



The TASC Card MyBenefits. MyCash. MyWay

Offering ease and convenience for your FlexSystem FSA!

The TASC Card features two accounts on one card—MyBenefits for employee benefits purchases—and MyCash for cash reimbursements.

Visit MyTASC (www.tasconline.com) and click TASC Card Management to view card information, request a dependent card, reissue a card (due to never received, damaged, lost/stolen, or name change), request a PIN, and view allowed benefits.

MyBenefits.

The TASC Card provides a convenient method to pay for eligible healthcare, dependent care, and/or transportation expenses as defined by your FlexSystem Plan. MyBenefits is funded through equal pre-tax payroll deductions based on your annual benefit election.

Card purchases are limited to your Plan type, and also to merchants with an inventory information approval system (IIAS) in place to identify FSA-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and day care centers. Simply swipe your card at the time you incur the eligible expense and the IIAS automatically approves the purchase of eligible items and deducts the amount from your MyBenefits account.

MyCash.

Reimbursements are fast and paperless! If you do not use your TASC Card to pay for an eligible expense, you may submit a request for reimbursement via MyTASC Mobile (visit www.tasconline.com/mobile for more information), online, text message, fax, or mail. Your reimbursement will be deposited in your MyCash account. Access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts Visa, (2) withdraw at an ATM using your TASC Card, or (3) transfer to a personal bank account from MyCash Manager.

Spend your MyCash funds any way and anywhere you want! Visit the MyCash Manager within MyTASC (www.tasconline.com) to view account activity, request an ATM PIN, make and manage transfers, view and manage multiple bank accounts, and more.

MyWay.

- Access to two accounts on one card makes the TASC Card more versatile than ever!
- Avoid embarrassing declines. MyCash funds can be used to pay for eligible expenses if no funds are available in your MyBenefits account.
- Combine general retail items with healthcare expenses in one transaction. The TASC Card is smart enough to know that eligible expenses are automatically deducted from your MyBenefits account while ineligible expenses are withdrawn from your MyCash account.
- Transfer MyCash funds via a quick, one-time, recurring, or automatic transfer from MyCash Manager within MyTASC.

The TASC Card is available for the following FlexSystem Accounts (where applicable):

- FlexSystem Healthcare FSA**
- FlexSystem Dependent Care FSA**
- FlexSystem Transportation Account**

Keep your receipts!

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Track Account Activity

- MyTASC (www.tasconline.com)
- MyCash Manager (within MyTASC)
- MyTASC Mobile App
- MyTASC Text Messaging (SMS)

TASC Card: Frequently Asked Questions

How do I obtain a TASC Card?

Once your employer elects the TASC Card feature, a TASC Card is mailed directly to the your home address along with a Cardholder Agreement.

Can I request a card for my dependent or spouse?

You may request one additional card for a dependent or spouse free of charge. From MyTASC, click TASC Card Management, Issue a Dependent Card, and follow the prompts. A \$10 fee is charged for each additional dependent card. A maximum of three dependent cards may be requested.



How long is my TASC Card good for?

Your TASC Card is good for four years. So hang on to it! Even if you deplete this year's benefits funds, you'll be able to use the TASC Card again next year when you re-enroll in your Plan. (Funds in MyCash are not tied to any type of Plan Year and do not expire.) If you throw out or lose your card before it expires, a \$10 reissue fee will be automatically withdrawn from your FlexSystem account (pre-tax).

How can I replace a lost or stolen TASC Card?

You must notify FlexSystem immediately to report a lost or stolen TASC Card. To do so, (a) log in to MyTASC (www.tasconline.com) and click TASC Card Management, Reissue Card, and select Lost/Stolen as the reason for reissue; or (b) submit an online MyService Request (from MyTASC, click Contact Us); or (c) call Customer Care at 608-241-1900 or toll-free at 800-422-4661. A new card will be issued and a \$10 reissue fee will be automatically withdrawn from your FlexSystem account (pre-tax). Expect your card to arrive within 7-15 days.

How do I manage my account online?

Simply log in to MyTASC (www.tasconline.com) and click TASC Card Management to view recent activity, activate your card, view approved benefits, request a PIN, request a dependent card, reissue a card, and update your contact information.

How do I access my MyCash reimbursements?

If you did not use your TASC Card to pay for an eligible expense and submitted a reimbursement request via the online wizard, mobile, fax, or mail, your reimbursement will be deposited into your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts Visa*, (2) withdraw at an ATM (with a PIN) using your TASC Card, or (3) transfer to a personal bank account from MyCash Manager within MyTASC (www.tasconline.com). Visit MyCash Manager in MyTASC to view card activity or schedule a one-time, recurring, or automatic transfer.

* Currently, the TASC Card MyCash feature does not work at CVS Pharmacy, ShopKo, and Walmart.

Additional Questions?

Visit our TASC Card website at www.tasconline.com/tasccard for more FAQs. Or contact FlexSystem Customer Care via an online MyService Request (from MyTASC, click Contact Us) or call 608-241-1900 or 800-422-4661. For speediest service, have your TASC ID available whenever you contact us.

Available exclusively for **FlexSystem**

MyCash Manager: manage your money smarter



When you submit a request for reimbursement for an eligible employee benefits expense, your approved reimbursement will be deposited directly into your MyCash account—usually within 24-48 hours. You can access your MyCash funds in three ways: swipe your TASC Card at any merchant that accepts Visa, withdraw at an ATM with your TASC Card, or transfer to a personal bank account. It's easy to view and manage your MyCash funds from your private MyCash Manager, a state-of-the-art web tool within MyTASC (www.tasconline.com) designed exclusively for the management of your MyCash account.

RECENT ACTIVITY

View your recent MyCash reimbursements, transfers, ATM withdrawals, and/or TASC Card signature debit transactions.

Date	Description	Card Number	Amount	Balance
08/14/2012	Transfer to Personal Account ***0711		\$-441.04	\$0.00
04/05/2012	TCL DIAMOND CZ SET [Purchase]	XXXX-XXXX-XXXX-1234	\$-58.96	\$-441.04
01/05/2012	Deposit: FlexSys.com Reimbursement		\$500.00	\$500.00

John submitted a Request for Reimbursement last week and wants to know if his account has been credited. He can visit MyCash Manager to view all of the funds entering and exiting his MyCash account.

Check your balance at any time.

CARD MANAGEMENT

View your TASC Card information, re-issue a card, request an ATM PIN, view allowed benefits, request a dependent card, and view card history.

PRIMARY CARD

CARD NUMBER: XXXX XXXX XXXX 1234
 STATUS: Active
 CARD EXPIRES: 10/21/2012
 EXPIRATION DATE: 10/28/2016
 CARDHOLDER NAME: John Doe

DEPENDENT CARD(S)

CARD NUMBER: XXXX XXXX XXXX 1234
 STATUS: Pending Activation
 CARD EXPIRES: 11/23/2012
 EXPIRATION DATE: 11/30/2016
 CARDHOLDER NAME: Jane Doe

Request a PIN for ATM use.

Request a TASC Card for your dependent(s).

BANK ACCOUNT

Save your bank account details so you can easily schedule transfers from your MyCash account to a personal bank account.

Bank Accounts

Account Type:

Routing Number:

Account Number:

Re-enter Account Number:

Account Name:

Date	Account	Account Type	Routing Number	Account Number	Account Name	Actions
08/14/2012 10:06:58	1234-1234-1234	CHECKING	****8888	***0611	Jane's checking	<input type="button" value="✕"/>
06/14/2012 10:10:07	1234-1234-1234	SAVINGS	****8888	***0612	Jane's saving	<input type="button" value="✕"/>
06/14/2012 10:33:23	1234-1234-1234	CHECKING	****8888	***0711	Joe's checking	<input type="button" value="✕"/>

Save multiple accounts!



