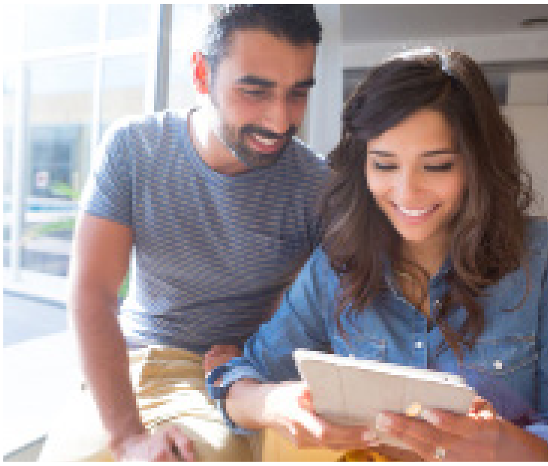
FSA Participant Handbook



Save up to 30% on healthcare and dependent care expenses when you enroll in the Flexible Spending Account Program!

Important Enrollment Information

- Open Enrollment: **April 5 - May 3, 2023** for July 1, 2023 benefits
- Fiscal Year 2024 Plan: **July 1, 2023 - June 30, 2024**
- Fiscal Year 2024 2½ Month Grace Period: **July 1 - September 15, 2024**
- Fiscal Year 2024 Final Filing Deadline: **October 15, 2024**

OPEN ENROLLMENT

Annual Open Enrollment for GIC for Flexible Spending and Dependent Care occur each spring, generally in April, for the Benefit Plan Year that begins July 1. Watch for information from GIC and additional updates on massfsatasc.com.

Enrollment Dates & Deadlines

Open Enrollment: April 5 - May 3, 2023
Fiscal Year 2024 Plan: July 1, 2023 - June 30, 2024
IRS 2½ Month Grace Period: July 1 - September 15, 2024
Final Filing Deadline: October 15, 2024

These plans require that participants re-enroll each year.

Pre-Tax Savings Example

	Without FSA	*With FSA*
Gross Yearly Pay	$30,000	$30,000
Pre-Tax Contributions		
Medical Expenses	$0	-$2,000
Dependent Care Expenses	$0	-$4,000
TOTAL:	$0	**-$6,000**
Taxable Income:	**$30,000**	**$24,000**
Taxes (25%):	-$7,500	-$6,000
Out-of-Pocket Expenses:	**-$6,000**	$0
Monthly Take-Home Pay:	**$16,500**	**$18,000**

Net Increase in Yearly Take-Home Pay = $1,500!

For illustration only. Actual dollar amounts may vary.

Enrollment in a Pre-Tax Plan

All employees (re-enrolling and new enrollees) with the Commonwealth of Massachusetts who wish to participate in the Healthcare FSA or Dependent Care will use an online enrollment process through massfsatasc.com.

Re-Enrolling Participants: You must re-enroll each year to continue benefits. If you were enrolled in either or both plans in FY2023, you must sign in and re-enroll through massfsatasc.com during open enrollment.

New Hires: Enrollments must be completed within 21 calendar days from your date of hire. If you choose not to enroll as a new employee, you will be eligible to enroll in the Healthcare FSA and/or Dependent Care plans for the upcoming Plan Year during annual enrollment, unless you have a change in status (see **Making Changes to Your Election**). Annual nrollment for the Flexible Spending Account Program takes place before the beginning of each plan year.

Elections cannot be changed or withdrawn after open enrollment has ended on May 3, 2023, unless you have a qualifying event.

ENROLLMENT INFORMATION

What to Expect Once You're Enrolled

Once enrolled, you'll receive an email (or a letter, if no email address on file) with an enrollment confirmation as well as helpful information and links to online resources. Watch for these materials and review them carefully. You'll also receive a TASC Card® (mailed to your home address) to pay for eligible expenses at the point of purchase. And be sure to download the TASC Mobile App for iOS or Android to track your account balances and submit requests for reimbursement on the go! It's that easy.

