

# Additional TASC Card Request for Spouse or 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, just complete sections 1, 2, and 3 below, sign and date the application and **fax to 608-245-3623** for processing.



**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. The TASC Card will be activated upon the first successful transaction.

**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.

**Section 1: Participant Information**

\_\_\_\_\_  
Employee Name (Last, First, MI)

\_\_\_\_\_  
Employee TASC 12-digit ID #

\_\_\_\_\_  
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 flexible spending account(s). I accept all responsibility for all TASC Card transactions incurred by the above named individual and for submitting the supporting documentation, as requested, for those TASC Card transactions. I acknowledge and agree that upon any inappropriate or fraudulent use of the TASC Card, or termination of employment, I will immediately return all TASC Cards issued for use against the account to my Employer.

**Section 3: Agreement**

I hereby request an **Additional TASC Card** for the above named spouse or dependent. I understand and agree to the above authorization terms.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date