

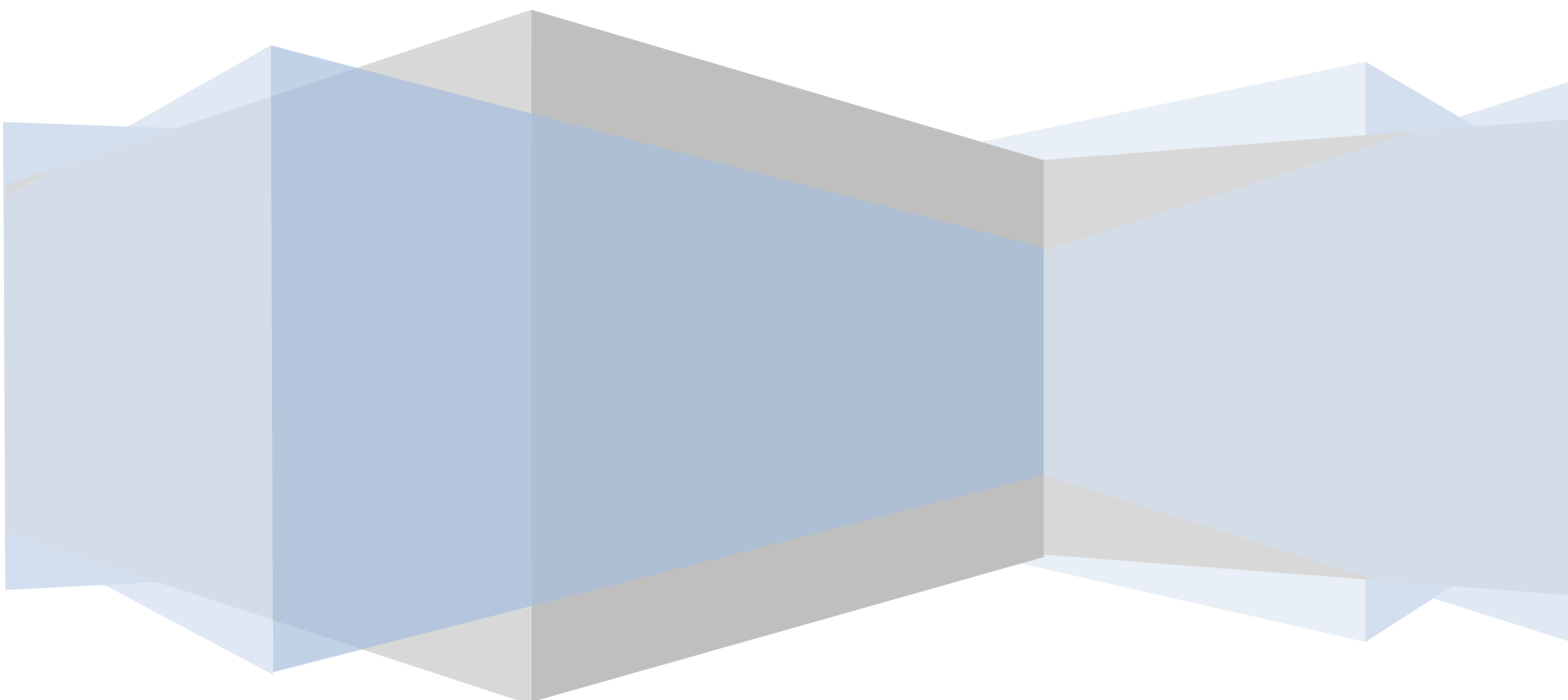
**Metropolitan Council**

# **Painters Resource Packet**

<http://metcouncil.epp.benefitsportal.info>

**Please retain this packet**

Metropolitan Council Benefits Department  
390 Robert Street N  
St. Paul, MN 55101-1805  
Phone: 651 602-1601  
Fax: 651 602-1507  
Email: [benefits@metc.state.mn.us](mailto:benefits@metc.state.mn.us)



## **Metropolitan Council Benefit Resource Packet**

This packet contains information on the benefits and rates available to your specific labor group. Please keep this information on hand for use throughout the year. There is a separate Open Enrollment newsletter that contains general information and open enrollment forms.