Remember, the amount you select will be deducted from your paycheck on a pre-tax basis in equal installments over the period of the Plan Year. Whatever amount you elect will be deducted in equal amounts each pay period for the remainder of the Plan Year. If you have a qualifying status change during the plan year, you may become eligible to either enroll in or change the amount of your election for Healthcare FSA or Dependent Care. Note that the Dependent Care program has a maximum election based on calendar year and household. Mid-plan year elections are limited to a maximum of $192.30 per pay period (based on bi-weekly pay).

You will only be reimbursed for eligible expenses incurred while you are participating in the Healthcare FSA or Dependent Care FSA plan. You cannot be reimbursed for expenses you incurred before your effective date or after you have ceased making contributions prior to plan year end. Be aware that you must take action prior to an unpaid leave in order to keep your benefits active. Please contact both TASC and your GIC Coordinator before you go on unpaid leave to make sure you do not lose your benefits.

There will be a period of time after FY23 plan year end when your funds will not be available. This blackout period will start at midnight on June 30, 2023 and will last until approximately July 18, 2023 and is necessary to allow your plans to be finalized by Benefit Strategies and your balance information sent to TASC for upload into your new TASC account. We apologize for any inconvenience.

This does not mean that you cannot incur expenses during this time. For any expenses incurred during this time, please pay for the expenses personally then submit your claim to TASC via the online participant portal, the mobile app, or fax once your grace/runout plan is active.

The last day the Benefit Strategies claim card will be functioning is June 30, 2023.

All manual claims received at Benefit Strategies by noon on June 30, 2023 will be processed and paid. Please plan accordingly as claims received after this time will not be accepted by Benefit Strategies and you will be required to resubmit them to TASC.

The new TASC Card® is expected to be functioning on July 1, 2023 for the FY24 plans, but any balances from your FY23 plans will not be available until approximately July 18, 2023.

HEALTHCARE FSA



A Healthcare FSA lets you use pre-tax dollars to pay for qualified healthcare expenses for you, your spouse, and your qualified dependents. It reduces your taxable income and helps save you money.

- Pre-tax benefit for medical, dental, or vision eligible expenses.
- Funds become available July 1 each year.
- Annual maximum: $3,050
- Annual minimum: $250
- Monthly administrative charge: $1 (for enrollment in one or both plans)

Who can enroll in a Healthcare FSA?

Active state employees who are GIC benefits eligible may participate in the Healthcare FSA program. Enrollment in one of the GIC's benefit plans is not required. New employee coverage begins on the first day of the month following 60 calendar days from the first date of employment or two calendar months, whichever comes first.

Employees must work at least 18.75 hours in a 37.5 hour workweek or 20 hours per 40 hour workweek. To maintain eligibility, you must continually meet the hourly minimums. You may claim healthcare expenses under the Healthcare FSA for expenses incurred after your effective date.

Eligible dependents

You may claim reimbursements for expenses incurred by your legal spouse, any individual who qualifies as your tax dependent under IRS Code Part 152, and any child for whom you are required to provide health coverage pursuant to a Qualified Medical Support Order. Children of divorced parents are considered to be a dependent of both parents.

Grace Period

This refers to the additional time after the plan year end to incur additional expenses to use up any leftover funds.

The Healthcare FSA benefit plan allows for a 75-day (2½ month) Grace Period. When you request reimbursement for eligible expenses incurred during this time, your remaining balance from last year will be applied first.

The Grace Period for the GIC FSA plans runs from July 1 - September 15.

Runout Period

After the end of the Grace Period, the Healthcare FSA benefit plan allows for a 30-day Runout Period. All requests for reimbursement of expenses incurred during the previous plan year (including the Grace Period) must be submitted by the end of the Runout Period.

The Runout Period for GIC plans is from September 16 - October 15 each year.

What are the benefits?

