

PROPOSAL PREPARED FOR

State of Nebraska

FSA, COBRA and Retiree Administration

Due: November 14, 2019

SUBMITTED TO:

State Purchasing Bureau
Attn: Julie Schiltz/Connie Heinrichs
1526 K Street Ste. 130
Lincoln, NE 68508



PREPARED BY:

Jeff Gilman
Regional Vice President – Large Market Sales
o | 608-268-8881
m | 509-990-5817
e | Jeff.Gilman@tasconline.com

Table of Contents

Cover Letter.....	3
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM.....	4
CORPORATE OVERVIEW ATTACHMENT A.....	5
COMPLETED SECTIONS II THROUGH VII.....	6
COMPLETED TECHNICAL APPROACH ATTACHMENT A.....	7
COMPLETED STATE COST PROPOSAL.....	8
Trade Secrets, Confidentiality, and Proprietary Information.....	9
TASC AUDITED FINANCIALS.....	10
BANK STATEMENT.....	11
SAMPLE REPORTS AND DOCS.....	12

Cover Letter

November 7, 2019

State of Nebraska
State Purchasing Bureau
Attn: Julie Schiltz and Connie Heinrichs
1526 K Street Ste 130
Lincoln, NE 68508

RE: RFP No. 6171 Z1- Flexible Spending Account and COBRA Programs Administration and Retiree Billing and Collection Services

Dear Ms. Schiltz, and Ms. Heinrichs,

On behalf of Total Administrative Services Corporation (TASC), I am pleased to extend my firm's commitment to provide an integrated, comprehensive and total solution that supports State of Nebraska's request for administrative services for Flexible Spending Accounts (FSA), COBRA and Retiree Services. Our proposal and offering, informed by years of expertise, is designed to ensure excellence in processing and administration, supporting web portals, and outstanding customer support.

TASC is the best partner for the State's priorities and values which supports the overall mission to "create opportunity through more effective, more efficient and customer focused state government":

- Our smart, easy, and connected Universal Benefit Account™ solution sets the highest bar for security, scalability, accuracy, and simplicity.
- Our proven track record of bringing innovative solutions to market spans more than 40 years, 33 of which administering FSA, and provides confidence in our ability to execute and deliver on time.
- Our mission to support the health of clients, members, and employees is aligned with your objectives to enable cost-effective and easier health decision making through information and incentives.

TASC has over 75,000 clients nationally (over 1,600 public entities) and a strong local presence in Nebraska with over 300 TASC clients and a handful of known entities like The University of Nebraska, Great Plains Power and the Nebraska Farm Bureau.

Should you or any of the review committee have any questions regarding this proposal or on any aspect of our services, please feel free to contact Jeff Gilson, Regional Vice President, Public Sector-Large Markets at 608-268-8881 or at Jeff.Gilson@tasconline.com at your earliest convenience.

Sincerely,



Jeff Gilson, Regional Vice President – Large Market

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place

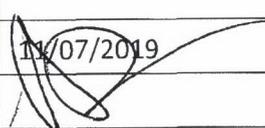
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes

_____ NEBRASKA CONTRACTOR AFFIDAVIT Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb Rev Stat § 73-107 and wish to have preference, if applicable, considered in the award of this contract

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb Rev Stat §71-8611 and wish to have preference considered in the award of this contract

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM	Total Administrative Services Corporation
COMPLETE ADDRESS	2302 International Lane, Madison, WI 53704
TELEPHONE NUMBER	888-595-2261
FAX NUMBER	
DATE	11/07/2019
SIGNATURE	
TYPED NAME & TITLE OF SIGNER	Nisha Gandhi, Executive Vice President, Large Markets

CORPORATE OVERVIEW ATTACHMENT A

Bidder Name: Total Administrative Services Corporation

Bidder should complete all questions in Attachment A.

CORPORATE OVERVIEW

BIDDER IDENTIFICATION AND INFORMATION

1.01

Provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business, whether the name and form of organization has changed since first organized, and Federal Employer Identification Number.

Response: Total Administrative Services Corporation (TASC) is an S Corporation with our headquarters at 3202 International Lane Madison, WI. TASC was Incorporated in Wisconsin on May 26, 1986 and has not changed its name since incorporation. TASC FEID is 39-1561025.

