



# Flexible Compensation 2024 Enrollment Form

Client TASC Id:

4607-5049-5206

Plan Name:

Central Ohio Technical

ATTN: SIMONE LEIGH  
CENTRAL OHIO TECHNICAL COLLEGE  
1179 UNIVERSITY DRIVE  
NEWARK OH 43055

Make sure to sign, date, and complete each line on the enrollment form. Please enter zero (0) where no amount is being deducted. **Return the completed and signed form to your employer.** For enrollment assistance, call toll-free 800-422-4661. Have your enrollment form, Client ID, and company name ready. **Please Print.**

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Participant TASC ID (if known) \_\_\_\_\_ Participant Email Address\* \_\_\_\_\_  
 Participant Home Phone Number\* \_\_\_\_\_ Participant Mobile Phone Number\* \_\_\_\_\_  
 Participant Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Participant's Plan Effective Date \_\_\_\_\_ Date of First Payroll \_\_\_\_\_

\*Required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.

## Election Amounts

I request the following amount(s) to be deducted pre-tax:	Maximum Employee Salary Reduction	Employee Annual Salary Reduction
<b>Medical (Out-of-Pocket) Expenses</b>	\$ 3,200.00	\$ _____
<b>Dependent Care Expenses(Daycare)</b>	\$ 5,000.00	\$ _____

## TASC Card

### Additional TASC Card for Spouse or Dependent

Each participant may receive one additional card for their spouse or dependent free of charge. To request an additional TASC Card for your spouse or dependent, print their name below. Cards are mailed to your home address 7 – 10 days after your enrollment has been updated in FlexSystem.

**Spouse or Dependent Name (Last, First, MI):** \_\_\_\_\_

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 dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand the Flexible Spending Amount will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand my share of eligible group premium(s) will be automatically deducted before taxes. I also understand, that if I do not wish to have my eligible insurance contributions deducted pre-tax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Authorize Signature \_\_\_\_\_ Date: \_\_\_\_\_ TASC •

2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-245-3623 • [www.tasconline.com](http://www.tasconline.com). The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited. FX-2014-091112