Almost everyone can benefit from this account! It covers all kinds of healthcare expenses—from copays to emergency room visits. Add up your prescriptions, copays, and other expenses you pay for out-of-pocket in a year. Why not have that money be tax-free? NOTE: If you have a life event occur during the plan year (marriage, divorce, birth, adoption, etc.), you may be eligible to either enroll in or make changes to the amount of your Healthcare FSA without penalty. You must request the change within 60 days of the life event.

How does it work?

You determine your annual election amount for the plan year based on your total eligible expenses. Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year.

Use the online tax savings calculator (found in your TASC online account) to help determine how much you should contribute to your Healthcare FSA account each year. Your total election amount is 100% available to you on the first day of the plan year.

Per IRS rules, this is a use-it-or-lose-it type plan. Any unreimbursed funds cannot be given back. You must incur expenses during the plan year or grace period and you must file on or before the end of the runout period. Remaining funds are forfeited.

TASC Card convenience

Use your TASC Card to pay for eligible expenses or easily submit requests for reimbursement online or via mail or fax to receive your reimbursements. This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. For purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

What expenses can be reimbursed?

A Healthcare FSA can help pay for medical, dental and vision expenses. Some examples of eligible expenses are:

MEDICAL	OTC MEDICINES & DRUGS	DENTAL
Chiropractic care	Allergy medications	Braces & orthodontia
Co-payments & deductibles	Cold & sinus medications	Cleanings & fillings
Feminine care products	Itch relief	Co-insurance & deductibles
First aid kits & supplies	Pain relievers	VISION
Lactation expenses	Sleep aids & stimulants	Contact lens solution
Medical mileage	Stomach & nausea remedies	Eye exams
Prescription drugs	Sunscreen (SPF 15+)	Laser eye surgery (LASIK)
Vaccinations & flu shots	Wound treatments	Prescription eyeglasses & contacts

Examples of ineligible expenses include cosmetic surgery, marriage counseling, teeth whitening products, vitamins and supplements, and weight loss programs. For the complete list of eligible and ineligible expenses, visit irs.gov and see IRS Publications 502 and 503.

beneshop™

TASC has teamed up with beneshop™ to deliver a wide variety of FSA-eligible products, brands and retailers all in one location, ensuring you get the greatest value from your FSA. Start shopping at beneshop.benfinityonline.com today!

DEPENDENT CARE FSA

A Dependent Care FSA lets you use pre-tax dollars to pay for daycare expenses for eligible dependents in order for you (or your spouse) to work, look for work, or attend school full-time. It reduces your taxable income and helps save you money.

An eligible dependent is defined as someone under age 13, or a spouse or other tax dependent who is physically or mentally incapable of caring for themselves. Please note, there is no age limit for a child who is determined to be unable to care for themselves.

- Funds become available after each payroll deduction.
- This account can only be used for care of eligible dependents, not for healthcare expenses.
- Annual limit per household: $5,000
- Annual limit if married but filing separately: $2,500
- Annual minimum: $250
- Monthly administrative charge: $1 (for enrollment in one or both plans)

Who can benefit from a Dependent Care FSA?

Many people can benefit from this account which covers children and elder care expenses. A few examples of how it can be used:

- Daycare for children under 13 years of age.
- Day camps for children under 13 years of age.
- Elder care for a parent living with you.
- Nursery school (preschool) fees.

NOTE: If you have a life event occur during the plan year (marriage, divorce, birth, adoption, etc.), you may be eligible to either enroll in or make changes to the amount of your Dependent Care benefit without penalty. You must request the change within 60 days of the life event.

Important Information About Care Providers

- **All persons and organizations providing dependent care must be identified on IRS Form 2441. The provider name, address, and taxpayer identification number (Social Security Number in some situations) must be included.**
- **If a center provides care for more than six persons, it must comply with all state and local regulations.**
- **Payments made to relatives who are not dependents can be included, but not to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year (regardless of whether he or she is your dependent).**
- **You may use IRS Form W-10 to request the required information from the provider.**

One last important thing to know: a Dependent Care FSA is a “money in-money out” benefit. That means you can only use what has already been deducted from your paycheck. For example, if you opt to have $150 per check – after your first paycheck of the year, your Dependent Care FSA has a balance of $150. If you submit a $300 expense, only $150 will be paid immediately. The remaining $150 will be paid once you have another payroll deduction.

