



Universal Subscription Agreement (USA) PURCHASER DETAILS

Submit this completed form with total fees due (on page 4) to TASC via one of the following methods:	Email	Fax	Mail
	newbusiness@tasconline.com	(608) 661-9638	TASC, c/o New Business Department 2302 International Lane, P.O. Box 14140 Madison, Wisconsin 53704-3140

GENERAL BUSINESS INFORMATION

Company Name:	EIN #:
Federal Filing Status:	<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Other
Multi-Employer Group (check all that apply)	<input type="checkbox"/> PEO <input type="checkbox"/> ASO <input type="checkbox"/> MEWA <input type="checkbox"/> Joint Employer <input type="checkbox"/> Integrated Employer <input type="checkbox"/> Controlled Group <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Municipality
Total # of Employees:	Total # of Benefit Eligible Employees: Total # of Employees Participating in Group Health Plan Benefits:
Nature of Business:	NAICS Code:
Are you a current TASC Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your 12-digit TASC ID:

Premium Benefits Provided under the Section 125 Plan Document	
<input type="checkbox"/> Medical or Medical Related Premium (Group Sponsored): <input type="checkbox"/> Group Medical Insurance Premium <input type="checkbox"/> Dental Premium <input type="checkbox"/> Vision Premium <input type="checkbox"/> Supplemental Insurance (Voluntary Indemnity Plans) – includes cancer, hospital confinement, intensive care, AD&D <input type="checkbox"/> Disability Insurance Premium (Employee Only) <input type="checkbox"/> Voluntary/Group Term Life Insurance (Employee Only to \$50,000 in death benefits)	
Class and/or Division Setup Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and attach <i>Class & Division Designation Form (TC-6180)</i>
>> If Division setup is required, will funding from different bank accounts be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and attach <i>Bank Account Authorization & Designation Form (TC-6181)</i>
If multiple accounts, indicate order for payment of requests:	<input type="checkbox"/> HRA 1 st , FSA 2 nd <input type="checkbox"/> FSA 1 st , HRA 2 nd
EDI File:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and attach EDI Application

CLIENT CONTACT INFORMATION

Client Addresses	Street	City	State	Zip
Primary/Physical Address (no P.O. Box)				
Billing Address (if different than Primary Address)				
Mailing/Shipping Address (if different than Primary Address)				
Authorized Contacts				
Contact Type	Contact Name	Email (Required for Online Access)	Phone	Primary or Secondary
Client Primary Company Contact				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Client Billing Contact				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Distributor/Broker				Secondary
List Additional Contacts and associate with Benefit(s) (if applicable)				
				Secondary
				Secondary
				Secondary

GENERAL INFORMATION - UNIVERSAL BENEFIT ACCOUNT

CONTRIBUTIONS			
If payroll lands on banking holidays, select one option:		<input type="checkbox"/> Apply contributions <u>next</u> business day	<input type="checkbox"/> Apply contributions <u>prior</u> business day
TASC Card Decline Protection (Max \$500 for all benefits combined):		Indicate Amount if other than Max: \$ _____	
Participant and Eligibility Requirements: (eligibility for all accounts, except HRAs, will be set as designated here, unless Class and/or Division setup requirement is indicated below).			
Waiting period and effective date together must not exceed 90 days . Select the employment requirement below that an eligible employee must meet at open enrollment, or at the time of hire. If eligibility is required by class, complete <i>Class and Division Designation Form (TC-6180)</i>.			
<input type="checkbox"/> Waiting Period (enter # of Days):			
Effective Date:		<input type="checkbox"/> First of the month after waiting period ends	<input type="checkbox"/> First day after waiting period ends <input type="checkbox"/> Same day when waiting period ends
Additional Eligibility Requirements (select all that apply)			
Included	Excluded	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Members of bargaining units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full or part-time employees regularly scheduled to work at least _____ hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal employees regularly working at least _____ months within a year (6 mo max)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employees under _____ years of age

UNIVERSAL BENEFIT ACCOUNT OFFERING SELECTIONS & FEES

Check all that apply:

HEALTHCARE	Flexible Spending Accounts	<input type="checkbox"/> Healthcare FSA <input type="checkbox"/> Limited Purpose Healthcare FSA			
	Health Savings Accounts	<input type="checkbox"/> Health Savings Account (HSA) <input type="checkbox"/> Client-Directed HSA			
	Health Reimbursement Accounts	<input type="checkbox"/> Health Reimbursement Arrangement (HRA) <input type="checkbox"/> Integrated Funded Health Reimbursement Arrangement (Integrated FHRA) <input type="checkbox"/> Retiree Funded Health Reimbursement Arrangement (Retiree FHRA) <input type="checkbox"/> Dental HRA <input type="checkbox"/> Ortho HRA <input type="checkbox"/> Vision HRA <input type="checkbox"/> Healthcare Premium Reimbursement Arrangement (Employer-Only Funded) <input type="checkbox"/> Stand-Alone HRA <50 EEs <input type="checkbox"/> Wellness Reimbursement Arrangement			
		Dependent Care Account	<input type="checkbox"/> Dependent Care FSA		
		Premium Reimbursement	<input type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account <50 EEs* <input type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account		
			Commuter	<input type="checkbox"/> Parking Account <input type="checkbox"/> Transit Account	
		FRINGE	Awards/Rewards	<input type="checkbox"/> Back-up Care Reimbursement Account <input type="checkbox"/> Wellness Rewards Account <input type="checkbox"/> Bike Account	
			Accountable Plans	<input type="checkbox"/> Professional Business Expense Account <input type="checkbox"/> Home Office Account <input type="checkbox"/> Travel and Entertainment Account <input type="checkbox"/> Work Clothes Account <input type="checkbox"/> Workplace Tools Account	
				ED	Education Accounts

*Must be paired with a stand-alone HRA <50 EEs

Purchaser Initials



UNIVERSAL BENEFIT ACCOUNT: ADD-ON PACKAGES

<input type="checkbox"/> Integration Package	<input type="checkbox"/> Priority Service Package
<input type="checkbox"/> Co-Branding Package	<input type="checkbox"/> Account Compliance Package <i>(complete next section)</i>
<input type="checkbox"/> Plan Optimization Package	<input type="checkbox"/> Other: _____

Select ALL Account(s) for Account Compliance Add-On Package (separate fees apply for each account selected):

<input type="checkbox"/> Healthcare FSA	<input type="checkbox"/> Dental HRA
<input type="checkbox"/> Limited Purpose Healthcare FSA	<input type="checkbox"/> Ortho HRA
<input type="checkbox"/> Dependent Care FSA	<input type="checkbox"/> Vision HRA
<input type="checkbox"/> Parking Account	<input type="checkbox"/> Stand-Alone HRA <50 EEs
<input type="checkbox"/> Transit Account	<input type="checkbox"/> Wellness Reimbursement Arrangement
<input type="checkbox"/> Health Savings Account (HSA)	<input type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account <50 EEs*
<input type="checkbox"/> Client-Directed HSA	<input type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account
<input type="checkbox"/> Health Reimbursement Arrangement (HRA)	<input type="checkbox"/> Tuition Reimbursement Account

*Not available without stand-alone HRA.

FEE SUMMARY: UNIVERSAL BENEFIT ACCOUNT

Level	Tier	PPPM Fee	PEPM Fee*	Monthly Minimum Fee**	Annual Membership Fee <i>(will be invoiced)</i>	Fees for Add-On Packages
		<i>Enter only one</i>				

*If selected, Employee Census must be provided up front – and updated quarterly

**Only applies with PPPM pricing

OTHER OFFERINGS & FEES

Selected Offerings	One Time Set-Up Fee <i>(due with Purchaser Details submittal)</i>	Admin Fee	Minimum Admin Fee	Annual Renewal Fee	Additional Services and Fees
Continuation Offerings					
<input type="checkbox"/> COBRA					<input type="checkbox"/> QB Takeover Fee \$ _____
<input type="checkbox"/> Retiree Billing					
<input type="checkbox"/> FMLA					<input type="checkbox"/> Eligibility Determination \$ _____
Compliance Offerings					
<input type="checkbox"/> ERISA (Full Administration)					<input type="checkbox"/> Late 5500 Filing: \$ _____
<input type="checkbox"/> ERISA Docs Only (100+; no 5500)					
<input type="checkbox"/> Medicare Part D Notice					
<input type="checkbox"/> PPACA & ERISA Notices					
<input type="checkbox"/> PCORI (without ERISA)					
<input type="checkbox"/> Form 5500 Preparation <i>(see p.21)</i>	N/A				<input type="checkbox"/> Ongoing <input type="checkbox"/> Amend/Term <input type="checkbox"/> Late 5500 Filing: \$ _____
<input type="checkbox"/> Non-Discrimination Testing					
<input type="checkbox"/> HIPAA Compliance					
<input type="checkbox"/> ACA Employer Reporting					
Documents Only					
<input type="checkbox"/> Premium Only Plan (POP)	N/A		N/A	N/A	
<input type="checkbox"/> Plan Only HSA					
<input type="checkbox"/> Self-Administration FSA					
<input type="checkbox"/> Self-Administration HRA					
TASC Suites					
<input type="checkbox"/> #1: ERISA, HIPAA, FMLA					
<input type="checkbox"/> #2: ERISA, HIPAA, COBRA					
<input type="checkbox"/> #3: ERISA, HIPAA, COBRA, FMLA					
<input type="checkbox"/> #4: HIPAA, COBRA					
Suite Add-On Offerings:					
<input type="checkbox"/> ACA Employer Reporting					
<input type="checkbox"/> Form 5500 Preparation					
<input type="checkbox"/> Non-Discrimination Testing					
TOTAL FEES (other offerings):					

Purchaser Initials



TOTAL FEES DUE WITH APPLICATION:	
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BILLING INFORMATION

Select a payment method for your fees and complete the following information for the selected payment method:

Payment Method:	ACH (E-Pay) ²	Credit Card	Invoice	
Fees Required w/Purchaser Details submittal ¹	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<i>Membership Fee, Admin Fee and Add-On Packages for Universal Benefit Account will be invoiced no later than 60 days after setup.</i>
Administration, Membership, Renewal, and Package Fees	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

Billing Frequency: Annually Quarterly Monthly

NOTE: Small groups with 1-15 employees are annual payment only.