FINANCIAL STATEMENTS AND INFORMATION

1.02

Provide financial statements applicable to the firm. Provide a copy of the bidder's most recent annual report. If publicly held, provide a copy of the corporation's most recent two (2) years of audited financial reports and statements, and the name, address and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information must be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date that have been received by the following organizations. Indicate all changes that have occurred in the last twelve (12) months for each of these ratings.

- a. A.M. Best
- b. Standard and Poors
- c. Moody's
- d. Fitch

Response: TASC has included its most recent audited financial statement.

TASC is a privately held company that does not issue debt, TASC has not been evaluated by credit rating organizations such as Standard & Poor's A.M. Best or Moody's.

Cover Letter

November 7, 2019

State of Nebraska
State Purchasing Bureau
Attn: Julie Schiltz and Connie Heinrichs
1526 K Street Ste 130
Lincoln, NE 68508

RE: RFP No. 6171 Z1- Flexible Spending Account and COBRA Programs Administration and Retiree Billing and Collection Services

Dear Ms. Schiltz, and Ms. Heinrichs,

On behalf of Total Administrative Services Corporation (TASC), I am pleased to extend my firm's commitment to provide an integrated, comprehensive and total solution that supports State of Nebraska's request for administrative services for Flexible Spending Accounts (FSA), COBRA and Retiree Services. Our proposal and offering, informed by years of expertise, is designed to ensure excellence in processing and administration, supporting web portals, and outstanding customer support.

TASC is the best partner for the State's priorities and values which supports the overall mission to "create opportunity through more effective, more efficient and customer focused state government":

- Our smart, easy, and connected Universal Benefit Account™ solution sets the highest bar for security, scalability, accuracy, and simplicity.
- Our proven track record of bringing innovative solutions to market spans more than 40 years, 33 of which administering FSA, and provides confidence in our ability to execute and deliver on time.
- Our mission to support the health of clients, members, and employees is aligned with your objectives to enable cost-effective and easier health decision making through information and incentives.

TASC has over 75,000 clients nationally (over 1,600 public entities) and a strong local presence in Nebraska with over 300 TASC clients and a handful of known entities like The University of Nebraska, Great Plains Power and the Nebraska Farm Bureau.

Should you or any of the review committee have any questions regarding this proposal or on any aspect of our services, please feel free to contact Jeff Gilson, Regional Vice President, Public Sector-Large Markets at 608-268-8881 or at Jeff.Gilson@tasconline.com at your earliest convenience.

Sincerely,



Jeff Gilson, Regional Vice President – Large Market

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place

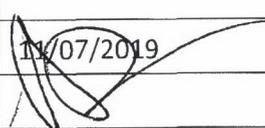
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes

_____ NEBRASKA CONTRACTOR AFFIDAVIT Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb Rev Stat § 73-107 and wish to have preference, if applicable, considered in the award of this contract

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb Rev Stat §71-8611 and wish to have preference considered in the award of this contract

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM	Total Administrative Services Corporation
COMPLETE ADDRESS	2302 International Lane, Madison, WI 53704
TELEPHONE NUMBER	888-595-2261
FAX NUMBER	
DATE	11/07/2019
SIGNATURE	
TYPED NAME & TITLE OF SIGNER	Nisha Gandhi, Executive Vice President, Large Markets

CORPORATE OVERVIEW ATTACHMENT A

Bidder Name: Total Administrative Services Corporation

Bidder should complete all questions in Attachment A.

CORPORATE OVERVIEW

BIDDER IDENTIFICATION AND INFORMATION

1.01

Provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business, whether the name and form of organization has changed since first organized, and Federal Employer Identification Number.

Response: Total Administrative Services Corporation (TASC) is an S Corporation with our headquarters at 3202 International Lane Madison, WI. TASC was Incorporated in Wisconsin on May 26, 1986 and has not changed its name since incorporation. TASC FEID is 39-1561025.

FINANCIAL STATEMENTS AND INFORMATION

1.02

Provide financial statements applicable to the firm. Provide a copy of the bidder's most recent annual report. If publicly held, provide a copy of the corporation's most recent two (2) years of audited financial reports and statements, and the name, address and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information must be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date that have been received by the following organizations. Indicate all changes that have occurred in the last twelve (12) months for each of these ratings.

- a. A.M. Best
- b. Standard and Poors
- c. Moody's
- d. Fitch

Response: TASC has included its most recent audited financial statement.

