

Instructions for TASC Forms



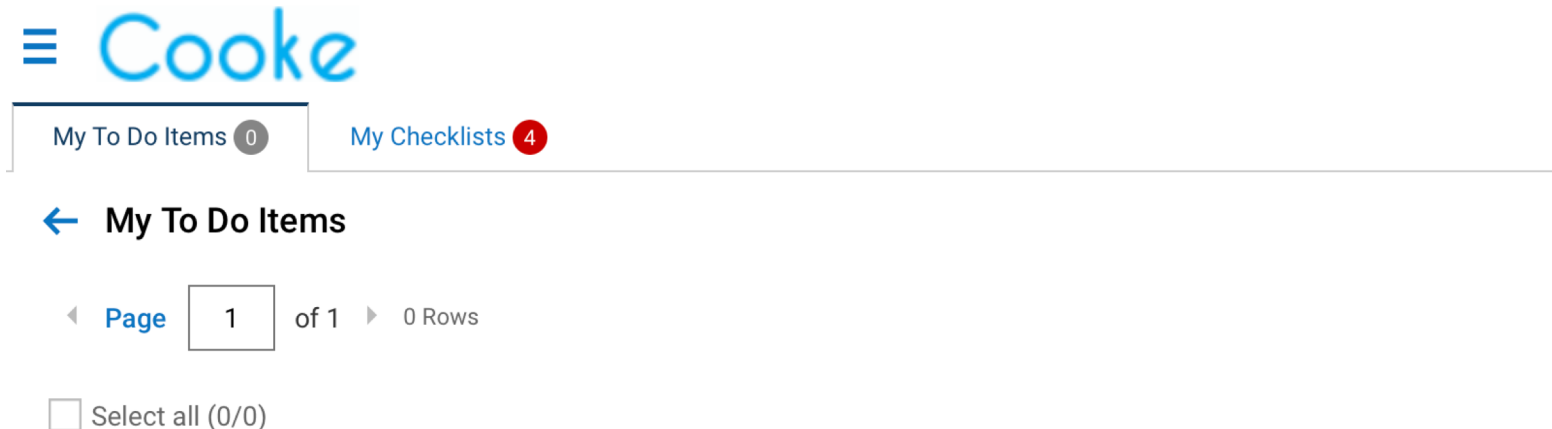
INDEPENDENCE THROUGH EDUCATION

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Instructions for TASC Forms

These instructions are for your TASC Medical and Transit forms in WorkForce One (WF1).