Banking Information: This information will be used to process payments for services rendered

Bank Name:	Bank Account Name:
Bank Routing Number:	Account Number:
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings

Account Funding:
 If different bank accounts are required by benefit offering or by division, complete and attach *Bank Authorization & Designation Form (TC-6181)*

Use same ACH information as banking information above ↑

Use different ACH information as per below ↓

Bank Name:	TASC will initiate ACH debits from the bank account and financial institution named in the amount funding section. Plan funding payments will be electronically deducted from the indicated bank account and automatically submitted on your scheduled payroll contribution dates.
Bank Account Name:	
Bank Routing Number:	
Account Number:	
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings

Credit Card Information:
 Credit Card information may only be used for initial set-up fees for Offerings indicated as "Other" above.

Name on Card:	
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number:	Expiration Date:

¹Includes, but not limited to; Set-Up Fees for Other Accounts Admin Fees for stand-alone HIPAA, ACA, POP, Self-Admin HRA, Self-Admin FSA, 5500s.

²E-Pay is TASC's standard method for submission of *administration fees*. With E-Pay, TASC conveniently deducts your fees from your checking account. Simply complete the box above, signing where indicated. All written debit authorizations must agree that the Payer may revoke the authorization only by first notifying the Originator in the manner specified in the authorization. The language in the authorization represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.

AUTHORIZATION

The data and information are being provided to implement the services purchased. This data and information is subject to the terms of the TASC Universal Subscription Agreement (USA), including TASC's reliance on its timeliness and accuracy.

Purchaser Signature: _____ **Date:** _____

Title: _____

Distributor/Agent Name:	TASC Provider ID #:
List Bill # (if applicable):	Retail Code (If applicable):

INTERNAL USE ONLY:

Assist MyTASC ID:	
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Purchaser Initials



Complete the applicable sections below based on benefit selections made above.

FLEXIBLE SPENDING ACCOUNTS (check all that apply)

Healthcare FSA Limited Purpose Healthcare FSA (LPFSA)

NEW Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____
EXISTING Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____
	Current Participant Count: _____	ERISA Plan #: _____ <input type="checkbox"/> Mid-Year Plan Takeover
Name of Administrator: _____		
If you have a current FSA, indicate who will administer the plan's Grace and Runout period(s):		<input type="checkbox"/> Prior Administrator <input type="checkbox"/> TASC
Plan Contributions		
Healthcare FSA	Minimum (if applicable): _____	Maximum Contribution: _____
Limited Purpose Healthcare FSA	Minimum (if applicable): _____	Maximum Contribution: _____
Plan Details		
	Healthcare FSA	Limited Purpose Healthcare FSA
Carryover (\$500 max)	<input type="checkbox"/> Yes Amount: \$ _____	<input type="checkbox"/> Yes Amount: \$ _____
Grace Period (75-day max) <i>(not available for plans with Carryover)</i>	<input type="checkbox"/> Yes # of Days: _____ End Date: ____/____/____	<input type="checkbox"/> Yes # of Days: _____ End Date: ____/____/____
Runout Period (default 90 days after Plan End Date)	<input type="checkbox"/> Yes # of Days from Plan Year End: _____ Runout End Date: ____/____/____	<input type="checkbox"/> Yes # of Days from Plan Year End: _____ Runout End Date: ____/____/____
Employer Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , enter \$ amount	\$ _____	\$ _____
<i>If yes</i> , frequency of Employer Contributions will be:	<input type="checkbox"/> Same as Employee Contribution Schedule <input type="checkbox"/> Other (List): _____	<input type="checkbox"/> Same as Employee Contribution Schedule <input type="checkbox"/> Other (List): _____
Allow Online Enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____
Termination		
For termination of employees in Section 125 plans, select the default for eligibility end date (last day a terminated employee may incur expenses):		<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year
Terminated Participant Coverage Limited after participant's coverage paid through date? <i>If yes, End of Plan Year may not be listed as a default eligibility end date</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If yes</i> , select coverage paid through date: <input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> Last Payroll Date
Runout Period for Terminated Participants	<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> ____ Days after Eligibility End Date	<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> ____ Days after Eligibility End Date
Offer Employer-Sponsored Group Health Insurance to Employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
FSA Benefit Plan Co-pays		
<input type="checkbox"/> Office Visits	List: _____	
<input type="checkbox"/> Prescriptions	List: _____	
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)		
Number of contributions in 12-mo plan year: _____		
Employee Contribution Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Contribution Dates:	First Contribution Date	Second Contribution Date
	____/____/____	____/____/____
	Last Contribution Date ____/____/____	
Point of Disbursement Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a POD Addendum and Pre-fund is Required	
>> If Yes, select frequency for funding pulls:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (List): _____	

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HEALTH SAVINGS ACCOUNTS (check all that apply)

- Health Savings Account (HSA) Client Directed HSA

Plan Start Date:	____/____/____	Plan End Date:	____/____/____
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)			
Number of contributions in 12-mo plan year:			
Employee Contribution Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Contribution Dates:	First Contribution Date	Second Contribution Date	Last Contribution Date
	____/____/____	____/____/____	____/____/____
Employer Contributions:	<input type="checkbox"/> Yes <input type="checkbox"/> No >> If Yes, enter \$ amount: _____		
If yes, frequency of Employer Contributions will be:	<input type="checkbox"/> Same as Employee Contribution Schedule <input type="checkbox"/> Other Schedule: _____		
Contribution Amount per Coverage Level:	Single: \$	_____	
	Family: \$	_____	
Pro-rated for Mid-Year Enrollees:	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Contributions are:	<input type="checkbox"/> Pretax under a Cafeteria Plan (if checked, complete "Premium Benefits Provided Under the Section 125 Plan Document" in the General Business Information section on page one) <input type="checkbox"/> Post-Tax		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____		

HEALTH REIMBURSEMENT ARRANGEMENTS (check all that apply)

- Health Reimbursement Arrangement (HRA) Healthcare Premium Reimbursement Arrangement
 Vision HRA Stand-Alone HRA <50 EEs
 Dental HRA Ortho HRA Wellness Reimbursement Arrangement

Effective Date:	____/____/____		
Plan Information			
Estimated # of New Plan Participants:	_____	# of Employees (FT+PT):	_____
Existing HRA Plan in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information:		
ERISA 3-Digit Plan #:	_____	# Current Participants:	_____
Name of Current Administrator:			
Runout for Terminated Participants:	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> _____ Days after Eligibility End Date		
Allow Rollover:	<input type="checkbox"/> Yes >> If elected, select one timing: <input type="checkbox"/> After Runout End <input type="checkbox"/> Day 1 of New Plan Year		
	<input type="checkbox"/> Available Balance (no Maximum)		
	<input type="checkbox"/> Maximum Rollover (List): _____		
	<input type="checkbox"/> % of Available Balance (List): _____		
Plan Start			
Select and complete one of the following two options. Indicate the plan year dates and when TASC HRA administration begins. HRA plan year should match the medical plan year if applicable.			
<input type="checkbox"/> New HRA Plan Year	Plan Start Date	Plan End Date	Runout (Max 365 days)
Plan Year:	____/____/____	____/____/____	____ Days End Date ____/____/____
<i>Note: Plans need not run on the calendar year (i.e., January 1 – December 31)</i>			
<input type="checkbox"/> Mid-Plan Year Takeover	Plan Start Date	Plan End Date	Runout (Max 365 days)
Plan Year:	____/____/____	____/____/____	____ Days End Date ____/____/____
Service Start Date:	____/____/____		
<i>Plan Sponsor must submit an aggregate balance report of participant claims paid year-to-date to adjust the participant HRA balance.</i>			