How does it work?

You determine your annual election amount for the plan year based on your total eligible expenses. Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year. Your Dependent Care FSA funds will be available to you as your payroll deductions are taken.

Use your TASC Card to pay for eligible expenses, or easily submit requests for reimbursement online or via mail/fax to receive your reimbursements.

Like a Healthcare FSA, there are grace and runout periods following the end of the plan year. All requests for reimbursement of expenses incurred during the prior plan year and grace period must be submitted by October 15.

What expenses can be reimbursed?

A Dependent Care FSA can help pay expenses for caring for your dependents so you (and your spouse, if applicable) can work, look for work, or go to school full-time. Some examples of eligible expenses are:

Before and after school programs
(for children ages 13 and under)

Late pick-up fees

Licensed daycare and adult care facilities

Nanny expenses for dependent care

Nursery/preschool fees

Day camp

For reference, here are a few examples of ineligible expenses: activity fees, babysitters for non-work hours, child support payments, dependent medical expenses (use a Healthcare FSA for these expenses), food, clothing, and entertainment for dependents.

This is only a partial list of eligible and ineligible expenses. For the complete list of eligible and ineligible expenses, visit irs.gov and see IRS Publications 502 and 503.

Special rules for divorced or separated parents

A non-custodial parent who is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

If the parents have 50/50 custody, the parent with the higher adjusted gross income is allowed to elect the dependent care benefit for the child's daycare expenses.

MAKING CHANGES TO YOUR ELECTION

IRS regulations state that once you enroll in an FSA plan, you may not make changes during the plan year unless you experience a qualifying status change. Depending on your status change, you may be able to enroll in either plan, change your contribution, or terminate your election during the Plan Year. The following events are considered valid changes in status under IRS regulations:

- Change in legal marital status;
- Change in number of dependents;
- Change in employment status that affects your eligibility for the program;
- Change in work schedule, which affects your eligibility for the program;
- Dependent satisfies or ceases to satisfy eligibility requirements;
- Judgment, decree, or order pertaining to child or spouse

A change in status request can be made by completing the Change of Election Form available at massfsatasc.com. **This request must be made no later than 60 days after the status change occurs.** The completed form must be sent to your GIC Benefits Coordinator for verification and approval. You will need to provide your Benefits Coordinator with documentation verifying a change in status, such as a marriage or birth certificate.

Additional status changes allowed for Dependent Care

Dependent Care participants are allowed to make a corresponding change in their election due to:

- Increase or decrease in the fee charged by provider;
- Change in provider resulting in an increased or decreased fee;
- Change in the hours of care needed due to employment change;
- Child reaching limiting age of 13 years old;
- Child starting or stopping school that changes the number of hours for which care is needed.

NOTE: Changes by a provider who is your relative are not considered a permissible status change.

LEAVE OF ABSENCE OPTIONS (LOA)

There are two types of Leaves of Absence: Paid and Unpaid. Prior to going on a LOA, a Change of Election Form (available at massfsatasc.com) must be completed and provided to your Benefits Coordinator to verify your leave. Alternatively, your Benefits Coordinator will also have the option to report the LOA on your behalf, using an alternate form only available to the Coordinators.

Please note: If you (or your Coordinator) do not submit the form in advance, then Prepay and Direct Bill options may no longer be available, which will prevent you from using your FSA.

LOA – Paid

Healthcare FSA: Deductions will continue to be taken from your pay each pay period and your coverage will continue uninterrupted. Expenses can be incurred before, during, or after the LOA.

Dependent Care: Deductions can continue to be taken if you think you will have enough incurred expenses while you are actively working. Expenses can only be incurred before or after the LOA. No expenses may be reimbursed that were incurred while on the LOA. If you choose to stop your Dependent Care deductions, see the Returning from an Unpaid LOA.