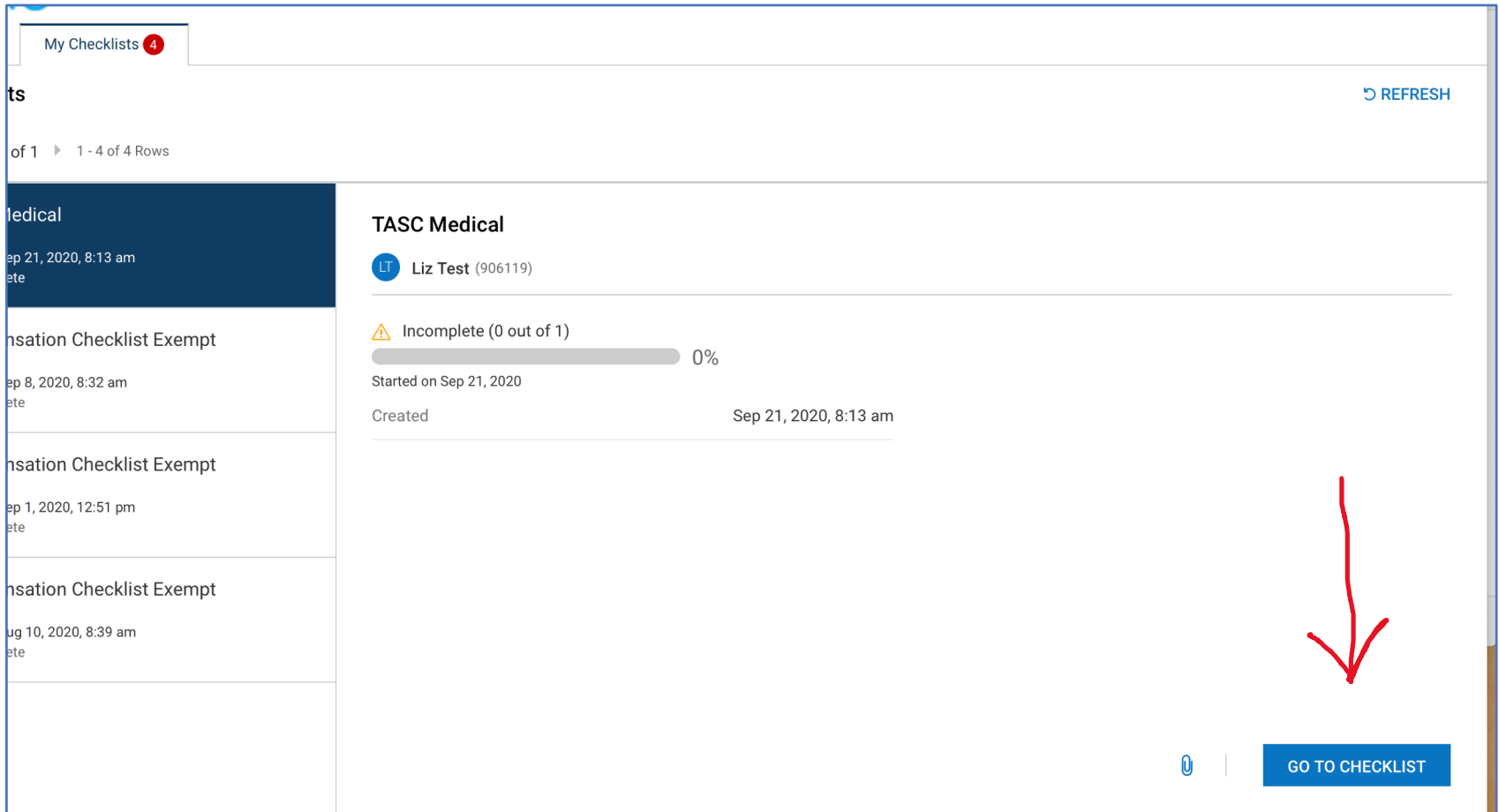
1. Please log into WF1 and click on your blue bell on the upper right hand corner of your screen. You should then see the screen below, click on "My Checklists".



The screenshot shows the top navigation bar of the WorkForce One interface. On the left, there is a hamburger menu icon followed by the 'Cooke' logo. To the right of the logo are two tabs: 'My To Do Items' with a grey circle containing the number '0', and 'My Checklists' with a red circle containing the number '4'. Below the tabs, the 'My To Do Items' section is active, indicated by a blue arrow pointing left. The section title is 'My To Do Items'. Below the title, there is a pagination control showing 'Page 1 of 1' and '0 Rows'. At the bottom left of the section, there is a checkbox labeled 'Select all (0/0)'.

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2. Click on the “Go To Checklist” blue button on the bottom right.



The screenshot shows a web interface for managing checklists. At the top left, there is a tab labeled "My Checklists" with a red notification badge containing the number "4". Below the tab, the word "ts" is partially visible, and a "REFRESH" button is located in the top right corner. A pagination indicator shows "of 1" and "1 - 4 of 4 Rows". A list of checklist items is displayed on the left side, with the first item highlighted in dark blue. The selected item is "TASC Medical", which includes a user icon labeled "LT Liz Test (906119)", a progress bar showing "Incomplete (0 out of 1)" at "0%", and a "Created" timestamp of "Sep 21, 2020, 8:13 am". At the bottom right of the interface, there is a blue button labeled "GO TO CHECKLIST" with a red arrow pointing down to it.

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3. Click on the TASC Medical (or Transit) form in **BLUE LETTERS** – see the *TASC Medical example below.*

TASC Medical

Incomplete (0 out of 1)

0%

Started on 09/21/2020

Group #1 (1)	0% complete	TASC Medical
TASC Medical		TASC Medical >
		Due Date 09/30/2020 Wai

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4. This page will have your information pre-populated on the top. Please enter in the amounts you wish to be deducted for your Medical and/or Dependent Care and/or your NESP. You may also enter the names for additional cards.

← TASC Medical



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NEXT

SAVE

LT Liz Test (906119)

Primary Address:	Address Line 1: 225 16 street	Apt:
	Address Line 2:	
	City: Bronx	
	State: New York	ZIP/Postal Code: 10466
Date of Birth: 01/01/1981	Hire Date: 11/01/2019	Payroll Frequency:

All fields are required for account setup. Information is confidential and is not used for marketing purposes.
*Please provide this information if available (not required).

ANNUAL ELECTIONS

Prior to completing your election amounts below, please refer to the instructions on page 2.

