



# Recurring Individual Change & Premium Reimbursement Request Form



Submit this form and your coverage documents via one of the following methods:	Online or Mobile App Sign into your Universal Benefit Account and submit with your online Reimbursement Request or via a Support Request (click Contact Us)	Fax (608) 661-9601	Mail TASC, PO Box 7308 Madison, WI 53704-7308
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Employer Tasc ID Number: \_\_\_\_\_ Employer Name \_\_\_\_\_  
(Former Employer for Retirees)

**Important:** A new form must be submitted each year when your policy rate changes\*, (beginning of new plan year or policy end date) to update your recurring reimbursements with your new rate. Refer to Additional Instructions on page 2.

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
TASC ID#(required): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Primary Phone#: \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_  
Primary Address(cannot be PO Box)  
Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4 \_\_\_\_\_

**Important:** All information below is required to be completed in full to process your request, including the Authorization Section 1 and Section 2.

## INDIVIDUAL POLICY INFORMATION & REQUEST FOR REIMBURSEMENT

Name of Insured Person: \_\_\_\_\_  
Name of Insurance Carrier: \_\_\_\_\_  
Type of Coverage \_\_\_\_\_  
Policy Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Policy End Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Start Date for Premium Reimbursement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Plan Year End Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Monthly Premium Amount Requested: \$ \_\_\_\_\_ Total Plan Year Premium Amount Requested:\$ \_\_\_\_\_

## AUTHORIZATION – Section 1

I certify that I have read, understand and agree to the requirements above and in the Authorization – Section 2. I request the monthly premium amount indicated above to be reimbursed from my available account balance each month.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Signature



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# Recurring Individual Change & Premium Reimbursement Request Form



## Authorization- Section 2

Initial next to each line below to indicate you acknowledge the terms of this recurring premium reimbursement request.

\_\_\_\_\_ I understand that insurance premiums are considered to be incurred on the first day of the month of coverage and that I cannot be reimbursed for expenses prior to that, regardless of the date the insurance bill was paid.

\_\_\_\_\_ I have attached a proof of my insurance coverage that includes the type of coverage, premium amount, and contract period. Acceptable documents include a letter from the insurance company that includes the above information, a copy of a contract renewal letter, or a letter from the former employer sponsoring the plan.

\_\_\_\_\_ I understand that I will be set up for a monthly recurring reimbursement as requested above and this amount will not change until I notify TASC (at the start of the new plan year, when the policy ends, or when there is any change to my premium). The amount reimbursed is limited to my current available account balance.

\_\_\_\_\_ \*I understand that I am required to complete a new Recurring Reimbursement Request form for each plan year and send proof of insurance coverage when my insurance premiums change (at the start of the new plan year, the end of the policy contract, or for any other reason).

\_\_\_\_\_ I understand that I am required to have direct deposit set up with TASC to receive reimbursements.

\_\_\_\_\_ In the event that my coverage is terminated for any reason, I am required to inform TASC within five (5) days of the termination so that future reimbursements can be stopped.

\_\_\_\_\_ I certify the above information is correct and the expenses claimed will incur on a regular basis by me or my eligible dependents after my effective date of coverage in my employer's benefit plan. I certify these expenses are not eligible for reimbursement under any other plan and comply with the requirements of this plan. I have not and will not claim these expenses on my personal income tax return and I certify, to the extent required by federal law, that I will file the designated form with the IRS by April 15 of the year after the expenses were incurred.

## ADDITIONAL INSTRUCTIONS

Easily submit this form and your coverage documents via your online account or the mobile app.

1. Sign in to your account at [www.tasconline.com](http://www.tasconline.com)
2. From the Overview page, select the green box REQUEST A REIMBURSEMENT.
3. Enter the details for your request and select ATTACH VERIFICATION to upload this form and proof of coverage documents to the request. Please note, uploaded forms must be in a JPG, JPEG, PNG or PDF format. (If submitting via your mobile phone, simply take a picture of your forms and upload.)
4. Click NEXT to review your request and SUBMIT the request.

Set up Direct Deposit.

1. Sign in to your account at [www.tasconline.com](http://www.tasconline.com)
2. Select SETTING and then BANK ACCOUNTS.
3. Select LINK NEW BANK ACCOUNT.
4. Enter your banking information and select LINK to finish setting up the account.
5. Set up your transfer schedule for reimbursements to be deposited to your bank account.
  - a. From Overview page, select MYCASH BALANCE and MANAGE MYCASH TRANSFER SCHEDULES.
  - b. Select SCHEDULE A NEW TRANSFER, select your schedule preference and SUBMIT.