



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