Select the following benefits and amount(s) to be deducted pretax:	Employee Annual Salary Reduction Election Amount	Employee Minimum Annual Election	Employee Maximum Annual Election
<input checked="" type="checkbox"/> Healthcare FSA	\$ 1000.00	\$ _____	\$ 2,750/Year
<input checked="" type="checkbox"/> Dependent Care FSA (Daycare Expenses)	\$ _____	\$ _____	\$2500 if married filing single
<input checked="" type="checkbox"/> Healthcare Premium (NESP) Reimbursement Account	\$ _____	\$ _____	\$ _____

TASC CARD

You will receive one TASC Card to use for your benefit account(s). You may request **one additional card** for your spouse or dependent free of charge. Cards are mailed to your home address 7-10 days after your enrollment has been processed.

To request an additional TASC Card for your spouse or dependent, print their name below (or request via TASC web portal).

1	Spouse or Dependent Name (First, MI, Last): (No fee)	
2	Dependent Name (First, MI, Last): (Additional fee may apply)	
3	Dependent Name (First, MI, Last): (Additional fee may apply)	

****AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2****

TASC | 2302 International Lane | Madison, WI 53704-3140 | 1.800-422-4661 | www.tasconline.com | FX-2008-090519

10466	01/01/2019
Hire Date	Healthcare FSA Amnt
11/01/2019	1000.00
Dependent Care Amnt	NESP Amnt
Spouse name	Dep Name 2
Dep Name	<input checked="" type="checkbox"/> Healthcare
	<input type="checkbox"/> Dependent 1
	<input type="checkbox"/> Dependent 2

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5. Click on the 2nd page and add your signature by entering in your password for WF1. Click on “Sign”.

← TASC Medical

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SUBMIT

SAVE



EMPLOYEE ENROLLMENT FORM Flexible Spending Account (FSA)

AUTHORIZATION

I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming dependent or child care expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I agree to have my compensation reduced by the deduction amount(s) stated above. I understand amounts remaining in my flexible spending account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the FSA deduction(s) will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law. I understand that my share of eligible group premium(s) will be automatically deducted before taxes. I also understand that if I do not wish to have my eligible insurance contributions deducted pretax and prefer to be taxed on these dollars, I will contact my payroll department. I understand additional TASC Cards issued to my spouse or dependent will provide the named individual with access to my flexible spending account(s) and MyCash account. I accept all responsibility for card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions. I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature:

Date:

ELECTION INSTRUCTIONS

Instructions for entering elections under each applicable benefit account type:

- Healthcare FSA Election:** This amount you expect to pay out-of-pocket toward eligible medical expenses throughout the plan year, which may include deductible and co-insurance portions of health insurance (NOT premiums), dental expenses, orthodontic expenses, eye care, and other eligible healthcare expenses. Per IRS regulations, a participant may elect a maximum based on the current IRS limits. Your employer may have a plan year maximum less than the IRS allowed amount. Review your Summary Plan Description (SPD) or check with your employer for your plan's maximum annual amount. Your annual election will be split into equal amounts to be deducted pretax from every payroll throughout the plan year. Your total annual election amount is available for reimbursement on the first day of the plan year as eligible expenses are incurred.
- Dependent Care FSA Election:** Amount you expect to pay out-of-pocket for eligible day care expenses for the plan year. Your annual contribution must be within the maximum allowable amount under IRS regulations for a family or for married individuals filing single. Plan funds are available as they are contributed.
- Healthcare Premium (NESP) Reimbursement Account Election:** The total annual out-of-pocket cost for privately