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HRA Benefit Account Offerings							
Health Insurance Carrier Name:							
Health Insurance Deductible Individual:							
Health Insurance Deductible Family:							
HRA Benefit Plan(s) Co-pays							
<input type="checkbox"/> Office Visits	List:						
<input type="checkbox"/> Prescriptions	List:						
Participant and Eligibility Requirements							
Select an Eligibility requirement below. If eligibility is required by class, complete Class and Division Designation Form.							
<input type="checkbox"/> Eligibility requirements include participation in the named Health Insurance Plan; - <u>OR</u> -							
<input type="checkbox"/> Eligibility requirements include (select all that apply below):							
<input type="checkbox"/> Part-time employees working at least ____ hours of work per week will be included (maximum 29 hours)							
<input type="checkbox"/> Current employees completing ____ months of service with the employer will be included (maximum 90 days)							
<input type="checkbox"/> New employees completing ____ months of service with the employer will be included (maximum 90 days)							
Benefit Account Reimbursement Options for Standard HRA's (Group sponsored health insurance required)							
To ensure accuracy of reimbursement request processing for deductible, co-pay and/or coinsurance HRA Plan Designs, it is required the employee attach a copy of the Carrier's Explanation of Benefits (EOB). If the carrier does not provide an EOB, participants will be required to submit a copy of an online summary/statement in place of the EOB. Select all that apply:							
<input type="checkbox"/> Medical deductible		<input type="checkbox"/> Co-insurance					
<input type="checkbox"/> Prescription		<input type="checkbox"/> Co-Pays					
<input type="checkbox"/> 213(d) (all qualified uninsured medical expenses – premiums excluded)							
Plan Type (select only ONE option)							
<input type="checkbox"/> Family Aggregate: Expenses can be shared by family members							
<input type="checkbox"/> By Member: Embedded Deductible							
TASC HRA Plan Participant and Employer Responsibility							
<input type="checkbox"/> Employee Pays First (no card option)							
Individual HRA Deductible \$		Family HRA Deductible \$					
HRA Reimbursement Schedule	Percentage	Dollar Amount Range				HRA Employer Reimbursed Amount	
	%	\$	-	\$	\$	\$	
	%	\$	-	\$	\$	\$	
	%	\$	-	\$	\$	\$	
	%	\$	-	\$	\$	\$	
	Maximum Reimbursement per individual:					\$	
	Maximum Reimbursement per family:					\$	
Funding (funding type will default to ACH Debit unless indicated otherwise)							
Funding Schedule:	<input type="checkbox"/> Monthly <input type="checkbox"/> Custom Schedule (List): _____						
Funding Options:	<input type="checkbox"/> Monthly Budgeted (ACH or invoice)						
	<input type="checkbox"/> Point of Disbursement (ACH Only and Pre-Fund Required)						
>> if selected, choose frequency of funding pulls below:							
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other Schedule: _____							

ADMIN ONLY: TASC HRA - Special Instructions: _____
Funding: _____ % (Minimum of 25%) _____



DEPENDENT CARE ACCOUNT

NEW Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____
EXISTING Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____
	Current Participant Count: _____	ERISA Plan #: _____ <input type="checkbox"/> Mid-Year Plan Takeover
Name of Administrator: _____		
If you have a current Dependent Care Account, indicate who will administer the plan's Grace and Runout period(s): <input type="checkbox"/> Prior Administrator <input type="checkbox"/> TASC		
Plan Contributions		
Annual Election:	Minimum (if applicable): _____	Maximum Contribution: _____
Plan Details		
Grace Period (75-day max)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Days: ____ End Date: ____/____/____
Runout Period (default 90 days after Plan End Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Days from Plan Year End: ____ Runout End Date: ____/____/____
Employer Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No >> If yes , enter \$ amount: _____	
If yes , frequency of Employer Contributions will be:	<input type="checkbox"/> Same as Employee Contribution Schedule	<input type="checkbox"/> Other (List): _____
Termination		
For termination of employees in Section 125 plans, select the default for eligibility end date (last day a terminated employee may incur expenses):		
<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year (requires DCAP spend down amendment/plan option)		
Runout Period for Terminated Participants	<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> ____ Days after Eligibility End Date	
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____	
Offer Employer-Sponsored Group Health Insurance to Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)		
Number of contributions in 12-mo plan year: _____		
Employee Contribution Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Contribution Dates:	First Contribution Date	Second Contribution Date
	____/____/____	____/____/____
Point of Disbursement Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a POD Addendum and Pre-fund is Required	
>> If Yes, select frequency for funding pulls:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (List): _____	

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PREMIUM REIMBURSEMENT ACCOUNTS

- Healthcare Premium (NESP) Reimbursement Account <50 EEs (Not available without stand-alone HRA)
- Healthcare Premium (NESP) Reimbursement Account

NEW Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____	
EXISTING Plan:	Plan Start Date: ____/____/____	Plan End Date: ____/____/____	
	Current Participant Count: _____	ERISA Plan #: _____	<input type="checkbox"/> Mid-Year Plan Takeover
Name of Administrator: _____			
If you have a current plan, indicate who will administer the plan's Grace and Runout period(s):		<input type="checkbox"/> Prior Administrator <input type="checkbox"/> TASC	
Plan Contributions			
Annual Election	Minimum (if applicable): _____	Maximum Contribution: _____	
Plan Details			
Grace Period (75-day max)	<input type="checkbox"/> Yes	# of Days: _____	End Date: ____/____/____
Runout Period (default 90 days after Plan End Date)	<input type="checkbox"/> Yes	# of Days from Plan Year End: _____	Runout End Date: ____/____/____
Employer Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No >> <i>If yes</i> , Enter \$ _____		
<i>If yes</i> , frequency of Employer Contributions will be:	<input type="checkbox"/> Same as Employee Contribution Schedule		<input type="checkbox"/> Other (List): _____
Termination			
For termination of employees in Section 125 plans, select the default for eligibility end date (last day a terminated employee may incur expenses):		<input type="checkbox"/> Termination Date	
		<input type="checkbox"/> End of the Month of Termination	
Runout Period for Terminated Participants	<input type="checkbox"/> End of Plan Runout		
	<input type="checkbox"/> _____ Days after Eligibility End Date		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____		
Offer Employer-Sponsored Group Health Insurance to Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)			
Number of contributions in 12-mo plan year: _____			
Employee Contribution Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		
	<input type="checkbox"/> Other: _____		
Contribution Dates:	First Contribution Date	Second Contribution Date	Last Contribution Date
	____/____/____	____/____/____	____/____/____
Point of Disbursement Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a POD Addendum and Pre-fund is Required		
>> <i>If Yes</i> , select frequency for funding pulls:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (List): _____		

Purchaser Initials



COMMUTER (check all that apply)

Parking Account Transit Account (terminal restricted card required)

Plan Start Date:	____/____/____	Plan End Date:	____/____/____
	Parking Account		Transit Account
Maximum Employee Contribution:			
Elect a terminal restricted card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes – card is required	
Allow Rollover of full available balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Runout Period (Max 180 days, default 90 days after Plan End Date) Select one per Account:	# of days from Date of Service: _____ OR # of days from Plan Year End: _____ Runout End Date: ____/____/____	# of days from Date of Service: _____ OR # of days from Plan Year End: _____ Runout End Date: ____/____/____	
Runout Period for Terminated Participants	<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> _____ Days after Eligibility End Date	<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> _____ Days after Eligibility End Date	
Employer Contributions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Enter \$ Amount:			
If yes, frequency of Employer Contributions will be:	<input type="checkbox"/> Same as Employee Contribution Schedule <input type="checkbox"/> Other Schedule (list below): _____	<input type="checkbox"/> Same as Employee Contribution Schedule <input type="checkbox"/> Other Schedule (list below): _____	
Allow Online Enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____	
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)			
Number of Contributions in 12-mo plan year:			
Employee Contribution Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Contribution Dates:	First Contribution Date	Second Contribution Date	Last Contribution Date
	____/____/____	____/____/____	____/____/____
Point of Disbursement Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a POD Addendum and Prefund is Required		
>> If Yes, select frequency for funding pulls:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (List): _____		

Purchaser Initials



AWARD/REWARD ACCOUNTS (check all that apply)

Back-up Care Reimbursement Account Wellness Reward Account Bike Account

NOTE: TASC Card not applicable to these accounts.

Wellness Reward Account – Plan Details			
Describe your Wellness Plan: (be specific)			
Plan Start Date:	____/____/____	Plan End Date:	12/31/____
Runout Period (Max 60 days):	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: ____ End Date: ____/____/____		
Number of Contributions in 12-mo plan year:			
Frequency of Employer Contributions:	<input type="checkbox"/> One Time with Contribution Date of: ____/____/____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates:	First Contribution Date	Second Contribution Date	Last Contribution Date
	____/____/____	____/____/____	____/____/____
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout for Terminated Participants:	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> Days after Eligibility End Date (Enter # of Days: _____)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Back-up Care Reimbursement Account – Plan Details			
Plan Start Date:	____/____/____	Plan End Date:	12/31/____
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: ____ End Date: ____/____/____		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions:	<input type="checkbox"/> One Time with Contribution Date of: ____/____/____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date	Second Contribution Date	Last Contribution Date
	____/____/____	____/____/____	____/____/____
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout Period for Terminated Participants	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> Days after Eligibility End Date (Enter # of Days: _____)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ____/____/____ to ____/____/____		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Purchaser Initials



Bike Account – Plan Details			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year: _____			
Frequency of Employer Contributions:	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date	Second Contribution Date	Last Contribution Date
	___/___/___	___/___/___	___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout Period for Terminated Participants	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> Days after Eligibility End Date (Enter # of Days: _____)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Purchaser Initials



ACCOUNTABLE PLANS (check all that apply)

- Professional Business Expense Account
 Work Clothes Account
 Workplace Tool Account
 Home Office Account
 Travel and Entertainment Account

Professional Business Expense Account – Plan Details			
Expenses to be Reimbursed (list):			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___ (plan year runs on a calendar year)
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions: (if annual is selected, required first day of plan year)	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date	Second Contribution Date	Last Contribution Date
	___/___/___	___/___/___	___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes >>	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____	
Runout Period for Terminated Participants (Max 60 days):	_____ Days after Eligibility End Date (enter # of days)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Home Office Account – Plan Details			
Expenses to be Reimbursed (list):			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___ (plan year runs on a calendar year)
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions: (if annual is selected, required first day of plan year)	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date	Second Contribution Date	Last Contribution Date
	___/___/___	___/___/___	___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes >>	<input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____	
Runout Period for Terminated Participants (Max 60 days):	_____ Days after Eligibility End Date (enter # of days)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Purchaser Initials



