

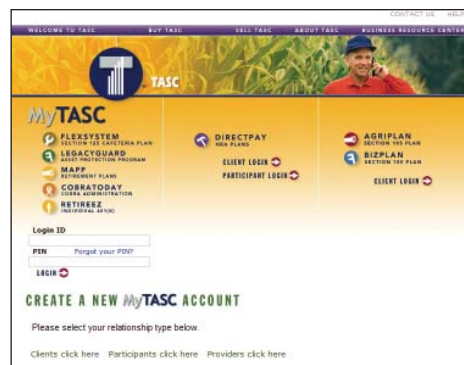
# MyTASC Login Instructions

One of the many enhancements of the new MyTASC Online Plan Administration System is more robust security. Your financial and medical information is private; security of this information is a top priority. MyTASC provides you with the peace-of-mind of knowing that this information is secure.

With MyTASC all users are assigned a system-generated, unique twelve-digit **TASC Identification Number (ID)** and six-digit **Personal Identification Number (PIN)**.

## Creating Your MyTASC Account

1. Visit [www.tasconline.com](http://www.tasconline.com).
2. Click on the **Login** box in the lower left-hand corner.
3. Click on the appropriate Relationship type listed under “Create A New MyTASC Account”.
4. Enter your current ID and PIN:
  - Clients: Three or Four-character ID and six-digit PIN
  - Participants: Nine-digit ID and six-digit PIN. (You must also enter a valid e-mail address.)
  - Providers: Nine-character ID and six-digit PIN



## Logging In

After completing the above steps new twelve-digit TASC ID and six-digit PIN is **e-mailed** to the e-mail address we have on file for you.

1. Retrieve this new login information from your e-mail and return to [www.tasconline.com](http://www.tasconline.com).
2. Click on Login.
3. Enter your new twelve-digit ID and six-digit PIN in the appropriate fields. This will provide you access to your new MyTASC homepage.



## Personal Login ID

For your convenience MyTASC allows you to create a personal Login ID. Having a Login ID will make logging in more convenient as you may enter this instead of your twelve-digit ID. To create a personal Login ID:

1. Click on **Profile** on your homepage.
2. Click on **Change** next to the grayed-out twelve digit TASC ID.
3. Enter a new Login ID in the Script Prompt box at the top of your screen.  
(**NOTE: YOUR LOGIN ID MUST BE UNIQUE.** We recommend using your e-mail address as your Login ID. For example, “john.doe@abccompany.com”.)
4. Click OK.



A browser dialog box will pop-up letting you know if your Login ID was successfully assigned. *When logging on in the future you may enter your Login ID and your six-digit PIN.*

## Questions

If you do not have an e-mail address, or have any other questions about how to create your new TASC ID, PIN, or Login ID, please contact our **Contact Center at 1-800-422-4661, or via e-mail at [service@tasconline.com](mailto:service@tasconline.com)**.

## Participant Reference Guide

Welcome to FlexSystem and to the tax saving benefits of a Section 125 Cafeteria Plan. We hope you will find FlexSystem to be an efficient and valuable service. This Guide will walk you through the reimbursement process, explain the change of elections rules and procedures, show you how to track your account, and explain how to handle the end of the Plan Year. Please retain this Guide for future reference.

### Request for Reimbursement

Log on to [www.tasconline.com](http://www.tasconline.com) and access the MyTASC on-line system to submit a Request for Reimbursement. Along with this Guide you received a personalized Request for Reimbursement Form. **Make additional copies of this form for future requests** or go on-line to print additional copies. On the back of the Request for Reimbursement Form are some valuable Reimbursement Tips meant to help you receive swift reimbursements.

You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. Only request reimbursements (a) for eligible expenses incurred during the applicable Plan Year, (b) for eligible plan participants, and (c) for expenses that have not been previously reimbursed under this or any other benefit plan or claimed as an income tax deduction. It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible claims.

FlexSystem processes requests for reimbursement daily. Once a request is reviewed and approved, a reimbursement is issued. For dependent care and non-employer sponsored insurance premium reimbursements, the account must contain sufficient funds for the full request to be reimbursed. If there are insufficient funds in the account, reimbursement will be limited to that particular account's balance amount only. The outstanding balance of the request will remain as an open item until additional

deposits are received, at which time an additional reimbursement will be initiated. Out-of-pocket medical expenses will be reimbursed for the full amount of the request, provided the total of the request does not exceed the total Plan Year election.

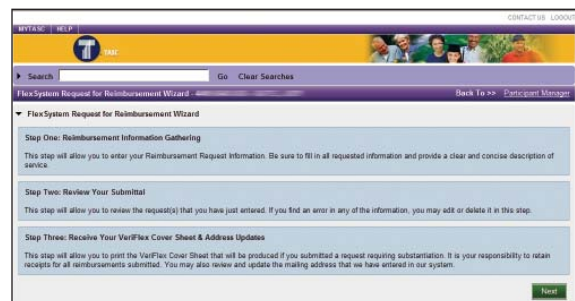
Approved requests received by FlexSystem before noon CST will be processed that day, with reimbursements initiated the following day. **Actual receipt of the reimbursement depends on the mail and banking systems.** To receive your reimbursement sooner, use our Direct Deposit option. A service fee of \$30 is charged to the Participant for the reissue of lost, stolen, or expired paper-copy checks. (Note: This fee can be avoided with the election of Direct Deposit.) With Direct Deposit, funds are forwarded to your bank within 48 to 72 hours of a complete submission. *Visit MyTASC to set up your Direct Deposit on-line.*

### Substantiating Requests

You will need to substantiate your Requests for Reimbursements for medical expenses only. To submit requests on-line, follow the *VeriFlex* process to substantiate your requests. Submitting Requests for Reimbursement on-line is easy! Here are the simple steps you should follow.