Date

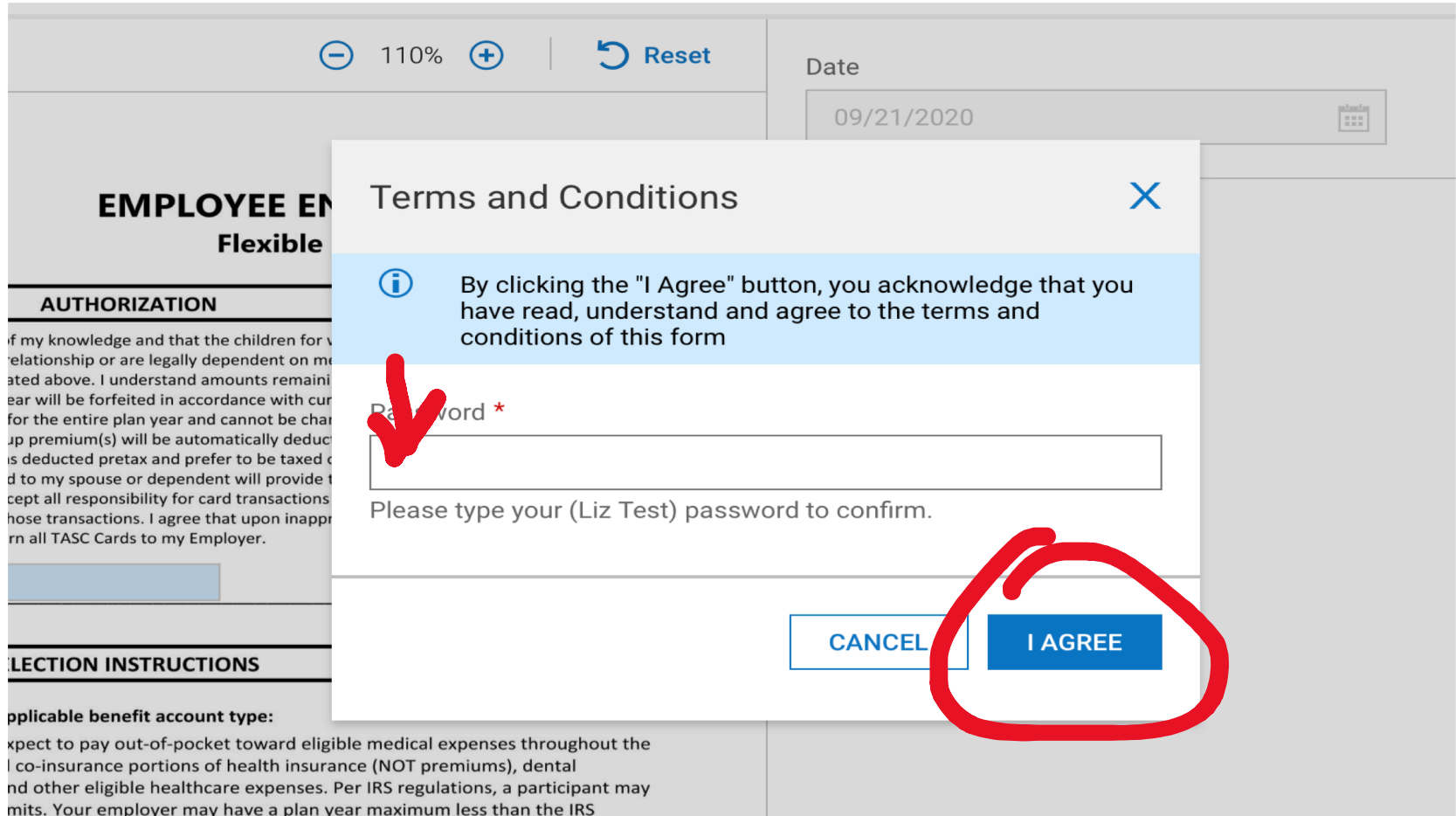
09/21/2020

Signature

SIGN

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6. Enter in your password and click on "I Agree".



110% | Reset

Date
09/21/2020

EMPLOYEE EN Flexible

AUTHORIZATION

By clicking the "I Agree" button, you acknowledge that you have read, understand and agree to the terms and conditions of this form

Password *

Please type your (Liz Test) password to confirm.

