



Additional TASC Card Request for Spouse/Dependent

Give your dependent the flexibility of their own TASC Card. The additional TASC Card offers your spouse or dependent the same convenience and advantages you enjoy! To request a TASC Card for your spouse or dependent, complete the application and fax to 608-245-3623 for processing. For fastest service, login to your MyTASC account (www.tasconline.com) and click TASC Card Management, Issue Dependent Card, and follow the prompts.



Your TASC Card is good for four years. So hang on to it! Even if you deplete this year's benefits funds, you'll be able to use the TASC Card again next year when you re-enroll in your Plan.

How is the TASC Card issued?

The TASC Card and a standard Cardholder Agreement will be mailed directly to your mailing address within 7–15 business days.

Can I have more than one additional TASC Card?

Each participant receives one additional card for their spouse or dependent free of charge. A \$10.00 fee will apply for each subsequent TASC Card generated. This fee will be deducted from your FlexSystem account upon the creation of the card(s). Each application may be used to request one additional card; subsequent requests will require additional applications.

Employee Name (Last, First, MI)	Employee TASC 12-digit ID
Employee Email Address	Employee Home Phone Number
Employer Name	Employer TASC 12-digit ID (Optional)
Section 2: Spouse or Dependent Information	
Spouse or Dependent Name (Last, First, MI)	
Participant Authorization for an Additional Card I understand that the above named individual will have access to my flex ity for all TASC Card transactions incurred by the above named individ those TASC Card transactions. I acknowledge and agree that upon any	lual and for submitting the supporting documentation, as requested, for inappropriate or fraudulent use of the TASC Card, or termination of
employment, I will immediately return all TASC Cards issued for use as	
employment, I will immediately return all TASC Cards issued for use as Section 3: Agreement	med spouse or dependent. I understand and agree to the above