Travel & Entertainment Account – Plan Details			
Expenses to be Reimbursed (list):			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___ (plan year runs on a calendar year)
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions: (if annual is selected, required first day of plan year)	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date ___/___/___	Second Contribution Date ___/___/___	Last Contribution Date ___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes >> <input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout Period for Terminated Participants (Max 60 days):	_____ Days after Eligibility End Date (enter # of days)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Work Clothes Account – Plan Details			
Expenses to be Reimbursed (list):			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___ (plan year runs on a calendar year)
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions: (if annual is selected, required first day of plan year)	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date ___/___/___	Second Contribution Date ___/___/___	Last Contribution Date ___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes >> <input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout Period for Terminated Participants (Max 60 days):	_____ Days after Eligibility End Date (enter # of days)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Purchaser Initials



Workplace Tool Account – Plan Details			
Expenses to be Reimbursed (list):			
Plan Start Date:	___/___/___	Plan End Date:	12/31/___ (plan year runs on a calendar year)
Maximum Annual Coverage Amount per Employee:	Amount: \$ _____		
Runout Period (Max 60 Days)	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ End Date: ___/___/___		
Number of contributions in 12-mo plan year:			
Frequency of Employer Contributions: (if annual is selected, required first day of plan year)	<input type="checkbox"/> One Time with Contribution Date of: ___/___/___ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Bi-Weekly (24) <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain): _____		
Employer Contribution Dates	First Contribution Date	Second Contribution Date	Last Contribution Date
	___/___/___	___/___/___	___/___/___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes >> <input type="checkbox"/> As of Plan Start <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____		
Runout Period for Terminated Participants (Max 60 days):	_____ Days after Eligibility End Date (enter # of days)		
Allow Online Enrollment?	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___		
Funding (funding type will default to ACH Debit unless indicated otherwise)			
Funding Type (select one):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____		

Purchaser Initials



EDUCATION ACCOUNTS (check all that apply)

- Tuition Reimbursement Account** **Student Loan Repayment Account** (*TASC Card not available*)
Tax reporting required if reimbursement exceeds \$5,250/year

PLAN DETAILS	Tuition Reimbursement Account	Student Loan Repayment Account
Plan Start Date:	___/___/___	___/___/___
Plan End Date:	___/___/___	12/31/ ___
Pro-Rated for Mid-Year Enrollees?	<input type="checkbox"/> As of Plan Start Date <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____	<input type="checkbox"/> As of Plan Start Date <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other: _____
Elect Runout Period:	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ (Max 180 days) End Date: ___/___/___	<input type="checkbox"/> No <input type="checkbox"/> Yes >> # of Days: _____ (Max 60 days) End Date: ___/___/___
Employer Contribution Amount: \$		
Frequency of Employer Contributions:	<input type="checkbox"/> Annual/One Time: Date of Contribution: ___/___/___ <input type="checkbox"/> Per Payroll <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Annual/One Time: Date of Contribution: ___/___/___ <input type="checkbox"/> Per Payroll <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Runout for Terminated Participants:	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> Days after Eligibility End Date: Enter # of Days: _____	<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> Days after Eligibility End Date: Enter # of Days: _____
# of Contributions in 12-mo plan year:		
Employer Contribution Dates:	1 st Contribution Date: ___/___/___ 2 nd Contribution Date: ___/___/___ Last Contribution Date: ___/___/___	1 st Contribution Date: ___/___/___ 2 nd Contribution Date: ___/___/___ Last Contribution Date: ___/___/___
Allow Online Enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___	<input type="checkbox"/> No <input type="checkbox"/> Yes >> Open Enrollment Dates: ___/___/___ to ___/___/___
Funding (funding type will default to ACH Debit on each pay date unless indicated otherwise)		
Funding Type (select one per account):	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____	<input type="checkbox"/> Contribution <input type="checkbox"/> Point of Disbursement <input type="checkbox"/> Custom (List): _____

Purchaser Initials



DOCUMENTS ONLY

- Premium Only Plan (POP) Plan Only HSA
 Self-Administration FSA Self-Administration HRA

Premium Only Plan (POP) – Plan Details			
Complete “Premium Benefits Provided under the Section 125 Plan Document” information in General Business Information section on page 1 and Participant and Eligibility Requirements and Additional Eligibility Requirements under General Information-Universal Benefit Account section.			
Plan Start Date:	___/___/___	Plan End Date:	___/___/___
Do you currently offer an HSA? <input type="checkbox"/> No <input type="checkbox"/> Yes >> <i>If yes</i> , contributions are: <input type="checkbox"/> Pretax under a Cafeteria Plan <input type="checkbox"/> Post-Tax			

Plan Only HSA – Plan Details			
Complete “Premium Benefits Provided under the Section 125 Plan Document” information in General Business Information section on page 1 and Participant and Eligibility Requirements and Additional Eligibility Requirements under General Information-Universal Benefit Account section.			
Plan Start Date:	___/___/___	Plan End Date:	___/___/___

Self-Administration FSA – Plan Details

Select all benefits that apply:

- | | |
|---|--|
| <input type="checkbox"/> Healthcare FSA | <input type="checkbox"/> Limited Purpose Healthcare FSA (LPFSA) |
| <input type="checkbox"/> Dependent Care FSA | <input type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account |

Plan Start Date:	___/___/___	Plan End Date:	___/___/___	ERISA Plan #:				
	Healthcare FSA		Limited Purpose Healthcare FSA		Dependent Care FSA		Healthcare Premium (NESP) Reimbursement Account	
Annual Election	Minimum (if applicable): \$ _____	Maximum Contribution: \$ _____	Minimum (if applicable): \$ _____	Maximum Contribution: \$ _____	Minimum (if applicable): \$ _____	Maximum Contribution: \$ _____	Minimum (if applicable): \$ _____	Maximum Contribution: \$ _____
Carryover (\$500 max)	<input type="checkbox"/> Yes	Amount: \$ _____	<input type="checkbox"/> Yes	Amount: \$ _____	n/a	n/a	n/a	n/a
Grace Period (75-day max) (not available for plans with Carryover)	<input type="checkbox"/> Yes	# of Days: _____ End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days: _____ End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days: _____ End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days: _____ End Date: ___/___/___
Runout Period (default 90 days after Plan End Date)	<input type="checkbox"/> Yes	# of Days from Plan Year End: _____ Runout End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days from Plan Year End: _____ Runout End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days from Plan Year End: _____ Runout End Date: ___/___/___	<input type="checkbox"/> Yes	# of Days from Plan Year End: _____ Runout End Date: ___/___/___
For termination of employees in Section 125 plans, select the default for eligibility end date (last day a terminated employee may incur expenses):								
Eligibility End Date	<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year	<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year	<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year <i>(Dependent Care Requires Spend Down Amendment)</i>	<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> End of Plan Year	<input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination			

Purchaser Initials



TASC USA PURCHASER DETAILS

Terminated Participant Coverage for Healthcare FSA or LPPFSA Limited after participant's coverage paid through date? <i>If yes, End of Plan Year may not be listed as a default eligibility end date</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select coverage paid through date: <input type="checkbox"/> Termination Date <input type="checkbox"/> End of the Month of Termination <input type="checkbox"/> Last Payroll Date
Runout Period for Terminated Participants		<input type="checkbox"/> End of Plan Runout <input type="checkbox"/> _____ Days after Eligibility End Date	
Offer Employer-Sponsored Group Health Insurance to Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Self-Administration HRA – Plan Details

ERISA Plan #:			
Runout for Terminated Participants:		<input type="checkbox"/> End of Benefit Plan Runout <input type="checkbox"/> _____ Days after Eligibility End Date	
Allow Rollover:		<input type="checkbox"/> Yes >> If elected, select one timing: <input type="checkbox"/> After Runout End <input type="checkbox"/> Day 1 of New Plan Year <input type="checkbox"/> Available Balance (no Maximum) <input type="checkbox"/> Maximum Rollover (List): _____ <input type="checkbox"/> % of Available Balance (List): _____	
Plan Start <i>(HRA Plan Year should match the medical plan year, if applicable)</i>	Plan Start Date		Plan End Date
	_____/_____/_____ <i>Note: Plans need not run on the calendar year (i.e., January 1 – December 31)</i>		_____/_____/_____ Runout (Max 365 days) _____ Days End Date _____/_____/_____

HRA Benefit Account Offerings

Health Insurance Carrier Name:	
Health Insurance Deductible Individual:	
Health Insurance Deductible Family:	

Participant and Eligibility Requirements

Select an Eligibility requirement below. If eligibility is required by class, complete Class and Division Designation Form.

Eligibility requirements include participation in the named Health Insurance Plan; - **OR** -

Eligibility requirements include (select all that apply below):

Part-time employees working at least _____ hours of work per week will be included (maximum 29 hours)

Current employees completing _____ months of service with the employer will be included (maximum 90 days)

New employees completing _____ months of service with the employer will be included (maximum 90 days)

Benefit Account Reimbursement Options for Standard HRA's (Group sponsored health insurance required)

(select all that apply)

<input type="checkbox"/> Medical deductible	<input type="checkbox"/> Dental
<input type="checkbox"/> Prescription	<input type="checkbox"/> Vision
<input type="checkbox"/> Co-insurance	<input type="checkbox"/> Ortho
<input type="checkbox"/> Co-Pays	<input type="checkbox"/> 213(d) (all qualified uninsured medical expenses – premiums excluded)

Plan Type (select only ONE option)

Family Aggregate: Expenses can be shared by family members

By Member: Embedded Deductible

TASC HRA Plan Participant and Employer Responsibility

Employee Pays First (no card option)

Individual HRA Deductible \$	Family HRA Deductible \$				HRA Employer Reimbursed Amount
	Percentage	Dollar Amount Range			
HRA Reimbursement Schedule	%	\$	-	\$	\$
	%	\$	-	\$	\$
	%	\$	-	\$	\$
	%	\$	-	\$	\$
	Maximum Reimbursement per individual:				\$
	Maximum Reimbursement per family:				\$