### **Benefits Website**

The Benefits Department is launching a new website that will contain benefits information, forms, links to vendor websites, contact information, and eventually will include powerpoint presentations and videos to help you obtain and understand all the benefits options available to you through Metropolitan Council. They are true websites, as opposed to our CouncilInfo intranet site, so you can obtain information from anywhere you have access to the internet (work, home, the library), and share the information with your family members. See the cover of this packet for the website address.

### **Contents**

Vision Plan- VSP	Pages 3-5
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Important Note: Contents of this document are intended to highlight select benefits information only. Please see your labor agreements and plan documents for additional information. If there is any discrepancy between the labor agreement or plan documents and the information contained here, the labor agreement and plan documents will take precedence.

## ***Vision Plan through VSP***

This plan is completely voluntary and fully employee paid (post tax).

Employees can choose from two plans, the Basic plan and the Buy Up plan. Both plans have the same benefits, but with the Basic plan, VSP allows frames/lenses or contact lenses once every other calendar year, while the Buy-Up plan allows for frames/lenses or contact lenses every calendar year. Note that the premiums are four tier (employee only, employee + spouse, employee + children, or family) so you can chose the coverage level that is right for you and your family.

## ***Vision Plan Q&As***

### **Q. Once enrolled, do I get an ID card?**

A. No, VSP does not use ID cards.

### **Q. How do I obtain network benefits?**

A. VSP doctors will validate eligibility by the last four numbers of your social security number, date of birth and full name of the employee when you call to make the appointment. They will then provide the exam, or guide you through your glasses or contacts choices and benefits.

### **Q. How do I find a VSP Doctor?**

A. You can see the participating providers online at [www.vsp.com](http://www.vsp.com). Click on “members” or “prospective members” then “find a VSP doctor”, and then enter your address to find providers in your area. You can also call their customer service line at 1-800-877-7195.

### **Q. What if I like a pair of frames that cost more than \$130?**

A. VSP’s retail frame allowance is backed by a guaranteed wholesale allowance. Different doctors may mark up frames at different rates, so a frame that is retail priced at \$115 at one doctors office, may retail at another doctors office for \$145. However, the wholesale price is the same. Once you pick a frame, have the doctors office check to see if it is within your allowance. If not, you will receive a 20% discount on the amount that exceeds your allowance.

### **Q. Why is a routine vision exam benefit offered under VSP when I have one under my HealthPartners medical plan?**

A. If you have a HealthPartners health plan through Metropolitan Council as an active employee, you have 100% preventive coverage in the HealthPartners network, and that includes routine eye exams. You have the option of getting your eye exam at a HealthPartners network doctor, and

then using your VSP benefits for glasses or contacts at a VSP Doctor. Several VSP Doctors are also HealthPartners network doctors, but if not, we wanted you to be able to have the choice of where to have your vision exam.

**Q. Can I change my election at any time?**

A. You may only change your plan election during Open Enrollment, which happens every year during November, for a January 1 effective date. No mid year changes are allowed unless you have a qualified family status change.

**Q. How does the Vision plan work with the Flexible Spending Account?**

A. You are not eligible to be reimbursed for vision services that are paid by VSP. However, your in-network copays or non network out-of-pocket expenses are eligible for reimbursement from your FSA.

**Q. I will be retiring soon, can I keep this coverage after I retire?**

A. Yes, you may continue this plan at full cost.

**Q. If I terminate my employment, may I keep this coverage?**

A. You may continue under COBRA rights, for 18 months, at 102% of full cost of the plan.



## Your VSP Vision Benefits Summary

Why enroll in a VSP® Vision Care plan? We'll help keep you and your eyes healthy. Plus, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

**Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.

**Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eyecare and eyewear from a VSP doctor or we'll make it right.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.

Enroll today. You'll be glad you did.

Once your plan is effective, register on [vsp.com](http://vsp.com) to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Contact us. [vsp.com](http://vsp.com) | 800.877.7195



CAT#00610 JOB#3755CM 6/10

Metropolitan Council and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

### Your Coverage from a VSP Doctor

#### BASE VISION PLAN:

Employee Only.....	\$6.72
Employee + Spouse.....	\$13.46
Employee + Child(ren).....	\$14.40
Employee + Family.....	\$23.00

WellVision Exam® focuses on your eye health and overall wellness

- \$10 copay.....every calendar year

Prescription Glasses

- \$10 copay

Lenses.....every other calendar year

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame.....every other calendar year

- \$130 allowance for frame of your choice
- 20% off the amount over your allowance.