Participant Summary Plan Description

Plan Administrator/Agent for Legal Service

Mary Ann Ellis
City of Venice

401 W Venice Ave
Venice FL 34285

Client TASC Id: 4102-2203-4411

Federal Tax Id: 59-6000443

Plan Name: City of Venice

Plan Year: 01/01/2013 - 12/31/2013

Grace Period: 74 days

Grace Period End Date: 03/15/2014

Runout: 16 days

Runout End Date: 03/31/2014

Phone Number: 941-486-2626 ext. 21004

Plan Number: 507

Note to Employer: This Summary Plan Description lists the benefits available to your employee(s). The Department of Labor requires that this summary or a copy of it be given to each employee.

BENEFITS OFFERED TO EMPLOYEES:

Benefit Type	Maximum	Grace Period End Date	Runout End Date
Dependent Care Expenses	\$ 5000.00	03/15/2014	03/31/2014
Medical (Out-of-Pocket) Expenses	\$ 2500.00	03/15/2014	03/31/2014

THE BENEFITS OFFERED ABOVE ARE AVAILABLE TO THE FOLLOWING EMPLOYEES AS STIPULATED BELOW :

Members of Bargaining Unit
Probationary Employees

Members Included
1 of the Month following 30 days employment

PURPOSE

Your Employer has adopted this Flexible Compensation Plan to provide compensation alternatives for qualifying, participating employees and their dependents. You will now be able to choose among certain "tax free" benefits in lieu of taxable compensation. The Plan is intended to qualify as a "Cafeteria Plan" within the meaning of Section 125(d) of the Internal Revenue Code, and the benefits you elect will be excluded from your income under Section 125(a). This is a Summary Plan Description, and any conflict with the Summary Plan Description will be resolved by the language in the Plan Document.

CONTRIBUTIONS

By participating in the Plan, you agree to have your annual compensation reduced by the total cost of the Plan benefits you select with the signed Enrollment Form.

CLAIMS PROCEDURE

If you have elected reimbursement coverage, active participants may submit eligible claims for reimbursement through the plan's runout period. The Plan's runout period end date is 90 days following the last day of the Plan Year in order to be reimbursed from the Prior Plan Year.

All other claim procedures for the Plan are provided in a separate administrative document upon the original enrollment in the plan. An additional copy can be provided without charge upon request.

NOTICES REQUIRED BY LAW

Group health plans under Federal law may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a caesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours). Procedures for the acceptance of a Qualified Medical Child Support Order can be obtained from the Plan Administrator.

YOUR RIGHTS

As a participant in the Company's Medical and Dental Expense Reimbursement Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA). ERISA provides that all Plan participants shall be entitled to the following:

To examine, without charge, at the Plan Administrator's office and at other specified locations such as work-sites and union halls, all plan documents including insurance contracts, collective bargaining agreements, and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and plan descriptions. Plan documents and other Plan information will be provided upon written request of the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies. A summary of the Plan's annual financial report will be automatically sent when such a report is required by law.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit from the Plan or from exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan Administrator review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored in whole or in part, you may file suit in a state or federal court as above. If it should happen that Plan fiduciaries or if you are discriminated against for asserting your rights you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose or if your claim is found to be frivolous, the court may order you to pay these costs and fees. If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

Important: For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator in writing within 60 days after the later of the qualifying event or the loss of coverage. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, any spouse or dependent child who loses coverage will NOT BE OFFERED THE OPTION TO ELECT CONTINUATION COVERAGE.

Once the Plan Administrator receives timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who timely elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost. If you or your spouse or dependent children do not elect continuation coverage within this 60-day election period, YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE.

COBRA continuation coverage is a temporary continuation of coverage. Qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child.

The maximum COBRA coverage period for a health flexible spending arrangement (health FSA) maintained by the employer ends on the last day of the Plan year in which the qualifying event occurred. If at the time of a qualifying event you or your eligible dependent are eligible for COBRA under the (health FSA) you will be notified and offered the right to elect continued coverage under the plan for the balance of the plan year following the event.

Children born to or placed for adoption with the covered employee during COBRA period

A child born to, adopted by or placed for adoption with a covered employee during a period of continuation coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected continuation coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements.

Alternate recipients under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered employee's period of employment with the employer is entitled to the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent.

Trade Act of 2002

If You Have Questions: If you have questions about your COBRA continuation coverage, you should contact your employer or you may contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA), addresses and phone number of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.