Purchaser Initials



COMPLIANCE OFFERINGS

ACA EMPLOYER REPORTING	
Complete and submit stand-alone ACA Employer Reporting Purchaser Detail for Controlled Groups and Governmental Entities	
Plan Start Date (must be a calendar year): Please indicate the calendar year in which you want reporting to start	___/___/___
Health Insurance Renewal Date:	___/___/___
Employer Type (Select One)	
<input type="checkbox"/> Single ALE (Applicable Larger Employer (one EIN))	
<input type="checkbox"/> Aggregated ALE (more than one EIN)	
<input type="checkbox"/> Non-ALE (under 50 full-time employees)	
Applicable Large Employer Status (ALE) (Select One)	
<input type="checkbox"/> ALE with fully insured medical plan	
<input type="checkbox"/> ALE with self-insured medical plan	
<input type="checkbox"/> ALE with self-insured medical plan (1094B and 1095B Filing)	
<input type="checkbox"/> ALE with fully insured and self-funded plans running congruently	
Controlled Group	
Please indicate if you are a member of any of the following (required):	<input type="checkbox"/> Yes (see below) <input type="checkbox"/> No
<ul style="list-style-type: none"> • A Controlled Group of business entities under IRS Section 414(b) or (c); • An Affiliated Service Group under IRS Section 414(m); OR • An Arrangement Described under IRS Section 414(o) 	
Government Entity	
Are you a Government Entity that has reportable employees under more than one EIN number?	<input type="checkbox"/> Yes (see below) <input type="checkbox"/> No
If you answered YES to either question above, please complete the information section below for each member entity within the Aggregated ALE, placing the entity with the most employees on top, descending to the entity with the fewest employees. A Purchaser Detail must be submitted separately for each entity.	
Entity's Legal Name	Entity's EIN Number
Additional ACA Reporting Services (fees apply)	
<input type="checkbox"/> Variable Hour Tracking	

ERISA – Plan Details		
Plan Start Date	The ERISA contract will be effective the first of the month in which the Purchaser Details Form is received.	
Plan Information (select all that apply; if No, leave blank)	Yes	No
Is Entity Part of:		
<ul style="list-style-type: none"> • A Controlled Group of Corporations under Code Section 414(b) • A group of Businesses/Trades under common control under Code Section 414(c); OR • An Affiliated Services Group under Code Section 414(m) 	<input type="checkbox"/>	<input type="checkbox"/>
Are benefits/premiums paid from a single source? (if no, separate Purchaser Details are required)	<input type="checkbox"/>	<input type="checkbox"/>
Are you considered an Applicable Large Employer (ALE) under the Employer Shared Responsibility Provision of the Affordable Care Act (ACA)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently track employee hours to determine if any variable hour, part-time, or season employees are full-time employees for purposes of health plan eligibility?	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer Medicare Part D Coverage?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes</i> , please select one of the following <input type="checkbox"/> Credible <input type="checkbox"/> Non-Creditable <input type="checkbox"/> Both		
Under PPACA, is your current Group Health Plan considered Grandfathered?	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Addendum required?	<input type="checkbox"/>	<input type="checkbox"/>

Purchaser Initials



(ERISA Continued) Please complete the following information:						
A	B Contract Year (mo/dd/yr)	C Benefit Contract Written to Group (G) or Individuals (I)	D Pre-Tax Benefit (Y/N)	E Insurance Carrier or Service Provider Name	F Is Benefit Self- Insured (SI) or Fully-Insured (FI)	G Total Number of Covered Participants (not including Dependents)
Health						
Dental						
Vision						
Life						
AD&D						
STD						
LTD						
Voluntary / Supplemental Life or AD&D						
Wellness						
Employee Assistance Program						
Stop Loss Insurance						
Voluntary Products						
Other ERISA Plans						
Additional ERISA Services (additional fees may apply)						
<input type="checkbox"/> Medicare Part D Notice			<input type="checkbox"/> Professional Services (billed hourly)			
<input type="checkbox"/> Additional Benefit Plans (9+)			<input type="checkbox"/> Form 5500 Late Filing			
<input type="checkbox"/> Carrier Certificates of Coverage Attached to Plan Document			<input type="checkbox"/> PPACA & ERISA Notices			
<input type="checkbox"/> Wrap Document – Individual / Separate Affiliated Employer			<input type="checkbox"/> Other: _____			

PCORI – Plan Details	
Plan Start Date: _____	Stand-alone PCORI will start on 07/01 of the purchasing year. Please indicate the year in which you would like reporting to start.
Current Benefit Status (select all that apply)	
<input type="checkbox"/> A – Health Reimbursement Arrangement (HRA)	
<input type="checkbox"/> B – TASC HRA Purchaser	
<input type="checkbox"/> C – TASC Non-Excepted Health Flexible Spending Account (NEFSA) Purchaser	
<input type="checkbox"/> D – Self-Insured Health Plan	
<input type="checkbox"/> E – TASC Self-Administered HRA or NEFSA Purchaser	
Participant Counts	
As of the first day of the FIRST month of the plan year:	
As of the first day of the FOURTH month of the plan year:	
As of the first day of the SEVENTH month of the plan year:	
As of the first day of the TENTH month of the plan year:	
INSTRUCTIONS FOR PARTICIPANT COUNT:	
If you selected A only, A and E, or C and E: Participant counts should equal the number of HRA or NEFSA plan participants on the first day of each quarter of the plan year.	
If you selected A and D or C and D: Participant counts should equal the total number of self-insured health plan participants on the first day of each quarter during the plan year. Count each health plan participant with self-only coverage and then add to that the number of participants with other than self-only coverage multiplied by 2.35.	
If you selected D only: Participant counts should equal the total number of self-insured health plan participants on the first day of quarter of the plan year. Count each health plan participant with self-only coverage and then add to that the number of participants with other than self-only coverage multiplied by 2.35	
If you selected A&B only and TASC administered your HRA in the previous year, TASC has the necessary counts. If TASC did not administer your HRA in the previous year, please provide the appropriate counts.	

Purchaser Initials



FORM 5500 PREPARATION – Plan Details					
NOTE: This service offering is for stand-alone 5500 plans only, not for customers receiving 5500 preparations as part of another TASC offering.					
Number of Health/Welfare Plans (100+ ees):					
Enter below all Plan Numbers to be filed and checkmark the frequency of services - current and late (separate fees apply to each plan #):					
Plan Number(s) (if known)	Ongoing	Amend/ Terminate*	Late Filing One-Time*	Notes (applicable years, quantity, etc.)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter additional Plan Numbers in special instructions box on last page. *Must complete the "TASC USA Addendum One-Time Form 5500" in addition to the TASC USA.					
Is Entity Part of:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> A Controlled Group of Corporations under Code Section 414(b); A Group of Businesses/Trades under common control under Code Section 414(c); OR An Affiliated Services Group under Code Section 414(m) 					
If Benefits/Premiums are NOT paid from a single source, a separate Purchaser Details is required.					

NON-DISCRIMINATION TESTING – Plan Details					
Controlled Group: Please indicate if you are a member of any of the following: (required)					
<ul style="list-style-type: none"> A Controlled Group of Business Entities under IRS Section 414(b) or (c); An Affiliated Service Group under IRS Section 414(m); OR An Arrangement Described under IRS Section 414(o) 				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you selected "Yes" in the above question, please provide a list of all other companies and incorporated business entities. Indicate on this list which entity or entities' employees participate in the cafeteria plan and indicate the type of corporation for each entity (i.e., C-Corp, Subchapter S Corp, Partnership, etc.)					
NOTE: In general, all employees under a Controlled Group of employer are considered when performing Non-Discrimination Testing					
Testing Options (select all that apply; fill in dates if applicable)					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for a Premium Only Plan – Section 125 (POP)?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for a Healthcare Flexible Spending Account (FSA)?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for a Dependent Care Flexible Spending Account (FSA)?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for a Health Reimbursement Arrangement (HRA)?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for Self-Insured Medical Plans?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need testing for Group Life Insurance?			
		Plan Start Date	____ / ____ / ____	Plan End Date	____ / ____ / ____
Note: Group employees of all entities must be tested if entity is a member of a controlled group of corporations, trades, or businesses under common control of an affiliated service.					

Purchaser Initials



CONTINUATION OFFERINGS

COBRA - Plan Details			
Plan Start Date: _____/_____/_____	Purchaser Details must be received by the 15 th of the month prior to this start date. COBRA Addendum is needed if requested plan start date does not meet this requirement		
Total # of Employees (Pro-Rate for Part-Time): _____			
Number of Takeover Qualified Beneficiaries (TQBs): _____	Number of Employees Enrolled in Group Benefits Plan: _____		_____
COBRA Benefit Account Offerings (select all that apply)			
<input type="checkbox"/> Include Takeover Qualified Beneficiaries (TQBs). >> If selected , please include TQB forms for each beneficiary			
<input type="checkbox"/> Include Additional Subsidiaries, Affiliates, or Divisions under TASC COBRA. >> If selected , complete boxes below:			
NAME	SEPARATE	NAME	SEPARATE
1 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>
Qualifying Events (QE) - When a COBRA Qualifying Event occurs, select when you would like the COBRA period to begin:			
<input type="checkbox"/> First of the month, following the Qualifying Event		<input type="checkbox"/> Day after the Qualifying Event	
<input type="checkbox"/> Other: _____			
Additional COBRA Services (fees apply)			
<input type="checkbox"/> Carrier Notifications (PS EOS Required)		<input type="checkbox"/> Other: _____	