TASC is a privately held company that does not issue debt, TASC has not been evaluated by credit rating organizations such as Standard & Poor's A.M. Best or Moody's.

<p>1.03</p>	<p>CHANGE OF OWNERSHIP</p> <p>If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor will require notification to the State.</p> <p>Describe any parent/subsidiary relationship.</p>
<p>Response: TASC does not anticipate a change in ownership.</p> <p>TASC does not have a parent company.</p>	
<p>1.04</p>	<p>OFFICE LOCATION</p> <p>The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.</p>
<p>Response: Performance will be administrated from our corporate offices at 2302 International Lane, Madison, WI 53704.</p>	
<p>1.05</p>	<p>RELATIONSHIPS WITH THE STATE</p> <p>The bidder describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.</p>
<p>Response: TASC has not had a contract with the State of Nebraska in the previous twelve months.</p>	
<p>1.06</p>	<p>BIDDER'S EMPLOYEE RELATIONS TO STATE</p> <p>If any party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.</p> <p>If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.</p>
<p>Response: TASC does not and has not employed a former employee of the State of Nebraska.</p>	

<p>1.03</p>	<p>CHANGE OF OWNERSHIP</p> <p>If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor will require notification to the State.</p> <p>Describe any parent/subsidiary relationship.</p>
<p>Response: TASC does not anticipate a change in ownership.</p> <p>TASC does not have a parent company.</p>	
<p>1.04</p>	<p>OFFICE LOCATION</p> <p>The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.</p>
<p>Response: Performance will be administrated from our corporate offices at 2302 International Lane, Madison, WI 53704.</p>	
<p>1.05</p>	<p>RELATIONSHIPS WITH THE STATE</p> <p>The bidder describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.</p>
<p>Response: TASC has not had a contract with the State of Nebraska in the previous twelve months.</p>	
<p>1.06</p>	<p>BIDDER'S EMPLOYEE RELATIONS TO STATE</p> <p>If any party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.</p> <p>If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.</p>
<p>Response: TASC does not and has not employed a former employee of the State of Nebraska.</p>	

CONTRACT PERFORMANCE

1.07

If the bidder or any proposed subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default. Bidder must provide information on administrative and/or litigation within the past three (3) years, include current/pending cases, expected litigation, judgments, awards, and settlements (both in and out of court) or other real or potential financial reversals, including any bankruptcy proceedings whether voluntary or involuntary, which might materially affect the viability or stability of the bidder.

It is mandatory that the bidder submit full details of all termination for default experienced during the past three (3) years, including the other party's name, address and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.

If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.

Response: TASC has not has a contract terminated for default ever.

SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

1.08

Provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder must address the following:

Provide three narrative descriptions **for Flexible Spending Account services** to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:

- a. The time period of the projects;
- b. The scheduled and actual completion dates;
- c. The Contractor's responsibilities;
- d. The number of contracts and the number of covered members for each project;
- e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and
- f. Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.

Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.

If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

- a. Is this an exclusive relationship?
b. Effective date of Subcontract?

Response:

Ohio State University (OSU)

Contact: Jodie Gilkerson 614-247-4460 gilkinson.7@osu.edu

TASC acquired this contract in 2013 which ends in 2023 and is the prime contractor. Eligible full time employees at OSU is well over 34,000. We provide Flexible Spending Account administration to over 11,000 employees and Health Reimbursement Account administration for over 26,000 employees of this large university that also includes ADA compliance services.

TASC has a dedicated Account Management team for this large client that provides enrollment, and claim processing, including a dedicated premium services administrator, specialty reporting and custom branded debit card, forms, educational materials, and documents. TASC combined systems with OSU to drive up auto-substantiation. Unique to OSU, is a client and participant portal that we can add or change documents, educational material, forms and documents. OSU has its own Plan documents and Special Plan documents. Budget is an estimated: \$1,000,000

Stark County

Contact: Kim Sanford 330-492-8136 kim.sanford@email.sparcc.org

TASC has held this contract since 2014 as the prime contractor. The Stark County contract includes 85 county agencies within their system. TASC provides 5,900 participants with Flexible Spending Account administration. Each entity within the county has its own on line site that the participants use.