LOA – Unpaid

During an unpaid LOA, generally, there is no coverage for incurred expenses. If you wish to use Healthcare FSA funds for eligible expenses on an unpaid LOA, you must continue coverage by choosing one of several options:

1. Prepaying your contributions;
2. Direct bill payment while on LOA; or
3. Payment of missed deductions upon return.

Each choice may have different consequences, so please evaluate them carefully. You may also choose not to be covered during your LOA and adjust your deductions accordingly.

Prepay

Participants enrolled in the Healthcare FSA have the option of having a lump sum, pre-tax deduction taken from their last check(s), before the unpaid leave starts. This will cover the period of time that no payroll deductions are being taken. If you prepay, your TASC Card will remain active and you may continue using funds and submitting claims through the prepaid time period.

Dependent Care participants are urged to consider stopping their deductions while on LOA, as IRS regulations state that you must be at work or a full- time student to qualify for the benefit. If you think you can claim your full election using dates of service that are not during your leave, you can prepay Dependent Care contributions. Participants can only increase prepay deductions to $192.30 and if they are at the max, they may not prepay.

Prepay - Healthcare FSA

Jane is going on an unpaid LOA from 5/1-5/31. In order to use her Healthcare FSA on unpaid LOA she will have the two deductions that would be due in May taken out of her last April paycheck before the unpaid leave. This prepayment allows the account to stay active and Jane to incur expenses for reimbursement while on unpaid LOA.

Prepay - Dependent Care

John elected $2,500 for Dependent Care and is going on unpaid parental leave 5/1-5/31. John thinks he will incur $2,500 of childcare expenses between 1/1-4/30 and 6/1-6/30. He prepays the May deductions prior to the LOA. Remember, per IRS rules, John cannot use his account for dates of service while on leave.

Direct bill (NOT pre-tax)

Healthcare FSA: You have the option to be directly billed for premiums and administrative fees while on LOA. Direct bill deductions will be post-tax, as they are not occurring through payroll. You must request direct billing in writing by completing the Change of Election Form before or at the beginning of the unpaid leave. The form must be sent to your agency Benefits Coordinator for approval.

TASC will invoice the employee once a month, at the beginning of the month, for the amount due. The employee must pay the premium no later than the first pay date of the month on which the employee would have received a paycheck had they been active. Payments must be made in a timely manner for the TASC Card and account to remain active. **There is no grace period for a missed direct payment. If payment is not paid by the due date, then coverage is discontinued until the employee's return to active status.**

Example

Jane is going on an unpaid LOA from 5/1-5/31. In order to use her Healthcare FSA funds while on unpaid LOA, she must fill out and submit the Change of Election Form, requesting to be direct billed for May premiums. She will receive an invoice for her premiums and must remit payment directly to TASC. Her account will remain active while she is contributing.

Dependent Care: Since direct pay is on an after-tax basis, there is no benefit for participants to continue deductions directly while on the LOA. Per IRS regulations, you must be at work or a full time student in order to be able to use the benefit. Expenses can only be incurred before or after the LOA. No expenses may be reimbursed that were incurred while on the LOA.

Pay Upon Return

Healthcare FSA: You may make up any deductions missed due to unpaid LOA on a pre-tax basis when you return. Coverage will be backdated to the LOA start date when the payment amount is setup in payroll by your Benefits Coordinator. This allows you to claim for healthcare expenses incurred while on LOA. The TASC Card is not active during your LOA, but will be reactivated upon your return.

Dependent Care: Participants are urged to consider stopping their deductions while on LOA, as IRS regulations state that you must be at work or a full-time student in order to be able to use the benefit. If you think you can claim your full election using dates of service that are not during your leave, you may make up your Dependent Care contributions similar to the Healthcare FSA pay upon return option; however, your coverage will not be retro to the start of your LOA. You can only increase your biweekly pay period maximum to $192.30.

