



PAYROLL TRANSFER FORM – STATE OF WI

To be completed by current Employer.
Payroll Center: Retain a copy for your records.

PARTICIPANT INFORMATION					
Participant Name: (Last, First, Middle Initial)					
Participant ID:					
Street:				Apt #:	
City:			State:		ZIP:
Current Email Address: (personal preferred)					
TRANSFER INFORMATION					
Effective Date of Change:			First Payroll Affected by Change:		
Current Payroll Center:	<input type="checkbox"/> Central Courts <input type="checkbox"/> WHEDA	<input type="checkbox"/> Legislature <input type="checkbox"/> WEDC	<input type="checkbox"/> UW <input type="checkbox"/> Wiscraft Beyond Vision	<input type="checkbox"/> UW Hospitals & Clinics <input type="checkbox"/> Wiscraft Beyond Vision	
Payroll Center Transferring to:	<input type="checkbox"/> Central Courts <input type="checkbox"/> WHEDA	<input type="checkbox"/> Legislature <input type="checkbox"/> WEDC	<input type="checkbox"/> UW <input type="checkbox"/> Wiscraft Beyond Vision	<input type="checkbox"/> UW Hospitals & Clinics <input type="checkbox"/> Wiscraft Beyond Vision	
ACCOUNT INFORMATION					
	Election Amount	Total Amount Contributed To Date (required)	Current Per Pay Period Contribution	Claims Paid To Date	Current Account Balance
Medical FSA:	\$	\$	\$	\$	\$
Medical LPFSA:	\$	\$	\$	\$	\$
Dependent Day Care FSA:	\$	\$	\$	\$	\$
HSA:	\$	\$	\$	\$	\$
Transit Benefit:	\$	\$	\$	\$	\$
Parking Benefit:	\$	\$	\$	\$	\$

INSTRUCTIONS:

Between Payroll Centers:

1. Communicate with your appropriate colleague to ensure that the Participant is established in the NEW payroll system and TERMINATED in the current payroll center.
2. Complete this form and submit to stateofwi@tasconline.com.
3. Upon receipt, TASC will update the Participant's account. **Note:** There is no impact to Participant accounts as a result of a transfer from one Payroll/Benefits Office to another. These Participants may continue to use the TASC Card as before, and their TASC online account and mobile app access will remain unchanged.

Within the same Payroll Center (different agency or campus location):

1. Communicate with your appropriate colleague to ensure that all necessary payroll requirements have been completed. No form is needed for TASC purposes.

Signature of Payroll/Benefits Representative

Date

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-844-786-3947 • Fax: 877-231-1287

<https://partners.tasconline.com/ETFEmployee>

FX-5261-042116

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