RETIREE BILLING – Plan Details			
Plan Start Date: _____/_____/_____	Purchaser Details must be received by the 15 th of the month prior to this start date.		
Number of Participating Retirees: _____			
Retiree Billing Account Offerings (select all that apply)			
<input type="checkbox"/> Include Takeover Qualified Beneficiaries (TQBs). >> If selected , please include TQB forms for each beneficiary			
<input type="checkbox"/> Include Additional Subsidiaries, Affiliates, or Divisions under TASC Retiree Billing >> If selected , complete boxes below:			
NAME	SEPARATE	NAME	SEPARATE
1 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>
Qualifying Events (QE) - When a Qualifying Event occurs, select when you would like the Retiree Billing period to begin:			
<input type="checkbox"/> First of the month, following the Qualifying Event		<input type="checkbox"/> Day after the Qualifying Event	
<input type="checkbox"/> Other: _____			
Additional Retiree Billing Services (fees apply)			
<input type="checkbox"/> Carrier Notifications (PS EOS Required)		<input type="checkbox"/> Other: _____	

FMLA - Plan Details			
Plan Start Date: _____/_____/_____	Plan must start on the 1 st of the month. Purchaser Details must be received at least 5 business days before the requested start date.		
Do you have employees currently on FMLA leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No		>> If Yes , enter # of employees on FMLA leave: _____
Does your company policy run FMLA concurrent with worker's compensation and short-term disability plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which method of reporting do you use for FMLA hours?	<input type="checkbox"/> Manual reporting via online form <input type="checkbox"/> Data feed (via recurring file from your timekeeping system)		
Which 12-month FMLA tracking type does your company policy outline?	<input type="checkbox"/> Rolling Backward <input type="checkbox"/> Rolling Forward <input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year with Start Date of _____/_____/_____		
Identify each State you have a location in: _____			
If you are subject to any State FMLA Leave Entitlement, list the States: _____			
Do you have any locations that are not eligible for FMLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional FMLA Services (fees apply)			
<input type="checkbox"/> Eligibility and entitlement determination (free with TASC Suite)		<input type="checkbox"/> Other: _____	

Purchaser Initials



TASC USA PURCHASER DETAILS

If reporting per location is required, please enter locations and contacts below:	
Location and Contact Name	Email Address
1	
2	
3	
4	

SPECIAL INSTRUCTIONS FOR TASC:

Purchaser Initials





PART I: GENERAL TERMS

Scope of Relationship

TASC is and will remain an independent contractor with respect to all services provided. TASC and the Purchaser are not partners or engaged in a joint venture. TASC is not a law firm and is not providing legal, investment or tax advice. All written or verbal communications provided under the terms of this TASC USA and in the service execution are general in nature and not intended to constitute legal, investment or tax advice. The products and services provided by TASC may have legal, investment and tax consequences. Any questions regarding the Purchaser's particular needs, requirements, circumstances, or the legal, investment, or tax consequences of any product or service offered by TASC must be directed to the Purchaser's own advisor(s) at the Purchaser's expense.

For the purpose of any Purchaser and/or Subscription Services subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the terms Administrator (commonly referred to as the Plan Administrator), Plan Sponsor, Named Fiduciary and Plan Assets shall have the meaning given to such terms by ERISA. TASC is not the Plan Administrator, the Plan Sponsor, or a Named Fiduciary for any Subscription Services. TASC does not accept a fiduciary role or status for any Subscription Services. TASC does not collect or hold employee contributions or plan assets. The Purchaser acknowledges and agrees that any funding submitted to TASC in connection with a plan or component benefit that is considered a welfare plan within the meaning provided by ERISA: (i) shall be comprised of general assets of the Purchaser, (ii) shall, until disbursed by TASC, retain its status as general assets of the Purchaser subject to the rights of the Purchaser's creditors, (iii) shall, until disbursed by TASC, be returned to the Purchaser upon written request, and (iv) shall not be segregated or set aside in a trust or escrow account by TASC.

Three-Year Term and Renewal

The Term of this Agreement shall be for a period of three (3) years from the Effective Date. This TASC USA will renew automatically for an additional Term of three (3) years at the expiration of the initial or any renewal Term (the initial term and each renewal Term, if any, shall be referred to as the "Term"). Either Party may terminate this TASC USA for any reason without penalty at the end of the Term by providing the other Party with a written termination notice at least sixty (60) days prior to the expiration of the Term.

Materials, Use and Limited License

TASC is hereby granting to the Purchaser a non-exclusive, non-assignable, limited license to use on the terms provided herein the forms, plan documents, plan descriptions, procedures, scripts, manuals, marketing materials, brochures, computer programs/platforms and databases (collectively, "Materials") provided by TASC to the Purchaser in connection with the provision of the Subscription Services. The Purchaser shall have a limited license to use Materials solely in connection with its use of the Subscription Services and in accordance with this TASC USA. It is understood that the Materials are the confidential property of TASC, they are not "work for hire", and no additional rights to use the Materials are granted. The Purchaser is responsible for its use and the protection of the confidentiality of Materials and shall be liable for any unauthorized use or disclosure. The Purchaser shall retain the confidentiality of Materials, and shall not make any direct or indirect use of or reference to TASC trademarks or Materials in connection with the marketing, use, implementation, license, sale or distribution of any program or system. The termination of this TASC USA shall not affect the duty of the Purchaser not to infringe on TASC's trademarks and copyrights and to keep confidential and not to disclose all Materials. Upon the expiration or termination of this TASC USA, all limited license rights granted to the Purchaser pursuant to this TASC USA shall be terminated.

TASC Fees and Terms of Payment

TASC provides the following limited fee guarantee during the Term. During the Term, TASC will not make any adjustments to the TASC Fees other than an annual increase to reflect inflation as determined by TASC using multiple national indicators.

TASC reserves the right to make adjustments to the TASC Fees for any renewal Term, with ninety (90) days written notice to the Purchaser prior to the start of said Term.

The Purchaser agrees to pay TASC for Subscription Services in accordance with the TASC Fees (1) determined on a TASC Proposal if applicable, expressly incorporated by reference into this TASC USA, (2) determined on the Specifications, Purchaser Detail, or (3) as shown for electronic elections made online. For Subscription Services where the TASC Fees are calculated based on the number of the Purchaser's employees ("Employees"), (1) the Purchaser shall provide TASC monthly updates regarding the number of Employees covered by the applicable Subscription Services, (2) TASC shall have the right to adjust the TASC Fees in the event of a material change in the number of Employees, and (3) TASC shall be entitled to recover additional fees based on changes in the number of Employees for months for which the Purchaser fails to accurately report the number of Employees. All interest and investment on income earned by TASC Fees shall be retained by TASC as a supplemental fee.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



Payment for Subscription Services will occur via ACH transaction, or if payment via ACH transaction is not authorized, TASC will invoice the Purchaser. If billing by invoice, TASC Fees are due according to the terms on the invoice. If for any reason, TASC does not receive payment for any TASC Fees within ten (10) business days of the expected date of receipt as determined by the payment method, then TASC may suspend the performance of all applicable Subscription Services and place all processing on hold until all past due TASC Fees are paid. TASC shall have no liability for any losses due to suspending or placing any Subscription Services on hold for non-payment.

If the Purchaser grants TASC authority to debit TASC Fees by ACH or other electronic means, that authority will remain in full force until TASC has received written notification from the Purchaser of its termination of this authority in such time and in such manner as to afford TASC and the Purchaser's bank a reasonable opportunity to act on it. It is understood that the purpose of this authorization is to provide a means of payment for the TASC Fees. TASC reserves the right to correct any processing errors and to recover any payment made in error for any reason, and the Purchaser authorizes TASC to debit or credit the Purchaser's account as necessary to correct such errors.

Any refunds or adjustments to be made by TASC for the Purchaser will be processed only after verification is made that sufficient funds were received by TASC to cover all payments made or to be made by TASC in the course of providing Subscription Services, TASC Fees, and other amounts due to TASC. No refunds or adjustments will be made while the Purchaser is in default under this TASC USA or if an Employee or former employee of the Purchaser is in violation of the applicable Terms of Use or any other applicable agreement pertaining to the Subscription Services.

If a refund or any obligation for TASC to repay the Purchaser is determined to be due and owing to the Purchaser, TASC, in TASC's sole discretion, may issue the refund in the form of one, or any combination, of the following tenders: ACH credit to the Purchaser's bank account on file with TASC or other available electronic payment method, prepaid debit card, or a credit to be applied to future Subscription Services ("Service Credits"). Service Credits are subject to the applicable Terms of Use.

State law governs when accounts or funds relating to Subscription Services, including, but not limited to, funds attributable to unrepresented checks, dormant Purchaser or Employee (or former employee of the Purchaser) accounts, or plan experience gains (forfeitures), are considered unclaimed or abandoned property. TASC will return to the Purchaser any such accounts or funds considered under applicable state law to be unclaimed or abandoned property ("Unclaimed Funds").) The Purchaser agrees that, at all times, it remains the holder of the Unclaimed Funds and shall be solely responsible for compliance with applicable laws, including providing statutory notice as well as the delivery and reporting of Unclaimed Funds to the applicable state agency as required under the law. Unless prohibited by the applicable state law, TASC may offset its costs and expenses associated with the Unclaimed Funds. TASC shall have no liability to the Purchaser or Employees (or former employees of the Purchaser) for the Unclaimed Funds. Any funds attributable to unrepresented checks, dormant Purchaser or Employee (or former employee of the Purchaser) accounts, or plan experience gains (forfeitures), which are not considered unclaimed property under state law and which have remained dormant for more than one (1) year from the last date on which the applicable Subscription Service was rendered to the Purchaser by TASC under this TASC USA, shall be retained by TASC as a supplemental fee for Subscription Services previously rendered.