Our retail frame allowance are backed by a guaranteed wholesale allowance. The member receives the same value no matter which VSP doctor they visit.

~OR~

Contact Lens Care

- No copay.....every other calendar year

\$150 allowance for contacts and the contact lens exam (fitting and evaluation).

Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses.

**BUY-UP VISION PLAN:** Enhances service frequency for glasses or contacts benefits listed above to every calendar year.

Employee Only.....	\$9.98
Employee + Spouse.....	\$19.94
Employee + Child(ren).....	\$21.56
Employee + Family.....	\$34.44

#### Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options like progressives, scratch-resistant and anti-reflective coatings
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

**Out-of-Network Reimbursement Amounts:**

Exam.....	Up to \$35
Single vision lenses.....	Up to \$25
Lined bifocal lenses.....	Up to \$40
Lined trifocal lenses.....	Up to \$55
Frame.....	Up to \$45
Contacts.....	Up to \$105

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

**Total Administrative Services Corporation (TASC)**

Acclaim Benefits merged with Total Administrative Services Corporation (TASC) in June 2009. On January 1, 2011, we will move to the TASC “platform”, which will allow additional functionality, such as online claims submission from a new web portal, webinars and online tutorials. You will receive one new debit card with the TASC logo on it, and will be able to request one additional card at no cost. Additional informational materials will be sent to participants from TASC in late December.

**Features of the TASC Card**

- **Personalized for Each Participant.** The employee’s 12-digit TASC ID is now printed directly on the front of the Card, right under the cardholders’ name. This easy access to the ID should come in handy for Participants, especially because we require their ID when they contact us.
- **Account Balances Available 24/7.** Participants need a way to easily check their account balances. Now you have just that, with our instant Text Account Balance feature! Once you register your cell phone number with TASC, participants can text the phrase TASC BAL to 41411 to receive an up-to-date account balance. For convenience, the back of the new TASC Card reiterates these instructions for sending a text message to obtain account balances.
- **Lasts 3 Years** The TASC Card will last three years



# HOW TO SAVE MONEY WITH A FLEXIBLE SPENDING ACCOUNT

## What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) is a pre-tax benefit that allows you to set aside pre-tax dollars on an annual basis to use for eligible healthcare and/or dependent care expenses.

Expenses can include: co-pays, deductibles, dental expenses, eyeglasses, and over-the-counter drugs.

## How might this affect you?

Here is an example that may help:

*How Jane Saves Money with an FSA:*

Jane's Annual Salary:		\$ 35,000
Jane's estimated out-of-pocket medical/dental expenses:		\$ 1,000
Jane's estimated out-of-pocket dependent care expenses:		\$ 2,500
	<u>Without FSA</u>	<u>With FSA</u>
Gross Pay	\$35,000	\$35,000
FSA Contribution	- \$0	- \$3,500
<u>Taxable Income</u>	<u>\$35,000</u>	<u>\$31,500</u>
Taxes (Fed, State, FICA)	- \$10,500	- \$9,450
Out-of-Pocket Expenses	- \$3,500	- \$3,500
<u>Reimbursement from FSA</u>	<u>+ \$0</u>	<u>+ \$3,500</u>
Net Annual Income	\$21,000	\$22,050

Jane saves \$1,050 annually, or \$87.50 per month

## What would be required of you?

It's simple...

- Estimate your out-of-pocket expenses for the plan year (include employee, spouse & dependents).
- Enroll in the plan during your employer's enrollment period making the appropriate elections.



# OTC Medicines and Drugs : Changes Effective January 1, 2011

## What Changed?

In March, 2010, Congress passed H.R. 3590, the Patient Protection and Affordable Care Act. Section 9003 of that legislation amended previous legislated definitions of which over-the-counter (OTC) healthcare expenses are eligible for tax-advantaged benefits plans like FSAs, HRAs, and HSAs. The language made the current definition very clear: "...reimbursement for expenses incurred for a medicine or drug shall be treated as a reimbursement for medical expenses only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin."

## What Does This Mean to Me?

Interpreted literally and as it pertains to your FlexSystem Medical FSA elections, this legislation is clarified as follows:

- While all medically necessary medicines continue to be FSA eligible, some items may require additional substantiation.
- OTC medicines and drugs are FSA ineligible as of January 1, 2011, unless you retain a prescription or letter of medical necessity from your physician, or if it's insulin.
- OTC health-related supplies continue to be FSA eligible after December 31, 2010.