This client has a special funding arrangement that all of the agencies are funneled through the county administration office however keeps its agencies as individual accounts. Included in the Stark County Plan is daily processing of reimbursements, client training, enrollment and changes, annual non-discrimination testing, carrier integration, and specialty reporting. Stark County has a dedicated Account Management team that provides enrollment and claim processing. Budget is an estimated: \$177,000

Ramsey County

Contact: Sam Howell 651-266-2927 sam.howell@co.ramsey.mn.us

TASC has been the prime contractor for the Flexible Spending Account and Dependent Care Administration for Ramsey County since 2010. TASC provides daily processing, client training, enrollment and changes and carrier integration, enrollment and changes are also provided. Budget is an estimate: \$67,000

Provide three narrative descriptions for **COBRA Administration services** to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:

- a. The time period of the projects;
 - b. The scheduled and actual completion dates;
 - c. The Contractor's responsibilities;
 - d. The number of contracts and the number of covered members for each project;
 - e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and
- Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.

Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.

If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

- a. Is this an exclusive relationship?
- b. Effective date of Subcontract?

Response:

State of Kansas TASC has been the prime contractor to the State of Kansas since 2012. TASC provides COBRA services for over 42,000 eligible employees. TASC provides enrollment and educational material, forms and documents and received payments for COBRA administration. Loudoun Public Schools

Contact: Michele Kovach 571-252-1810 michele.d.kovach@lcps.org

TASC has been the prime contractor of this contract since 2018. TASC provides COBRA services for 8,900 eligible employees. TASC provides enrollment and educational material, forms and documents and receives payments for COBRA administration within the required timelines. Planned budget is an estimate: \$11,000

Trustmark

Contact: Jim Brown 601-901-6691 jim_brown@trustmark.com

TASC has been the prime contractor of this contract since 2013. TASC provides COBRA services for 2,450 eligible employees. TASC provides enrollment and educational material, forms and documents and receives payments for COBRA administration within the required timelines. Planned budget is an estimate: \$100,000

1.10	<p>Provide three narrative descriptions for Retiree Administration services to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:</p> <ol style="list-style-type: none"> a. The time period of the projects; b. The scheduled and actual completion dates; c. The Contractor's responsibilities; d. The number of contracts and the number of covered members for each project; e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and <p>Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.</p> <p>Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.</p> <p>If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.</p> <ol style="list-style-type: none"> a. Is this an exclusive relationship? b. Effective date of Subcontract?
-------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:

Indian River County Board 856 eligible employees TASC is the prime contractor.

Annie Casey Foundation 182 eligible employees. TASC is the prime contractor.

Lake County Board 150 eligible employees. TASC is the prime contractor.

1.11	<p>Indicate years of service providing and administering the coverage(s) related to this RFP. Describe abilities to administer such plans including:</p> <ol style="list-style-type: none"> a. Flexible Spending Accounts (Medical) b. Dependent Care Spending Accounts c. COBRA administration and billing d. Retiree administration and billing
-------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response: TASC has been providing turnkey Medical Flexible Spending Accounts since 1985.

TASC has been providing Dependent Care Spending Accounts since 1985.

TASC has been providing COBRA administration since 2001.

TASC has been providing Retiree administration since 2010.

1.12	<p>For the entire book of business for Flexible Spending Account services, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients</p>
-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

			National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
		2016	17442	391	1737	0
		2017	16379	352	1769	1
		2018	15996	330	1709	1
		2019	16458	288	1709	3

Response: See Table above.

1.13	For the entire book of business for COBRA Administration services , provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients				
		National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
	2016	6132	58	346	0
	2017	6256	53	354	0
	2018	6873	58	400	0
	2019	8070	59	520	0

Response: See Table above.

For the entire book of business for **Retiree Administration services**, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients

1.14

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016	41	0	15	0
2017	47	0	13	0
2018	54	0	17	0
2019	60	0	18	0

Response: See Table above.

1.15

What percentage of the 2018 total group membership renewed for the 2019 plan year for FSA, COBRA and/or Retiree Administration services?

Response: TASC FSA renewal is approximately 92% from the 2018 to 2019 plan year.

TASC COBRA/Retiree renewal is approximately 85% from the 2018 to 2019 plan year.

SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder must present a detailed description of its proposed approach to the management of the project.