TASC's obligation to provide a Subscription Service will terminate automatically with no penalty to TASC if the Purchaser is no longer eligible to use that Subscription Service or the continued provision of the Subscription Service would violate applicable law.

Default and Non Performance

In the event a Party is or becomes non-compliant with applicable law governing the Subscription Services, where such non-compliance could reasonably result in losses such as but not limited to an excise tax, penalty, or claims liability, the other Party shall have the right to terminate this TASC USA immediately by written notice to the non-compliant Party.

A Party shall have the right to terminate this TASC USA with no additional duties under this TASC USA to a Party that institutes proceedings under Chapter 7 of the Bankruptcy Code, or makes an appointment of a trustee or receiver for the disposition of their assets or properties, or an assignment of assets for the benefit of creditors, or an admission of its inability to pay its debts as they become due.

In the event a Party defaults in its obligation to with respect to any material term, condition or covenant of this TASC USA, the non-defaulting Party may terminate this TASC USA by giving the defaulting Party a thirty (30) day cure period written notice. If the defaulting Party fails to cure the default to the reasonable satisfaction of the non-defaulting Party within the 30-day cure period, this TASC USA shall automatically terminate upon expiration of the 30-day cure period.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



Any termination shall be without prejudice to any other rights and remedies the non-defaulting Party may have against the defaulting Party with respect to such default.

In the event of a default by the Purchaser with respect to payment of TASC Fees, this TASC USA may be terminated immediately by TASC upon written notice to the Purchaser and all amounts due to TASC shall become immediately due and payable. In the event of any default by the Purchaser, TASC has the right to suspend all Subscription Services to the Purchaser, without incurring any liability for the suspension, until the default(s) has been cured and all outstanding obligations of the Purchaser have been met.

PART II: SUBSCRIPTION SERVICES

Responsibility of TASC

TASC shall use ordinary care and due diligence in the performance of the Subscription Services and shall provide the Subscription Services in a timely, professional and accurate manner. TASC will perform the Subscription Services in accordance with the Specifications, Purchaser Detail, Manuals, and Terms of Use.

Responsibility of the Purchaser

The Purchaser shall have the sole and final discretionary authority in respect to all legal and administrative functions of any plan sponsored by the Purchaser relating to Subscription Services.

A Purchaser who elects Subscription Services subject to HIPAA Privacy and Security also accepts the TASC HIPAA Privacy offering and acknowledges receipt of the HIPAA Business Associate Agreement signed by TASC.

The Purchaser shall present to TASC, in an accurate, complete and timely manner, all relevant information as determined to be necessary by TASC to enable TASC to execute the Subscription Services in a standard TASC format or an alternative format agreed upon in writing by the Parties. TASC shall rely on the accuracy and timeliness of information provided by the Purchaser or the Purchaser's agent. TASC has no responsibility to review or verify data provided. TASC is not responsible for detecting illegal acts by, and/or misrepresentations of, the Purchaser's Employees or representatives. TASC shall have no liability, such as by way of example but not limited to any excise tax, for failure to provide, or for defects in providing, a service for which the Purchaser has not provided accurate, complete and timely data to TASC in an agreed upon format. TASC will have no liability for interruptions and/ or delays in the provision of Subscription Services caused either in whole or in part by the Purchaser's failure to provide accurate, complete and timely data to TASC in an agreed upon format.

The Purchaser shall do all things necessary and take all actions to comply with state and federal law applicable to the Subscription Services.

The Purchaser shall promptly and thoroughly review the reports made available to the Purchaser by TASC, including but not limited to reports that are made available online, to ensure all information has been received by TASC and TASC has based the Subscription Services on accurate and complete information. These reports provide notice of essential items such as account balances and enrollment changes, where the Purchaser's failure to review the reports and take timely corrective action can lead to ongoing losses. In the event any of the reports made available to the Purchaser contain any inaccurate or incomplete information, the Purchaser shall promptly, and in any event not more than thirty (30) days after TASC made the report available to the Purchaser, take all necessary actions to effectuate changes, such as account corrections and enrollment changes.

It is the Purchaser's responsibility to educate and inform Employees on the Subscription Services being provided, including the delivery of administration materials (where needed) as well as compliance documents (e.g., distribution of an applicable Summary Plan Description). The Purchaser shall ensure that Employees comply with all applicable Participant obligations relating to the Subscription Services.

Subscription Services Subject to Change

Subscription Services are subject to change, including but not limited to changes required by law, changes to software, and systems enhancements. The Purchaser acknowledges that TASC provides Subscription Services to several thousand clients and has a vested interest in consistency.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



Account Based Subscription Services

With respect to any Subscription Services involving debit accounts of any type, including but not limited to debit cards, the Purchaser acknowledges and accepts sole responsibility for the payment of all debit account transactions. TASC may be able to assist the Purchaser in the recovery of such debit account transactions reported as fraudulent, provided that Employees comply with the terms outlined in the applicable Cardholder Agreement for the timely reporting of such fraudulent activity.

The Purchaser acknowledges and accepts sole responsibility for fraudulent claims by Employees (and former employees of the Purchaser) regardless of whether by use of the debit card, debit account, submitted online, submitted by a medical provider, or manually submitted.

TASC has the right to recoup any payment or overpayment made to an Employee in error, whether such erroneous payment was caused by fraud, acts of an unrelated third party, errors/omissions by the Employee, or errors/omissions of TASC or the Purchaser.

TASC has the right to require a deposit or payment from the Purchaser or the Employee when the disbursement of funds creates or will create a negative account balance.

Additional Purchaser Protection

Audit Guarantee

TASC provides an Audit Guarantee as described in the Terms of Use. The Audit Guarantee provides defined and limited protections for Purchasers who comply with the terms applicable to the Subscription Services covered by the Audit Guarantee. The Audit Guarantee will not provide protection for any losses or penalties that are due to the Purchaser's self-administration or use of third-party services, such as the use of third-party compliance services. The Audit Guarantee only covers losses or penalties that are due to the use of Subscription Services delivered by TASC.

Compliance and Continuation Subscription Services Protection

TASC provides up to an aggregate of one million dollars, (\$1,000,000), of protection from liability incurred by the Purchaser as a result of TASC's errors or omissions in connection with the provision of Compliance Subscription Services (including FMLA services) and Continuation Subscription Services.

Money Back Guarantee

If the Purchaser is not entirely satisfied with a Subscription Service, the Purchaser can return all Materials within thirty (30) days of the date that the Subscription Service was first provided to obtain a refund of the TASC Fees previously paid by the Purchaser for such Subscription Service, less a \$250 nonrefundable minimum fee.

TASC Provides Security

When Subscription Services require TASC to create, receive, maintain, or transmit Protected Health Information ("PHI"), as defined by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), TASC will comply with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 often referred to as the "HITECH Act", regulations issued by the U.S. Department of Health and Human Services ("HHS") (the "HIPAA Regulations"), and the terms of the TASC Business Associate Agreement. TASC will provide written assurances of this compliance by providing a HIPAA Business Associate Agreement, serving as the written assurances of TASC compliance required by HIPAA. The TASC Business Associate Agreement will use the latest HHS Model terms, in order to provide one compliant program to the Purchaser.

TASC will maintain the Service Provider Validation from the PCI Security Standards Council for the duration of the Term, and will provide the Validation and Attestation Certificate to the Purchaser, without audit detail, upon request.

TASC will meet federal and the applicable state standards for the confidential treatment of the Purchaser's Confidential Information as defined below.

PART III: INDEMNIFICATION, LIMITATIONS OF LIABILITY

Indemnification

Subject to the 30-day limitation and other limitations set forth below, TASC shall indemnify the Purchaser, its directors and officers, and hold them harmless from and against any and all actions, claims, lawsuits, settlements, judgments, costs, taxes or similar assessments, penalties and expenses, including reasonable attorney's fees, incurred as a direct result of TASC's gross negligence or willful misconduct in connection with the performance of the Subscription Services.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



The Purchaser shall indemnify and hold TASC, its directors and officers, harmless from and against any and all actions, claims, lawsuits, settlements, judgments, costs (including, but not limited to, costs of insurance premiums paid with respect to any Subscription Service), taxes or similar assessments, penalties and expenses, including reasonable attorney's fees, or any other obligations (collectively, "Losses") resulting from, arising out of or in any way connected with, the Subscription Services, including any prior administration of the Subscription Services or a similar arrangement, or claims or demands by Employees and/or beneficiaries, unless the Losses are directly attributable to TASC's gross negligence or willful misconduct in connection with the performance of the Subscription Services.

Each Party's indemnification obligations are conditioned on the following: (i) if process is served, the indemnified Party providing written notice to the other Party within five (5) business days of receiving service of process regarding an indemnifiable event, (ii) if the Party receiving indemnification is required to make any admission or pay any consideration as part of a settlement, no settlement shall be made without such Party's consent, and (iii) the indemnified Party cooperating in the defense and/or settlement of the indemnifiable event. Subject to the limitations set forth in this TASC USA, the Parties' indemnification obligations hereunder shall survive the termination of this TASC USA.

