



DirectPay Enrollment Form

For enrollment assistance call 1-800-422-4661 for customer service. Have your enrollment form, Client number and company name ready. Please print.

| | | | | |
|--|---------------------------|--------------------------|--------------------------|---------------|
| Client ID Number | Employer Name | Social Security Number* | | |
| Employee Last Name | First Name | Middle Initial | | |
| Employee Address | City | State | Zip Code | |
| Date of Birth* | Date of Hire | Plan Type | | |
| Initial Date of Coverage | Name of Insurance Carrier | | | |
| Participant E-mail Address | | Participant Phone Number | | |
| For Dependent Coverage: Married? <input type="radio"/> Yes <input type="radio"/> No Dependent children? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list your spouse and dependent children below:</i> | | | | |
| Last Name | First Name | Social Security Number* | Relationship to Employee | Date of Birth |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| 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 expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. | | | | |
| Signature _____ | | Date _____ | | |

* Social Security and date of birth information for employees and their dependents is required for HRA reporting purposes to the Centers for Medicare and Medicaid Services as part of the Medicare, Medicaid and SCHIP Extension Act of 2007. Enrollment Forms without this required information will be returned for completion.

Completed forms can be faxed to 608-663-2754 or mailed to DirectPay, 2302 International Lane, Madison, WI 53704.

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-663-2754 • www.tasconline.com

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