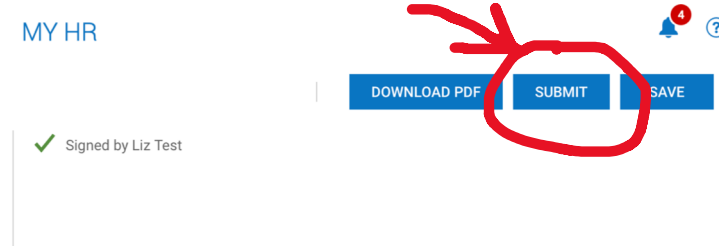
CANCEL I AGREE

LECTION INSTRUCTIONS

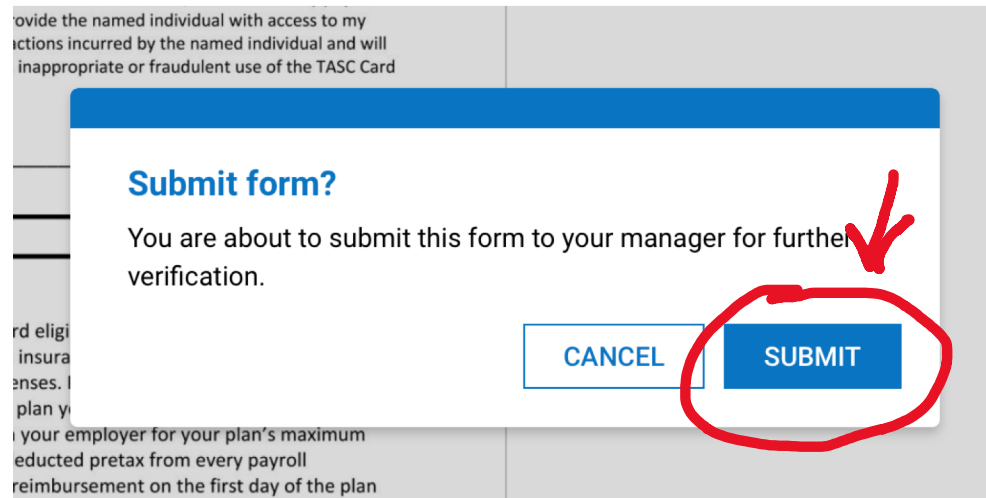
Applicable benefit account type:
Expect to pay out-of-pocket toward eligible medical expenses throughout the
co-insurance portions of health insurance (NOT premiums), dental
and other eligible healthcare expenses. Per IRS regulations, a participant may
limits. Your employer may have a plan year maximum less than the IRS

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7. IMPORTANT – You must click on “SUBMIT” on the upper righthand corner of the screen. If you do not “SUBMIT” the form will NOT be sent for processing.



Once you "SUBMIT" you will see the confirmation request below. **YOU MUST CLICK “SUBMIT”.**



Instructions for TASC Forms

8. Once you click on “Submit” you will receive a “Hooray” confirmation, click “Okay”.

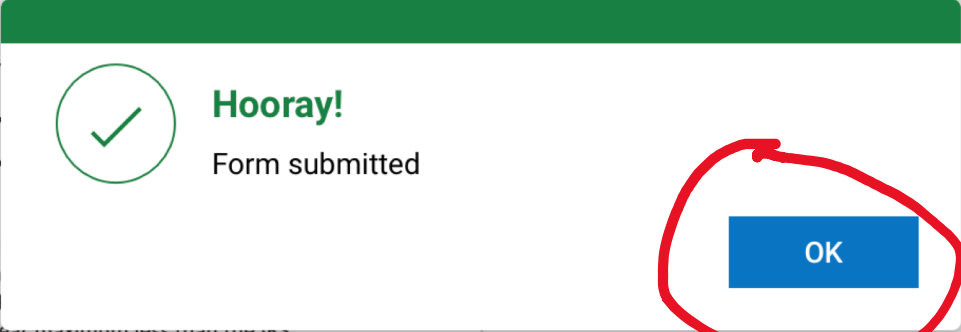
above. I understand amounts remaining in my flexible spending account(s) not
will be forfeited in accordance with current plan provisions and tax laws. I further
the entire plan year and cannot be changed or revoked except as permitted by
premium(s) will be automatically deducted before taxes. I also understand that if I
deducted pretax and prefer to be taxed on these dollars, I will contact my payroll
my spouse or dependent will provide the named individual with access to my
all responsibility for card transactions incurred by the named individual and will
transactions. I agree that upon inappropriate or fraudulent use of the TASC Card
TASC Cards to my Employer.


SECTION INSTRUCTIONS

able benefit account type:
t to pay out-of-pocket toward eligi
nsurance portions of health insura
ther eligible healthcare expenses. I
Your employer may have a plan year maximum less than the IRS
cription (SPD) or check with your employer for your plan's maximum
into equal amounts to be deducted pretax from every payroll
ion amount is available for reimbursement on the first day of the plan

ct to pay out-of-pocket for eligible day care expenses for the plan year.
imum allowable amount under IRS regulations for a family or for
available as they are contributed.

ount Election: The total annual out-of-pocket cost for privately
as health, disability, and cancer insurance. Other medical expenses are





 **Hooray!**
Form submitted

OK

Instructions for TASC Forms


9. Click on “Download PDF” to keep a copy for yourself.

MY HR

DOWNLOAD PDF

Date

09/21/2020 

✓ Signed by Liz Test

YOU ARE DONE!



If you have any questions, please contact Elizabeth at:

esantiso@cookeschool.org

www.cookeschool.org

