding account, or terminated Participant account, goes into a negative account balance.

Fees and Terms of Payment

The Employer agrees to pay TASC for services provided under this Agreement in accordance with the appropriate Plan fee schedule. Invoices for services will occur 45 days prior to the service period (Plan Year start) and are due seven days from the invoice date. Subject to participant claims, funds attributed to reimbursement check not presented for payment within 90 days of the end of the Plan year shall be retained by TASC as a supplemental fee used to defray administrative expenses. Fees may be subject to change without formal notice. Fees for services outside the Services To Be Provided under this Agreement, or for additional services that become necessary due to missing, incomplete or incorrect information will be invoiced separately and will be disclosed to the Employer prior to incurring the expense. Fees are calculated at the minimum or per Participant fee, whichever is greater. Fees are also calculated on the number of Participants in the Plan, including terminated employees, at the time of invoice. Employer is responsible for Administration Fees for entire Plan year, including Grace Period and run out period. Failure to remit payment for administrative services or FSA funds may result in termination of services or the forwarding to collections for appropriate disposition.

Termination of Agreement

Except for the nonpayment of fees and failure to remit Plan funds, this agreement shall continue in effect until it is terminated by Employer or TASC with sixty days written notice prior to Plan renewal date. If services are terminated by Employer prior to the end of the existing Plan year, the Employer is responsible for administration fees for the remainder of that Plan year.

Non-payment of administration fees and/or failure to remit funding on a timely basis may result in Plan termination. If services are terminated under this Agreement, the Employer will be responsible for completing any outstanding services. In addition, it is understood that termination of this Agreement also terminates the provision of the TASC prototype Plan Document and the Plan will henceforth be perceived as individually designed and the sole responsibility of the Employer. This Agreement may be terminated by TASC by providing the Employer with a 10 day written notice of said termination if this Agreement is terminated for failure to pay fees or failure to remit FSA funds. Upon communication of Employer's intentions to file Bankruptcy, TASC reserves the right to terminate services immediately.

TASC Liability to Employer

Employer acknowledges and agrees that TASC's maximum liability to the Employer for any breach of this Agreement, negligence or default by TASC which causes damage to the Employer is limited to the payment made by the Employer to TASC for its services in the previous six month period. The Employer expressly waives the right to recover as damages from TASC any consequential, special, incidental or punitive damages.

Governing Law

This Agreement shall be governed under the laws of the State of Wisconsin.

Entire Agreement

This Agreement represents the entire agreement of the parties and supersedes any prior written or oral agreements. This agreement shall not be altered or amended.

Important Information About Your Plan

This agreement contains information about the services and responsibilities related to your Plan with Total Administrative Services Corporation (TASC) and shall be in effect indefinitely and will be automatically renewable. The agreement is applicable to the Plan selected in the Plan Application. Keep this document for future use. Please contact TASC for specific details on the Plan.

Administration

The Plan Administrator is the employer, who agrees to appoint TASC to carry out the administration of the Plan. It shall be the principal duty of the appointed Administrator to see that the Plan is carried out in accordance with its terms for the exclusive benefit of persons entitled to participate in the Plan.

Appointment

Subject to the supervision of the Administrator/Employer, the signee on the other side of this agreement, the appointed Administering Agent will administer the Plan, including the amendments thereto in accordance with its terms. All of the provisions of the Plan, including the provisions governing indemnification and limitations of liability, are hereby incorporated by reference. The Administrator of the Plan is limited to: monitoring of benefit accounts and plan deferral limits, processing of benefit claims, preparation of a Summary Plan Description, employee election forms, and Summary Annual Reports. The Administrator acts as an agent for the Employer in receiving payments from the Employer and processing employee benefit payments. The Plan will remain in the possession of the Administrator and will be kept within the guidelines of the Internal Revenue Code and ERISA. The employer also appoints and authorizes TASC to act as its agent and in its name for the employer's use and benefit with respect to establishment of the plan using the Plan Application.

Termination

This Plan may be terminated by proper notice of one party to the other. Following the termination of the Plan, this agreement shall automatically terminate, and all benefits shall be paid and final reports prepared. Terms by which this Plan can be terminated are by written notice sixty (60) days in advance from either party or by written notice fifteen (15) days in advance to the Employer for failure to forward to the Administrator funds from employee deductions. Upon this sooner termination, the Administrator shall use the funds in its possession for the payment of benefits to the Employer and for its own fees and expenses. The Administrator has no responsibility to enforce the Employer's funding of benefits required under the Plan. Upon and after the expiration or termination of this Application, the rights granted to the employer pursuant to this Agreement shall revert back to Total Administrative Services Corporation (TASC). Within 20 days after termination or expiration of this Application, the employer shall return to TASC all manuals, brochures, computer programs, customer and vendor data bases, and any other documents regarding the TASC programs and systems and any copies thereof. In addition, the employer shall refrain from any further direct or indirect use of or reference to the TASC marks, systems, publications, manuals, brochures, documents, computer programs and computer databases in connection with the marketing, use, implementation, license, sale or distribution of any program or system that enables employers to offer employee benefits on a pre-tax basis. Finally, the termination of this Application shall not affect the duty of the employer not to infringe on TASC's trademarks and copyrights and not to disclose and keep confidential all said Confidential Information supplied to the employer by TASC.

Money Back Guarantee

If you are not entirely pleased with the Plan, simply return all Plan materials within 30 days of the date received to obtain a refund of the related fee, less the \$100 nonrefundable minimum fee. The \$250 MAPP FAST TRACK fee is also nonrefundable.

Please mail your Plan Application along with your enrollment fee to the following address:

Total Administrative Services Corporation
2302 International Lane
P.O. Box 14140
Madison, Wisconsin 53704-3140



**2302 International Lane
PO Box 14140
Madison, WI 53704-3140
608-241-1900 • 800-422-4661
Fax: 608-241-4584
sales@tasconline.com
www.tasconline.com**