Healthcare FSA Example

John is going on an unpaid LOA from 5/1-5/31 and did not prepay or direct pay contributions, but incurred qualified medical expenses. To claim those expenses, he can work with his GIC Coordinator to make up the deductions. Once setup in payroll, his coverage is backdated to the beginning of his LOA and he can submit claims.

Dependent Care Example

Jane went on an unpaid parental leave 5/1-5/31. Jane thinks she will incur enough expenses between 1/1-4/30 and 6/1-6/30 to use her full election. Upon return she makes up her May deductions, to use for dates of service while active. Remember, per IRS rules, Jane cannot use her Dependent Care account for dates of service while on leave.

LOA – No Coverage with Adjusted Election

Healthcare FSA: You may choose to stop coverage for an unpaid LOA and restart it again upon returning to work with an adjusted, lower election amount. Your election will be reduced by the amount of missed deductions or another lower amount (no lower than what you have already contributed). Depending on your newly adjusted election, your deductions will be recalculated, if necessary. Remember, under this option, you may not use your TASC Card and no claims can be incurred while on LOA. When you return to work, you need to work with your GIC Benefits Coordinator to resume and/or adjust your deductions. Returning from an unpaid LOA is not a qualifying event to terminate your account.

Example

Jane goes on an unpaid leave from 5/1-5/31. She discontinues her Healthcare FSA coverage while on LOA. Jane's coverage and remaining premium will be adjusted upon her return to work and she cannot claim for dates of service during her LOA. When she returns, she will work with her GIC Benefits Coordinator to restart premium deductions, accordingly.

Dependent Care: Participants enrolled in Dependent Care are urged to consider stopping their payroll deductions while on LOA, as the IRS regulations state that you must be at work or a full-time student in order to use the benefit. When returning from LOA, you need to work with your GIC Benefits Coordinator to resume deductions, accordingly, similar to the Healthcare FSA no coverage with adjusted election.

Paid Leave Change to Unpaid Leave

If you are on a Paid Leave that converts into Unpaid Leave (e.g. you may have run out of paid time off), the process and options of Prepay or Direct Billing must be completed before the change in leave occurs and before payroll deductions are stopped. If the change occurs without Prepay or Direct Billing being selected, your account will go into a status of no coverage and your card will be suspended.

IMPORTANT: If you are on unpaid LOA at the end of the Plan Year and you have not contributed your elected amount, you forfeit the Grace Period. You may only submit for reimbursements during the time you were an active employee, on payroll, and making contributions (i.e., this is your coverage period for that Plan Year).

If You Terminate State Service During the Plan Year

If you leave state service during the plan year, whether you resign, retire, or involuntarily separate, your participation in the Flexible Spending Account Program will terminate at midnight on the day of termination and your TASC Card(s) will be inactivated. You will still be able to request reimbursement for eligible healthcare expenses incurred on or before your last day of active employment.

For the plan year of July 1, 2023 - June 30, 2024, you have until October 15, 2024 to submit all claims. See the following information about using your account after you terminate state service:

- **Healthcare FSA:** You may elect to continue to contribute to the Healthcare FSA under COBRA by making direct payments on an after-tax basis. Your eligibility for COBRA will be determined by TASC. TASC will send the COBRA Qualifying Event Election Notice directly if you qualify for COBRA coverage. If you elect COBRA coverage for the Healthcare FSA, the amount billed to you will include a 2% administrative fee.
- **Dependent Care:** You may file claims for eligible dependent care expenses against your account balance for expenses you incur until your Dependent Care account is exhausted. Requests can be submitted with dates of service through the end of the plan year as long as you are actively working, actively seeking employment, or a full-time student. Requests must be submitted by October 15, 2024.

Transfer vs. Rehire

If you are enrolled in the FSA plan and your employment status changes with the Commonwealth, adjustments need to be made according to your specific situation.

