



PAYROLL TRANSFER FORM

State of Wisconsin

INSTRUCTIONS

Between Payroll Centers:

- ▶ Ensure that the participant is established in the NEW payroll system and TERMINATED in the current payroll system.
- ▶ Complete this form and submit to premium_services@tasconline.com. Upon receipt, TASC will update the participant's account.
- ▶ There is no impact to participant accounts as a result of a transfer from one Payroll Center 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):

- ▶ Ensure that all payroll requirements have been completed and accurately submitted to TASC via Payroll Center file. No form is required.

PARTICIPANT INFORMATION

| | | | | | | | |
|----------------------|--|----|--|---------------|--|-----|--|
| First Name | | MI | | Last Name | | | |
| Employer Employee ID | | | | Date of Birth | | | |
| Street Address | | | | | | | |
| City | | | | State | | ZIP | |
| Email Address | | | | | | | |

TRANSFER INFORMATION

| | | | | | | | |
|-------------------------|--|----------------------------------|---------------------------------|--------------------------------|--------------------------------------|--------------------|--|
| Previous Payroll Center | <input type="checkbox"/> Beyond Vision | <input type="checkbox"/> Central | <input type="checkbox"/> Courts | <input type="checkbox"/> FRNSA | <input type="checkbox"/> Legislature | Termination Date | |
| | <input type="checkbox"/> UW | <input type="checkbox"/> UWHC | <input type="checkbox"/> WEDC | <input type="checkbox"/> WHEDA | <input type="checkbox"/> WHEFA | Final Payroll Date | |
| NEW Payroll Center | <input type="checkbox"/> Beyond Vision | <input type="checkbox"/> Central | <input type="checkbox"/> Courts | <input type="checkbox"/> FRNSA | <input type="checkbox"/> Legislature | Start Date | |
| | <input type="checkbox"/> UW | <input type="checkbox"/> UWHC | <input type="checkbox"/> WEDC | <input type="checkbox"/> WHEDA | <input type="checkbox"/> WHEFA | First Payroll Date | |

BENEFIT ACCOUNT INFORMATION

| Benefit Account | Election Amount | | Current Per Pay Period Contribution Amount | | Total Amount Contributed through Final Payroll Date | | Remaining Contribution from First Payroll Date |
|------------------------|-----------------|--|--|--|---|--|--|
| Health Care FSA | \$ | | \$ | | \$ | | \$ |
| Limited Purpose FSA | \$ | | \$ | | \$ | | \$ |
| Dependent Day Care FSA | \$ | | \$ | | \$ | | \$ |
| Health Savings Account | \$ | | \$ | | \$ | | \$ |
| Retiree HSA | \$ | | \$ | | \$ | | \$ |
| Parking Account | \$ | | \$ | | \$ | | \$ |
| Transit Account | \$ | | \$ | | \$ | | \$ |

AUTHORIZATION

I confirm that all information provided above is accurate with all amounts calculated correctly and acknowledge that inaccurate reporting may result in excess or insufficient total contributions at year-end.

Signature of Payroll Center Representative

Date