#### Step 1

- Log on to [www.tasconline.com](http://www.tasconline.com) and login to MyTASC. Click on the *Request for Reimbursement Wizard* link located on your MyTASC homepage. Follow the Wizard as it leads you through the three-step reimbursement process.



(over)

## Step 2

- Choose the date of the service incurred, *not* the billing or paid date. These dates must be within the current Plan Year.
- Select the appropriate *Benefit* from the drop down menu.
- Select the appropriate *Service Type Code* from the drop down menu.
- Enter the amount of the expense; do not use the dollar sign or commas.
- Enter the name of the service provider (e.g., Dr. Smith, Corner Pharmacy, Kid Keepers Daycare).
- Describe the services rendered.
- Click *Next*.

## Step 3

- Review your submittal. You may *Edit* or *Delete* entries.
- Click on "Add Another Request" or click *Finish* if you are done.

## Step 4 A

- If the Request requires substantiation, you will find (on the confirmation page) a link to *Download VeriFlex Coversheet* which will automatically contain a unique identification number. You **must print** this *VeriFlex Coversheet*.
- After printing the *VeriFlex Coversheet* fax or mail it to FlexSystem along with the substantiation documents. Be sure to fill in the box for any Request ID's that have substantiation documents attached. Fax the *VeriFlex Cover Sheet* and substantiation documents to 1-800-296-3529. Use this fax line for *VeriFlex Coversheets* and substantiation documents only. **All other documents faxed to this number will be discarded, including Request for**

**FlexSystem** VeriFlex Cover Sheet

Client/GR GROUP ID - GROUP NAME Phone fax to 1-800-296-3529  
Participant ID MEMBER ID OR 99999-101  
PIN & PIN TAXID DO Box 8837  
Madison, WI 53704-8837

MEMBER ID  
ADD1  
ADD2  
ADD3

For multiple entries, all boxes must be checked and marking documents.

Request ID	Request ID	Request Amount	Benefit Type
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

A VeriFlex Cover Sheet must be accompanied by the required substantiation documents, understanding the following:

- Please check the box to indicate if you have the substantiation documents attached.
- Do not submit the same VeriFlex Cover Sheet more than once. If subsequent substantiation is required, print another copy of the VeriFlex Cover Sheet and attach the substantiation documents.
- Attach the original copy of the VeriFlex Cover Sheet and fax to 1-800-296-3529. Do not attach a copy of the VeriFlex Cover Sheet to any other fax.
- Attach the original copy of the substantiation documents to the VeriFlex Cover Sheet and fax to 1-800-296-3529. Do not attach a copy of the substantiation documents to any other fax.

All requests for reimbursement for medical expenses must be accompanied by substantiation documents. For any other health reimbursement, the requestor must submit substantiation documents.

By faxing this VeriFlex Cover Sheet to FlexSystem, you are certifying that you have provided all substantiation documents and that you have provided the information requested on this form. I hereby affirm that I am providing this information in good faith and that I understand that I am responsible for the accuracy of the information provided. I understand that I am responsible for the accuracy of the information provided. I understand that I am responsible for the accuracy of the information provided.

Employee Signature (printed) \_\_\_\_\_ Date

123-45-6789 - 0000 6000001-01

**Reimbursement Forms.** *VeriFlex* Cover Sheets and substantiation documents may be mailed to FlexSystem, PO Box 8837, 2302 International Lane, Madison, WI 53704-8837.

- All substantiation document(s) must be sent on a standard 8.5 x 11 piece of paper. Copy or attach substantiation document(s) (do not use staples) to a standard size piece of paper prior to submitting.

If you are submitting a Request for Reimbursement by fax or mail, simply include your substantiation documents (receipts) with the Request for Reimbursement Form.

## Step 4 B

- Review and edit your contact information. To edit your information click in the Edit Contact Information. Enter the correct information then click Save.

## Change of Elections

You may change your election during the Plan Year only under certain circumstances and only within 30 days of the qualifying event. For example, if you get married or divorced, have a child, or experience a change in work status you may make a change of elections. (See your employer for a complete list of circumstances and the appropriate form to use.) In addition, each Plan Year anniversary provides an opportunity to change elections when re-enrolling.

## Tracking Account Balances

Track your account balances using your MyTASC online system, or on our Interactive Voice Response (IVR) System (at 1-800-422-4661). You will need your TASC Participant ID and PIN to access your account on both the website and the IVR.

## Plan Year End

Near the end of the Plan Year you will have the opportunity to re-enroll in FlexSystem. Your employer may change Plan parameters at this time as well. Following the end of the Plan Year your employer may provide you with a transitional period. During this time, you may continue to submit Reimbursement Requests for expenses incurred in the previous Plan Year. The Plan Year is officially closed after this time period following the end of the Plan Year, or sooner if directed by your employer. Once closed, any unused funds are returned to your employer. Contact your employer for more information on your transitional time period.