FlexSystem™

TASC®

REIMBURSEMENT TIPS

Tips to ensure prompt and accurate reimbursements *when submitting by MAIL or FAX*.

- Incomplete Requests for Reimbursement will be denied.

- Use only your personalized Request for Reimbursement Form. Please duplicate this Form for future requests. (Non-conforming reimbursement forms will be rejected.) One request form can be used for multiple expenses.

- When completing the Request for Reimbursement Form enter each different expense on a separate line, identifying the date of service, the benefit type, the service type, and the service provider. Dates of Service always represents the date your services are incurred or rendered.

- Enter the appropriate benefit and service codes. See front side for a list of codes. Enter the amount requested for each Benefit Code in the Request Amount field for that benefit.

- Copy your original receipts to an 8 1/2 x 11 sheet of paper. (Retain originals for your records.) If sending multiple Requests for Reimbursement Forms, each Reimbursement Form must have it's receipts placed directly behind the applicable Reimbursement Form. If one receipt covers expenses on multiple Reimbursement Forms, make a copy of the receipt to submit behind each applicable Reimbursement Form.

- Remember to sign and date each Request for Reimbursement Form and/or VeriFlex Cover Sheet submitted to FlexSystem.

- All medical expenses must be substantiated by the Participant and verified by FlexSystem. Fax or mail copies of the receipts with your Request for Reimbursement Form or VeriFlex Coversheet to FlexSystem at 608-663-2762 or to TASC, P.O. Box 7308, Madison, WI 53707-7308. If faxing, please fax each Reimbursement Form or VeriFlex Coversheet and it's receipts separately.

- For quickest reimbursement, Requests for Reimbursement may be submitted on-line at www.tasconline.com. (Login to MyTASC.)

- All Participants are expected to maintain a copy of supporting records and documents to validate the expense type and amount. FlexSystem may require additional information or documentation prior to processing a Request for Reimbursement.

- FlexSystem processes reimbursements daily. Reimbursement payments are initiated within 48 to 72 hours of receipt of a complete and accurate reimbursement request.

- Access Participants' account status information on the Internet (at www.tasconline.com), or on FlexSystem's Interactive Voice Response System (at 1 -800-422-4661). Participants will need their TASC ID to access this information from the Interactive Voice Response System and to initially access this information via the website.

- Please note, if your employer has elected Claim ConneX and you are enrolled in Claim ConneX for your Medical Out-of-Pocket Flex Plan, your medical insurance provider automatically submits the unpaid portions of your medical claims to TASC for processing. Those claims will be automatically reimbursed to you from your Medical Out-of-Pocket Flex Plan. No action is required from you to receive reimbursement for those claims. In addition if your employer's FlexSystem Plan has Reimbursement Ordering and you have a Medical Out-of-Pocket Flex Plan and a DirectPay Plan, requests submitted via the on-line Request for Reimbursement Wizard or via your medical insurance provider (Claim ConneX feature) will automatically be routed to your Plan that reimburses first and then to the Plan that reimburses second for processing.

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