The bidder must identify the specific professionals who will work on the State's project if the company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified. If the teams are different for each product (i.e. FSA is different from COBRA), indicate as such. The team shall include, but not be limited, to the following roles:

1.16

- Implementation Manager
- Account Executive
- Member Services Manager

Designated alternate Account Executive would be expected to be familiar with all aspects of the State's business as it relates to the State's Health Plan. The designated alternate Account Executive is not subject to the location requirements but must be available via a conference call.

Provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.

Resumes must not be longer than three (3) pages. Resumes shall include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

Response: Shala Davis - Specialty Implementation Manager Shala will be assigned upon notice of award. As the State specialty implementation manager, Shala will work closely with the State to collaboratively define your needs and incorporate them into a detailed Implementation Project Plan and then translate the plan into the setup of operational services.



The first step in the implementation program is to conduct an interview with your key personnel and our implementation team. The specialty implementation manager will work closely with the State to define and incorporate your needs into a detailed Implementation Project Plan and then translate the plan into the setup of operational services. We will confirm our understanding of scope and requirements to ensure alignment from the beginning of the relationship throughout the contract. We will walk you through the requirements that are needed for a successful implementation of services and also provide an administration manual for reference and guidance.

Implementation is critical to your operational success, and TASC uses best practice management methods to achieve reliable results and minimize costs.

The State's designated specialty implementation manager will stay with the implementation until migration to operations is complete and successful oversight will ensure the project stays on task.

TASC will "walk" the State through the requirements that are needed for a successful implementation of services, as well as provide an implementation manual for reference and guidance.

The specialty implementation manager ensures there is no breakdown of communication between the various transition stakeholders (data exchange, marketing and communications production etc.).

The specialty implementation manager makes certain the required implementation tasks are completed on time with

limited disruptions to the State's operations.

Specialty implementation managers are backed by a team of subject matter experts.

In order to ensure our service meets the highest quality standards, we audit key implementation processes such as benefit rate entry, qualifying event entry, election changes and disbursement.

Upon completion of the implementation process your designated Account Manager and our Customer Care team will take over the day to day responsibility of your account.

Additionally, TASC conducts a post-implementation onboarding survey to evaluate the implementation from MUS's perspective.

Andy Bartel, Chief Sales Officer

Andy will be your Executive Sponsor, responsible for creating visibility for your account within TASC and serving as the highest ranking escalation path if other resources are unable to immediately resolve any service concerns.



Andy leads the TASC sales organization, which includes Microbusiness division, Mid-Market division, Public Sector, and National Accounts. He serves on the TASC Strategy Team, President's Advisory Council, and shares his expertise at TASC Board of Advisors and Inner Circle Meetings. An expert on Universal Benefit Account®, Andy regularly conducts education sessions, broker sales training seminars, and client enrollment meetings, and he has personally recruited hundreds of active TASC producers.

Account Executive: Jeff Gilson

Jeff Gilson Regional Vice President – Large Markets Primary Point of Contact

Jeff will be the primary point of contact and will serve MUS in an advisor capacity to foster collaboration to ensure contract requirements and sales commitments are aligned among internal and external stakeholders throughout the sales period until implementation.



Jeff joined TASC in 2016 with over 20 years of employee benefits experience working for public and private entities. His background includes health and welfare administration, regulatory compliance and retiree healthcare benefits. Jeff has consulted extensively on tax free plans, with experience assisting cities, counties, school districts, as well as public sector clients, in maintaining and operating their plans. He has a thorough working knowledge of all aspects of employee benefits plan design, funding, administration, regulatory compliance, benefit communication, and new technologies. Jeff has facilitated workshops and meetings to educate groups on healthcare cost management strategies and alternative funding programs for retiree health care benefits. Jeff served as a trustee to the largest Voluntary Employees' Beneficiary Association (VEBA) plan for public employees in the state of Washington and was active in legislation to enhance retiree healthcare funding solutions.

Account Management Team: Team Green



Jerry Holmes



Julie Musso



Mary Burgess

Account Management Team Green

- Combined 21 years of experience with TASC
- More than 26 years combined benefits experience
- Educated & trained in all of TASC's service offerings with ongoing continuing education

TASC's Account Managers are dedicated, experienced professionals, trained in all of TASC's service offerings and able to work with different departments within TASC to successfully support your benefit programs. Your Account Manager:

- Works with the Client Account Executive, