



# CHANGE OF ELECTION FORM

A change of election must be (1) on account of and corresponding to one of the Qualifying Events below, and (2) made within 30 days of the qualifying event. These events are *not* required for changes to the Parking Account, Transit Account or Health Savings Account.

**NOTE:** If rescinding an election prior to the start of the plan year (January 1) use the [Rescind Request Form](#) instead.

- **Plan Participant:** Complete the form below, sign, and submit to your Payroll/Benefits Office. Retain a copy for your records.
- **Client/Employer:** Make changes to an employee's account in your HRIS/Payroll System and submit changes to TASC via eligibility file. If you do not submit eligibility files to TASC, please submit completed forms to [stateofwi@tasconline.com](mailto:stateofwi@tasconline.com). Detailed instructions are provided in the TASC Administration Manual. **This form is for your internal use only.** Retain for your records.

Participant Name	
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CLIENT/ EMPLOYER	Participant ID	Effective Date of Change	First Payroll Date Affected
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## TYPE OF CHANGE

*I hereby request a change in my benefit election(s) as follows:*

		Current Payroll Deduction Amount		New Payroll Deduction Amount		Revised Annual Election *
Health Care FSA	\$		\$		\$	
Limited Purpose Health Care FSA	\$		\$		\$	
Dependent Day Care FSA	\$		\$		\$	
Health Savings Account	\$		\$		\$	
<i>Not open to UW System or UWHC participants</i>						
Parking Account	\$		\$		\$	
Transit Account	\$		\$		\$	

\* **Required to be entered.** The revised annual election amount is determined by adding your year-to-date deductions (taken at the old rate) to your deductions to be taken for the remaining pay periods in the Plan Year.

## REASON FOR CHANGE (QUALIFYING EVENTS)

### ALL BENEFITS

- Change in employment status
- Change in legal marital status
- Change in number of dependents
- COBRA
- Dependent satisfies or ceases to satisfy eligibility requirements
- Entitlement to Medicare/Medicaid
- FMLA
- Judgement, decree or order

### ALL BENEFITS EXCEPT HEALTH CARE FSA

*A Health Care FSA benefit election cannot be changed due to one of these nine events:*

- Addition/elimination of benefit package
- Change in coverage of spouse/dependent under other employer's plan
- Change in residence
- Change in the cost of coverage
- HIPAA special enrollment rights
- Loss of group health coverage sponsored by governmental or educational institutions
- Significant curtailment of coverage
- Exchange Event:* Reduction in hours (fewer than 30)
- Exchange Event:* Exchange enrollment during Exchange open or special enrollment period

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client/Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)**

Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator. If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Lane, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: [CivilRightsCoordinator@tasconline.com](mailto:CivilRightsCoordinator@tasconline.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-533-5020 (TTY:1-800-947-3529)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

قم (ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية 1-5020-533-877)

هاتف الصم والبكم تتوافر لك بالمجان. اتصل برقم: 1-800-947-3529

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529). 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetscht, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).