Thirty (30) Day Liability Limitation

TASC SHALL HAVE NO LIABILITY WHATSOEVER TO THE PURCHASER, THIRD PARTY, OR ANY OTHER PERSON OR ENTITY, FOR ANY COSTS, EXCISE OR OTHER TAXES, PENALTIES, INTEREST, DAMAGE OR LOSS (COLLECTIVELY "DAMAGES") THAT OCCUR MORE THAN THIRTY (30) DAYS AFTER TASC HAS PROVIDED OR MADE AVAILABLE A REPORT TO THE PURCHASER, AND WHERE THE DAMAGES ARISE OUT OF OR RELATE TO ANY MISTAKE OR ERROR OF ANY TYPE APPEARING IN THE REPORT, INCLUDING BUT NOT LIMITED TO ANY MISTAKE OR ERROR WITH RESPECT TO ACCOUNT BALANCES, ENROLLMENT CHANGES OR OTHER INFORMATION. TASC IS RELYING ON THE PURCHASER, THE ONLY ENTITY WITH THE KNOWLEDGE OF THE ACTUAL FACTS, TO REVIEW THE REPORTS PROVIDED OR MADE AVAILABLE BY TASC FOR ERRORS AND TO USE THE REPORTS TO AUDIT AND RECONCILE THE SUBSCRIPTION SERVICES.

Defense of Legal Actions

TASC shall notify the Purchaser of any legal action arising with respect to any Subscription Services of which TASC becomes aware. The defense of the Purchaser for any legal actions naming the Purchaser as a party shall be the responsibility of and be undertaken at the expense of the Purchaser. TASC shall cooperate with and assist the Purchaser in said defense, at the Purchaser's expense, to the extent that the Purchaser reasonably may require.

Limitations of Warranties and Liabilities, Disclaimer of Consequential Damages

EXCEPT AS EXPRESSLY SET FORTH IN THIS TASC USA, TASC DISCLAIMS ANY AND ALL EXPRESS WARRANTIES, AND ANY AND ALL IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE AND MERCHANTABILITY. TASC WILL NOT BE LIABLE IN CONTRACT OR IN TORT FOR ANY LOSS OF BUSINESS OR PROFITS, OR FOR ANY CONSEQUENTIAL, INCIDENTAL, PUNITIVE, OR SIMILAR DAMAGES, EVEN IF TASC HAS BEEN ADVISED, HAD OTHER REASON TO KNOW, OR IN FACT KNEW, OF THE POSSIBILITY OF SUCH DAMAGES. TASC SHALL NOT BE LIABLE TO THE PURCHASER OR ANY OTHER PERSON FOR ANY MISTAKE OF JUDGMENT OR OTHER ACTION TAKEN IN GOOD FAITH IN THE PERFORMANCE OF SUBSCRIPTION SERVICES.

NOTWITHSTANDING ANY OTHER PROVISION OF THIS TASC USA, AND FOR ANY REASON, INCLUDING BREACH OF ANY DUTY IMPOSED BY THIS TASC USA, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION OBLIGATIONS SET FORTH ABOVE, OR INDEPENDENT OF THIS TASC USA, AND REGARDLESS OF WHETHER THE CLAIM IS IN CONTRACT, TORT (INCLUDING BUT NOT LIMITED TO GROSS NEGLIGENCE) OR OTHERWISE, TASC'S TOTAL, AGGREGATE LIABILITY UNDER THIS TASC USA SHALL IN NO CIRCUMSTANCE (EXCEPT AS SPECIFICALLY PROVIDED ABOVE UNDER THE AUDIT GUARANTEE AND THE COMPLIANCE AND CONTINUATION SUBSCRIPTION SERVICES PROTECTION) EXCEED THE TOTAL AMOUNT OF THE TASC FEES PAID BY THE PURCHASER DURING THE TERM IN WHICH THE EVENT GIVING RISE TO THE CLAIM OCCURRED.

No action, regardless of form, arising out of TASC's provision of any Subscription Services provided under this TASC USA, may be brought by a Party more than one (1) year after the last date on which the Subscription Service which is the subject of the action was provided by TASC under this TASC USA.

Each Party acknowledges that these limitations of liability reflect an informed, voluntary allocation between the Parties of the risks (known and unknown) that may exist in connection with this TASC USA.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



PART IV: MISCELLANEOUS TERMS

Confidentiality

“Confidential Information” means any non-public business or technical information, whether or not stored in any medium, relating to the Party’s business, which is disclosed to the other Party in connection with the Subscription Services and which is identified as Confidential at the time of disclosure or that a reasonable person would consider, from the nature of the information and circumstances of disclosure, is confidential. Confidential Information includes original information, as well as all copies. Confidential Information does not include information that has been made public or was already made accessible to the public, or obtained through other available public sources.

Each Party agrees to treat the Confidential Information as confidential to and as the property of the disclosing Party and to use an appropriate degree of care (which, in any case, will not be less than the degree of care it uses with respect to its own information of like nature) to prevent disclosure or unauthorized use of the Confidential Information. Parties will not disclose Confidential Information, except to directors, officers, employees and contractors who have a need to know for the purpose of executing Subscription Services and who have been advised of the obligation of confidentiality and are obligated to keep it confidential.

THIS TASC USA AND ALL DOCUMENTS INCORPORATED HEREIN ARE CONFIDENTIAL AND SUBJECT TO THE TERMS ABOVE.

Data Usage

In connection with this TASC USA, TASC may collect Purchaser and Participant information, data, content or other materials whether in electronic or paper format (collectively, “Data”). Data may be generated and collected through various activities, including but not limited to, Purchaser’s or Participant’s use of services, TASC’s sales activities and/or delivery of services, system operation and performance, maintenance and support services, Purchaser or Participant service inquiries, data gathering software, and telephone or internet transactions. TASC may share, convey, sell, transmit or otherwise distribute the Data to third parties for any purpose, whether or not related to the activities under this TASC USA. TASC shall own all right, title and interest in and to the Data and may use the Data for any lawful purpose. TASC will comply with the provisions of this TASC USA regarding the protection of Confidential Information and will comply with applicable law regarding the protection of Protected Health Information and personally identifiable information non-public information.

Execution and Delivery

This TASC USA may be executed and delivered (including by facsimile or Portable Document Format (PDF) transmission) in one or more counterparts, all of which will be considered one and the same agreement. Any facsimile, PDF documents with signatures, or electronic acceptance, shall have the same force and effect as manually signed originals and shall be binding on the Purchaser and TASC.

Governing Law

This Agreement shall be entered into, construed, governed by, and enforced in accordance with the laws of the State of Wisconsin.

Entire Agreement and Amendment

This TASC USA, including the Specifications, Purchaser Details, Manuals, and Terms of Use, represents the entire agreement of the Parties and supersedes any prior written or oral agreements pertaining to the Subscription Services. This TASC USA may be altered or amended by TASC from time to time upon sixty (60) days written notice to the Purchaser to reflect changes required by law or made for reasonable business purposes.

Notices

Any notice, demand or other communication required or permitted to be given to either Party to this TASC USA shall be in writing and shall be either personally delivered by hand, delivered by prepaid courier, mailed first class with signature required, or sent by electronic means such as facsimile, telex or electronic mail. Any notice personally delivered, delivered by courier or mail service shall be deemed received upon delivery. Any notice sent by electronic means shall be deemed received upon the date the sending terminal confirms that the notice was received.

Assignment

This TASC USA shall not be assigned by the Purchaser without prior written consent of TASC. This TASC USA shall be binding on any successors and permitted assigns under this TASC USA.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



Waiver

The failure of either Party at any time to require performance or observance of any term or condition of this TASC USA shall not affect the full right of such Party to require such performance or observance at any subsequent time. Further, no single or partial waiver of any right, power or privilege will preclude any other or further exercise of such right, power or privilege.

Severability

If any term or condition of this TASC USA is held to be invalid or unenforceable by a court of competent jurisdiction by reason of any statute, rule of law or public policy, all other terms and conditions of this TASC USA shall remain in full force and effect as if this TASC USA had been executed with the invalid or unenforceable portion eliminated.

Survival of Terms

Upon the termination of this TASC USA, for any reason, the following terms will remain in full force and effect:

- Scope of Relationship,
- Materials, Use and Limited License,
- TASC USA Provides Security,
- Indemnification,
- Thirty (30) Day Liability Limitation,
- Defense of Legal Actions,
- Limitations of Warranties and Liabilities, Disclaimer of Consequential Damages,
- Confidentiality,
- Data Usage,
- Governing Law, and
- Severability.

No Third-Party Beneficiaries

No employee or agent, or any other person or entity is a third-party beneficiary under the terms of this TASC USA.

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.



TASC Universal Subscription Agreement

Retain this document for your records.

THIS TASC UNIVERSAL SUBSCRIPTION AGREEMENT (“TASC USA”) is entered into by and between Total Administrative Services Corporation (“TASC”), a Wisconsin Corporation, headquartered at 2302 International Lane, Madison WI, 53704-3140, and the Entity identified below, (the “Purchaser”).

Entity Name:		Business Federal ID#:	
Mailing Address: (no PO Box)		City:	
Address Line 2:		State:	Zip:

This TASC USA is effective on the date entered below, or the date entered online using an electronic signature agreement (the “Effective Date”). This TASC USA applies to all services selected by the Purchaser on the Effective Date or any subsequent date (the services selected by the Purchaser are referred to hereinafter as the “Subscription Services”).

The Purchaser agrees that TASC will provide the Subscription Services in accordance with TASC’s Specifications, Purchaser Detail, Manuals, and applicable Terms of Use, which are expressly incorporated by reference into this TASC USA, and which can be provided on request. The Purchaser agrees to pay the fees for the Subscription Services as provided herein (“TASC Fees”).

The Purchaser is duly organized, validly existing, and fully authorized to enter into this TASC USA. The individual executing this TASC USA on behalf of the Purchaser is fully authorized to do so.

By signing below or completing an online electronic signature, the Purchaser certifies that the Purchaser understands and agrees to the terms of this TASC USA, and the Specifications, Purchaser Detail, Manual(s) and Terms of Use.

Purchaser (Entity Name):	
Signature:	
Printed Name:	
Title:	
Effective Date of this TASC USA:	
(Note: Use the first of the month.)	

This TASC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.