Transfer: If you transfer employment between state agencies, and remain in a GIC benefits eligible position, with no break in employment, Healthcare FSA and Dependent Care coverage will continue with no change. You need to work with your GIC Benefits Coordinator at both your prior and new agency to ensure deductions continue. If you have unpaid time between the two positions, you will not have coverage for your unpaid/unemployed dates.

Rehire: This is treated the same as transferring agencies: generally, you do not have coverage for unpaid/unemployed dates, except as outlined below.

Less than 30 days and rehired into a GIC benefits eligible position: There is no break in employment status. Healthcare FSA and Dependent Care enrollments will remain the same and deductions need to be adjusted according to the remaining pay periods, if any pay periods are missed. Work with your GIC Benefits Coordinator at your (old and/or new) agency to ensure deductions continue. There is no Healthcare FSA coverage for dates when you are not employed by the Commonwealth in a GIC benefits eligible position. Dependent Care coverage is available if you are actively working, actively seeking employment, or a full-time student.

More than 30 days and rehired into a GIC benefits eligible position: When there are more than 30 days between leaving a state agency position and starting a new state agency position (at the same or different agency), you are treated as a New Hire. Your prior election coverage is stopped, effective the date you left state service. When you are rehired, you may make a new election, subject to applicable waiting periods, as stated in Enrollment in a Pre-Tax Plan. Remember that the IRS sets maximums of Healthcare FSA and Dependent Care elections, so your new elections must not exceed the yearly maximums, including what you may have already set aside earlier in the plan or tax year. The new elections and deductions taken will only be eligible for expenses occurring after your new effective date through end of the grace period. There is no Healthcare FSA coverage for dates of non-employment. Your prior Dependent Care coverage is available if you are actively working, actively seeking employment, or a full-time student. Fill out an Enrollment Form to make a new election within 21 days of your new hire date.

TOOLS AND RESOURCES

At TASC, we provide you with multiple tools and resources to take the guesswork and worry out of your benefit accounts.

Participant Reference Guide

This comprehensive guide covers all aspects of each type of account—from signing in to requests for reimbursement to replacing lost TASC Cards—and even how to make changes in your TASC online account.

TASC Card

Your TASC Card pays for your eligible expenses without needing a request for reimbursement! You'll receive your TASC Card at your home mailing address in a plain, unmarked envelope.

Why use the card?

- Easy payment of eligible expenses – just swipe and it's done.
- No out-of-pocket expenses for you.
- No need to request a reimbursement – no paperwork!
- Available for all benefit accounts.
- Automatic verification for most eligible expenses.

Additional information can be found in your Participant Reference Guide.

TASC Online Account

In your account, you can do the following:

- View your account balance and details.
- View your request history.
- Submit a request for reimbursement (then upload, fax, or mail documentation to us).
- Manage notification and verification requests.
- Manage your TASC Card and order additional cards for your dependent(s).
- Access helpful online tools including tax savings calculator, healthcare expense tables and forms, and more.

TASC Mobile App

The TASC mobile app lets you access your account wherever and whenever you want. You can:

- View balances and request history.
- Request reimbursement and upload pictures of your receipts taken with your mobile device camera.
- Request new TASC Cards, or temporarily lock a misplaced one.

To download the app, visit the App Store or Google Play and search for **TASC**.

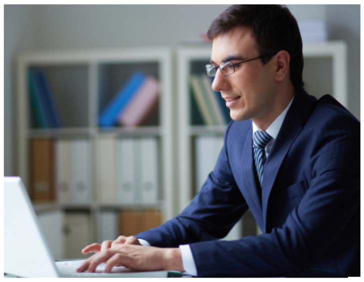
TASC CUSTOMER CARE

Our friendly and knowledgeable Customer Care team is available to assist you with any additional questions you have or assistance you need.

PHONE

800-745-9202

Hours: Monday-Friday, 8am-5pm, all time zones



ONLINE

massfsatasc.com

MAIL

2302 International Lane, Madison, WI 53704

We look forward to the opportunity to serve your benefits needs!

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