



PAYROLL TRANSFER FORM

State of Wisconsin

INSTRUCTIONS

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| <p><i>Employee:</i></p> <p>Complete sections 1 and 2 and provide this form to your previous Payroll Center.</p> | <p><i>Payroll Center:</i></p> <p>This form is not required for transfers within the same Payroll Center. Ensure that all payroll requirements have been completed and accurately submitted to TASC via Payroll Center file.</p> <p>For transfers between Payroll Centers:</p> <ul style="list-style-type: none"> ▶ Ensure that the participant is established in the NEW payroll system and TERMINATED in the current payroll system. ▶ Complete Sections 3 and 4 and submit this form to premium_services@tasconline.com. <p>NOTE: There is no impact to a participant as a result of a transfer from one Payroll Center to another. The participant may continue to use the TASC Card as before and their TASC online account and mobile app access will remain unchanged.</p> |
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SECTION 1: PARTICIPANT INFORMATION (to be completed by participant)

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

SECTION 2: TRANSFER INFORMATION (to be completed by participant)

| | | | | | | | |
|-------------------------|--|----------------------------------|---------------------------------|--------------------------------|--------------------------------------|--------------------|--|
| 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 | |

SECTION 3: BENEFIT ACCOUNT INFORMATION (to be completed by previous Payroll Center)

| 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 | \$ | \$ | \$ | \$ |
| Health Savings Account | \$ | \$ | \$ | \$ |
| Retiree HSA | \$ | \$ | \$ | \$ |
| Parking Account | \$ | \$ | \$ | \$ |
| Transit Account | \$ | \$ | \$ | \$ |

SECTION 4: AUTHORIZATION (to be completed by previous Payroll Center)

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