If you require a medicine or drug for a medical condition you will need to request a prescription or Letter of Medical Necessity for such from your healthcare provider. This physician authorization will then render the expense(s) eligible under your FlexSystem Medical FSA Plan.

This change for OTCs will likely affect only a small percentage of your medical FSA reimbursements. Therefore, TASC suggests that you continue to make your FSA elections as usual. Like other Plan Participants, it is highly likely that you will use these funds for reimbursement of other expenses in lieu of those now deemed ineligible due to this change.

TASC offers a complete suite of quality services, including the following:

COBRA | ERISA | FSA | FMLA | HRA | HSA

 FlexSystem™



## What is a "Letter of Medical Necessity"?

Basically a note from your doctor, the Letter of Medical Necessity is needed when purchasing certain OTC medications to treat a condition. Such a Letter should clearly state the following:

- The medicine you require (or which your family member requires).
- The frequency in which said medicine is needed (weekly, monthly, etc.)

For example, if you require a packet of acid reflux medication each month for twelve months, the Letter or prescription must clearly state this. Be sure the Letter specifies individual name, dosage, and duration for each OTC medication.

## Important Points

- Over-the-counter (OTC) medicines and drugs purchased after December 31, 2010, require a prescription or Letter of Medical Necessity. **SEE PAGE 2 FOR A LIST OF EXAMPLES**
- OTC medical supplies continue as eligible after December 31, 2010.
- Only a small percentage of your total FSA election amount should be affected.
- TASC suggests that you continue to make your FSA elections as usual



FX-4311-061510

2302 International Lane, Madison, WI 53704-3140  
800-422-4661 • Fax 608-241-4584  
sales@tasconline.com • www.tasconline.com



# Letter of Medical Necessity



FlexSystem<sup>®</sup>

DirectPay<sup>®</sup>

AgriPlan<sup>®</sup>

BizPlan<sup>®</sup>

To be reimbursable through your Plan, some healthcare reimbursement requests require additional information. Effective 1/1/2011, this includes Over-The-Counter (OTC) expenses that fall under the category of "medicines and drugs" (with the exclusion of insulin).

A prescription or Letter of Medical Necessity must be submitted for such expenses. A new prescription or Letter must be submitted each Plan Year in which you request reimbursement of prescribed items or services, or any time the treatment plan changes.

For each individual in your household for whom you purchase healthcare expenses, we ask that you complete Section I of this form; the attending physician should complete Sections II and III. Submit the completed form(s) to TASC with each Request for Reimbursement. (If more space is required please complete another form.)

## SECTION I

Participant Name (Last, First, M) (PLEASE PRINT) \_\_\_\_\_

12-Digit TASC ID Number \_\_\_\_\_

Participant's Employer/Company Name (PLEASE PRINT) \_\_\_\_\_

Patient's Name (PLEASE PRINT) \_\_\_\_\_

## SECTION II

I am currently treating \_\_\_\_\_ for the following:  
(Patient's Name)

1. Treatment Plan: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Last Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical treatment, medicines, drugs, service, procedure, equipment or supply: \_\_\_\_\_

2. Treatment Plan: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Last Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical treatment, medicines, drugs, service, procedure, equipment or supply: \_\_\_\_\_

3. Treatment Plan: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Last Date of Treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical treatment, medicines, drugs, service, procedure, equipment or supply: \_\_\_\_\_

## SECTION III

I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

Physician Name (PLEASE PRINT) \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Physician Signature \_\_\_\_\_

Submit the completed form(s) to TASC with EACH Request for Reimbursement.



# Eligible Expenses

## *FSA Healthcare*

Due to Health Care Reform, effective 1/1/2011, over-the-counter (OTC) medicines and drugs, except for insulin, will require a Letter of Medical Necessity or prescription from your physician to be reimbursed from your Health FSA. Health-related supplies purchased over-the-counter continue to be eligible without additional documentation. Below is a sample list of permissible expenses reimbursable through a Full Scope Health Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note a Limited Purpose Healthcare FSA only allows dental and vision expenses.

### Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Physicals
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prenatal vitamins
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

### OTC Medicines and Drugs

Purchases after 12/31/10 will require a letter of medical necessity or prescription for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

# Eligible Expenses

## Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

## For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

## Healthcare Expenses Requiring Additional Documentation

*The following expenses are eligible only when incurred to treat a diagnosed medical condition. Include a letter from your physician along with your request for reimbursement that contains the medical necessity of the expense, the diagnosed condition, the onset of the condition and the physician's signature.*

- Acne treatments and medications
- Breast pump
- Ear plugs
- Estrovin
- Eye drops/Visine
- Glucosamine
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic inserts or shoes (excess cost of ordinary shoes)
- Over-the-Counter drugs and medications (effective January 1, 2011)
- Oxygen equipment and oxygen
- Propecia/Rogaine (only eligible for a medical condition)
- Speech therapy
- Sunscreen or suntan lotion
- Support hose
- Varicose vein treatment
- Veneers
- Wigs (for mental health condition of individual who loses hair because of a disease)

## *FSA Healthcare*



# Eligible Expenses

The following dependent care expenses are permissible for reimbursement through a Section 125 Flexible Spending Account. Please refer to your FSA Summary Plan Description (SPD).

## *FSA Dependent Care*

### **Eligible Expenses for FSA Dependent Care**

*Eligible dependent care expenses must be employment related.*



- Day Camp -- primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time.
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees -- when allocated to dependent care services that have been provided





## ORTHODONTIA REIMBURSEMENTS

Under IRS regulations, no expense can be reimbursed through a flexible spending account until the service has been provided. However, the full amount for orthodontic services may be reimbursed when the work is started if full payment is required by the orthodontic provider before services can begin.

If there has been a service agreement or contract drawn between the doctor and patient agreeing on services provided and payments over the course of the treatment, TASC will reimburse the participant on a monthly basis according to that agreement.

If your orthodontic provider does not offer a payment contract or service agreement, please follow the instructions below to determine the reimbursable amount you are eligible for each month.

---

### How to submit an orthodontia expense for reimbursement:

A Reimbursement Request Form must be completed each time you want to be reimbursed. A copy of the orthodontic contract or service agreement must accompany the Reimbursement Request Form **each time** as well. In the absence of a contract or service agreement, please complete the Orthodontia Worksheet on the next page, have it signed by your orthodontist and submit it with your initial reimbursement request.

---

### With each subsequent Reimbursement Request Form, please provide one of the following:

- A copy of the orthodontic contract or service agreement.
- A copy of the "coupon" if you were provided a payment book,
- A receipt that clearly indicates the month and year the service was provided, the monthly payment amount, the name of the orthodontist, and that the payment is for orthodontia, or
- Complete all columns indicated on the Reimbursement Request Form and have the orthodontist sign the form in the "Provider's Signature" box. (The "Service Description" column must clearly indicate the service (orthodontia) and the "Dates of Service" column must clearly indicate the month and year the service was provided.)
- Payments cannot be reimbursed in advance.
- Banding or placement fees are eligible for reimbursement upon placement. An itemized receipt must accompany the request form that indicates the service is a banding fee instead of a monthly fee.

**When there is no service agreement or payment contract** and the doctor offers a discount if the full amount is paid upon installation, the following procedures should be followed:

1. The doctor must apportion the total cost of the braces to the number of office visits during the estimated length of service, less any payments from your insurance company or provider discounts received.
2. If the orthodontist determines that, for example, one-third of the service will be incurred in the first visit when the braces are applied, then that "one-third" payment (initial or down payment) will be reimbursed at the time of the first visit.
3. The orthodontist must then determine the estimated length of service (number of months), and divide the remaining balance by that number of months. TASC will then reimburse that amount on a monthly basis.  
(Please see the worksheet on the reverse side of this form.)



# ORTHODONTIA REIMBURSEMENTS



## ORTHODONTIA WORKSHEET

Patient Name: \_\_\_\_\_

Date Treatment Begins: \_\_\_\_\_

Total Amount for Orthodontic Services: \$ \_\_\_\_\_

**Subtractions**

Insurance payments: \$ \_\_\_\_\_

Provider discount: \$ \_\_\_\_\_

Initial payment due upon application of braces\*: \$ \_\_\_\_\_

TOTAL (Remaining Balance): \$ \_\_\_\_\_ ÷ \_\_\_\_\_ = \$             
number of months

Your monthly payments & eligible monthly reimbursable amount

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant ID#

\*I acknowledge that full payment has been/will be received in advance from the above named patient in order for services to begin.

