



**Addendum to FlexSystem Plan Document between FlexSystem, a Division of Total Administrative Services Corporation (herein referred to as TASC) and \_\_\_\_\_ (herein referred to as CLIENT):**

**WHEREAS** TASC has developed a service known as HSA that provides administrative services for Health Savings Accounts.

**WHEREAS** it is understood that CLIENT wishes to add the HSA to its current Section 125 Plan currently administrated by TASC.

**THEREFORE** the parties are modifying the Plan Document to add the following service:

This amendment of the Section 125 Cafeteria Plan is comprised of this Plan Amendment Form and is adopted in order to modify the benefits offered under the Cafeteria Plan. It is intended that this amendment allow for the inclusion of a Health Savings Account under the employer’s Cafeteria Plan. The amendment is intended as a good faith compliance with the rules and regulations applicable to Section 125 as well as Section 223 of the Internal Revenue Code. Except as otherwise provided, the amendment shall be effective on the first day of the active or to be active Plan Year.

By adopting this amendment, CLIENT employees will be given the opportunity to fund a HSA on a pre-tax basis. By signing this agreement, you agree to the adoption of this Plan Amendment.

**Yes, I want to apply for the FlexSystem HSA!** (check one)  Plan Only  Limited  Full  
An Initial Enrollment Fee is due at the time of plan start-up and is enclosed. (South Dakota residents add 4% sales tax.) Credit Card charges will appear on your statement as “Division of TASC.”

Initial HSA Enrollment Fee: \$ \_\_\_\_\_ + Tax \$ \_\_\_\_\_ = Total Amount \$ \_\_\_\_\_

Minimum Monthly Admin. Fee \$ \_\_\_\_\_ Per Participant Fee: \$ \_\_\_\_\_ Frequency of invoicing  Annually

Check # \_\_\_\_\_  Master Card  Visa  American Express  Discover

Signature \_\_\_\_\_ Name of Cardholder (Name on Card) \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

HSA Plan Start Date\* \_\_\_\_\_ No. of HSA Eligible Employees \_\_\_\_\_

Contact Name \_\_\_\_\_ FlexSystem Client ID# (if known) \_\_\_\_\_

Company Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Street Address (not PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider # \_\_\_\_\_

Provider Telephone # \_\_\_\_\_

***To elect the FlexSystem HSA feature, complete and return this application with your completed FlexSystem Plan Application and initial enrollment fee.***

\* TASC recommends that Clients run their HSA Plan to coincide with their FlexSystem Section 125 Plan; installing a FlexSystem HSA Plan is not considered a qualifying event, therefore FlexSystem Participants may not change their Medical elections.