

BENEFITS ENROLLMENT FORM

For enrollment assistance, please call Customer Care at (877) 933-3539. Have your enrollment form, Client TASC ID, and company name available. Please print this form, sign, and return to your employer for processing.

Lost Name First Name Mddle Initial Social Security Number: Date of Birth: Gender: Mome Address: Street City State Zip Code Email Address: City State Zip Code Email Address: City State Zip Code Email Address: City State Zip Code Employer Name: Date of Mire: Date of Mire: Date of 1 st Payroll Deduction: Insurance Carrier Name: Date of 1 st Payroll Deduction: Insurance Carrier Name: PLAN ELECTIONS Plan Type Annual Election (\$) Number of Payrolls Amount per Pay Check (\$) Per Month Dependent Care FSA: Dependent Children? Yes No If Yes, list your spouse and dependent children below: Last Name First Name Social Security Relationship to Date of Birth* Date of Birth* Gender Last Name First Name Social Security Relationship to Date of Birth* Gender Cartrier Mane: First Name Social Security Relationship to Date of Birth* Gender Cartrier Mane: First Name Social Security	EMPLOYEE INFORMATI	ION			Superior Spect			
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Street City Stote Zip Code Email Address: Telephone #: Telephone #: Employer Name: Plan Type Date of 1 st Payroll Deduction: Image: Contribution in the payroll Deduction: Employer Contribution	Social Security Number:	rity Number:		Date of Birth:		Gender:		
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	Employee Signature							

* Social Security and date of birth for employees and their dependents are required for HRA reporting purposes to the Centers for Medicare and Medicaid Services as part of the Medicare, Medicaid, and SCHIP Extension Act of 2007. Enrollment Forms without this required information will be returned for completion.

> Total Administrative Services Corporation (TASC) | P.O. Box 7511 | Madison, WI 53707-7511 Phone: 877-933-3539 | Fax: 877-231-1287