LATE ENROLLMENT REQUEST FORM

The annual Wisconsin Department of Employee Trust Funds offered an Open Enrollment period for the 2026 plan year of October 6-October 31, 2025. For enrollment in the 2026 plan year, Employee Reimbursement Account (ERA) and Health Savings Account (HSA) enrollment forms must have been submitted on or before October 31, 2025. If you did not enroll by the deadline of October 31, 2025, you are not able to enroll until the next annual open enrollment period or you experience a qualified life change event.

If you believe you were not offered an enrollment opportunity or experienced an unforeseen circumstance that impeded your ERA and/or HSA enrollment, you may complete this Late Enrollment Request Form and submit to your Employer Benefits Specialist or Payroll Benefits Staff, along with the required documentation. Your appeal request will be reviewed and you will be notified if your request is approved.

Deadline: Your late enrollment request must be received by your employer no later than January 31, 2026. Late appeals after the due date will not be accepted.

Process:

- Complete this form and submit it along with the required documentation (see box below) to your Employer Benefits Specialist or Payroll Benefits Staff.
- If your employer supports your appeal, they will create and submit a cover letter detailing the process used to distribute enrollment materials and information to employees, the date of receipt of your late enrollment request, and any additional relevant facts, to TASC at etf-service@tasconline.com. Your employer will also include your request and required documentation in this submission. If your employer does not support your appeal request, they may deny the request and decline submitting it to TASCfor review.
- TASC will review and determine the outcome of your appeal. Your employer will be notified of TASC's determination and they will communicate the outcome to you. TASC will also provide you with written notice of the outcome within 60 calendar days from the receipt of the appeal from your employer. If you disagree with the outcome, you may submit a second level appeal to: Department of Employee Trust Funds, Attention: Ombudsperson Services, P.O. Box 7931, Madison, WI 53707-7931 or ombudsperson@etf.wi.gov.

Required Documentation: Please attach supporting documentation for this request, including:

- Letter or email detailing your request, including relevant facts, dates and information
- Completed enrollment form(s), available at www.etf-tasc.com
- Documentation supporting your request, see the documentation items listed under each request reason on this form
- This completed and signed Late Enrollment Request Form

If the proper documentation is not received, this form will not be processed. Submit your request to your Employer Benefits Specialist or Payroll Benefits Staff.

LATE ENROLLMENT REQUEST FORM

STEP 1: Personal Information						
First Name		Last Name				
Employer Name		Employee ID				
Permanent Address						
City		State		ZIP		
Daytime Phone Number		Email Address				

Step 2: Benefit Program Enrollment

Select the accounts in which you would like to enroll:

☐ Health Savings Account ☐ Health Care Flexible Spending Account ☐ Dependent Day Care Account

☐ Limited Purpose FSA ☐ Transit Account* ☐ Parking Account*

** UW Hospitals & Clinics employees are not eligible for Transit or Parking Benefits.*

Step 3: Reason for Request and Required Documentation

☐ My employer did not provide me with an enrollment opportunity. A statement from your employer confirming you were not provided with an enrollment opportunity must be included with your late enrollment request.

Documentation needed: ✓ Late Enrollment Request Form ✓ Enrollment Form ✓ Employer Statement

☐ I enrolled through my employer's payroll benefit system during the open enrollment period, however my enrollment was not processed due to a technological issue. A statement from your employer confirming your enrollment was not correctly processed due to a technological issue must be included with your late enrollment request.

Documentation needed: ✓ Late Enrollment Request Form ✓ Enrollment Form
✓ Proof of Enrollment Attempt (ex. screenshot from Benefits Staff)

☐ I submitted accurate enrollment information during the open enrollment period, however my enrollment was not recorded accurately due to an administrative error. (Examples of administrative errors include incorrect entry of your contribution amount or an incorrect benefit program selection.) A statement from your employer confirming an administrative error was made during the enrollment process must be included with your late enrollment request.

Documentation needed: ✓ Late Enrollment Request Form ✓ Enrollment Form ✓ Employer Statement

☐ I enrolled in a benefit program during the open enrollment in good faith, however I entered an incorrect contribution amount, am not eligible for a program, enrolled in the wrong program, or discovered I am already paying for the benefit in which I enrolled via payroll deduction. A statement from your employer verifying your enrollment error must be included in your late enrollment request.

Documentation needed: ✓ Late Enrollment Request Form ✓ Enrollment Form
✓ Proof of Enrollment Attempt (ex. Enrollment Form or screenshot)
✓ Proof of Ineligibility of Benefits (ex. Payroll Center verification of no eligible dependents)
✓ Proof of Pre-Taxed Benefit Enrollment (Benefits Staff confirmation)

☐ Other: _____

Documentation needed: ✓ Appeal Form ✓ Enrollment Form

Step 4: Authorization and Certification

I certify that the information on this form is accurate.

Account Holder Signature		Date	