\_\_\_\_\_  
Signature of Orthodontic Service Provider

*Submit this form with your completed Reimbursement Request form to TASC.*





## TASC Card Request Form

If your Employer has not elected the TASC Card feature, you may disregard this page.

### Instructions & Tips

- If you did not enroll in a Healthcare Flexible Spending Account (FSA), complete Section 1 below to request a TASC Card to use with your Dependent Care FSA or Transportation Plan.
- To request an Additional TASC Card for your spouse or dependent, complete Section 2 below.
- Complete Section 3 and return it to TASC at the address listed below.
- TASC Cards are valid for 3 years. The TASC Card expires at the end of the expiration month noted on the front of your TASC Card. TASC Cards are automatically reissued one month before they expire.
- A standard reissue fee of \$10.00 applies for lost or stolen cards.
- If TASC Card purchases are not substantiated or are deemed ineligible throughout the Plan Year, your TASC Card(s) may be deactivated.



### Section 1: Participant Information

Participant Name (Last, First, MI)

Participant ID #

Employer Name

Employer ID #

#### Participant Authorization for a TASC Card

In order to receive this claim card, I agree to only use the TASC Card to pay for eligible medical expenses incurred by myself, my spouse or my dependents; I will not use the TASC Card to pay for any medical expense that has already been reimbursed; I will not seek reimbursement under any other health plan for any expense paid for with the TASC Card; and I will acquire and retain sufficient documentation for any expense paid with the TASC Card. An annual fee may be included. For further information please see your enrollment materials or contact TASC.

### Section 2: Spouse or Dependent Information

Participant Name (Last, First, MI)

#### Participant Authorization for an Additional Card

I understand that the above named individual will have access to my flexible spending account(s). I accept all responsibility for all TASC Card transactions incurred by the above named individual and for submitting the supporting documentation, as requested, for those TASC Card transactions. I acknowledge and agree that upon any inappropriate or fraudulent use of the TASC Card, or termination of employment, I will immediately return all TASC Cards issued for use against the account to my Employer.

### Section 3: Agreement (Check all that apply)

- I hereby request a TASC Card. I understand and agree to the above authorization terms
- I hereby request an Additional TASC Card for the above named individual. I understand and agree to the above authorization terms.

Participant Signature

Date

Fax completed Form to:  
608-245-3623

Mail completed Form to:  
TASC-FlexSystem  
2302 International Lane  
Madison, WI 53704

Contact us at:  
1-800-422-4661  
www.tasconline.com

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-245-3623 • www.tasconline.com

The information in this communication is confidential and may only be used by the authorized recipient for its intended purpose. Any other use or disclosure is prohibited.

FX-3991-121409

## Who Do I Call With Questions?

Questions Regarding	Who to Contact	Phone Number/Website
Direct Deposit	Payroll	Cheryl Holloway, 651-602-1686
Payout of Annual Leave/Sick time after termination or retirement	Payroll	MT- Vicki Ebel, 651-602-1682 ES- Sandra Stearn, 651-602-1353 RA- Terri Fox-Fitzgerald, 651-602-1466
Annual Leave Conversion to Deferred Comp	Payroll	MT- Vicki Ebel, 651-602-1682 ES- Sandra Stearn, 651-602-1353 RA- Terri Fox-Fitzgerald, 651-602-1466
FMLA	Occupational Health	Stacy Sorsveen or Holly Turner , HR Assistants 612-349-7553 Connie Devolder, Manager 612-349-7668
Deferred Comp (MSRS)	MN State Deferred Comp Plan	Local: 651-284-7723 Toll Free: 877-457-6466 <a href="http://www.mndcplan.com">www.mndcplan.com</a>
Flex Claims (2010)	Acclaim Benefits	800-333-3724 <a href="http://www.acclaimbenefits.com">www.acclaimbenefits.com</a>
Flex Claims (2011)	TASC	800-422-4661 <a href="http://www.tasconline.com">www.tasconline.com</a>
Vision Plan	VSP	Toll Free: 800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Employee Assistance Program	dor and Associates	Local: 612-332-4805 Toll Free: 800-367-3271 <a href="http://www.doreap.com">www.doreap.com</a> password: mc1
Benefits	Benefits-One Line	651-602-1601