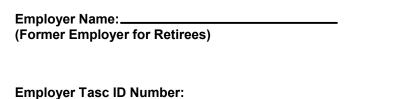


# Recurring Individual Premium Reimbursement Request Form





### **Submit Reimbursement Form:**

a.Sign into your Universal Benefit Account and submit with your online Reimbursement Request. (Additional instructions on page 2.)

b. By Fax: 608-661-9601

c.Or by Mail:Tasc

PO Box 7308

Madison, WI 53707-7308

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

| on page 2.   |                          | 41                     |                                 |
|--|--------------------------|------------------------|---------------------------------|
| <u>P</u>   | articipant Informa       | ition                  |                                 |
| First Name:  | _ MI: Last Name:         |                        |                                 |
| TASC ID#(required):  | E-Mail Address:          |                        |                                 |
| Primary Phone#:  | Mobile Phone:            |                        |                                 |
| Primary Address(cannot be PO Box)  |                          |                        |                                 |
| Address Line 1:  | Address Line 2:          |                        |                                 |
| City:  | State:                   | Zipe Code:             | +4                              |
| Important: All information below is require Authorization Section 1 and Section 2.                 | ed to be completed in fu | ull to process your re | equest, including the           |
| Individual Policy Inf  | ormation & Reque         | st For Reimbur         | sement                          |
| Name of Insured Person:  |                          |                        |                                 |
| Name of Insurance Carrier:   |                          |                        |                                 |
| Type of Coverage   |                          |                        |                                 |
| Policy Start Date:///  | I                        | Policy End Date*:      | //                              |
| Start Date for Premium Reimbursement: _  | / F                      | Plan Year End Date*:   | //                              |
| Monthly Premium Amount Requested: \$_  | Total Plan \             | Year Premium Amou      | nt Requested:\$                 |
| A  | uthorization-Sect        | ion 1                  |                                 |
| I certify that I have read, understand and agree to amount indicated above to be reimbursed from m | •                        |                        | ection 2. I request the monthly |
| Authorized Signature   |                          | Date                   |                                 |
| Please Print Name of Signature   |                          |                        |                                 |





## **Authorization-Section 2**

## **Additional Instructions**

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

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

#### Set up Direct Deposit.

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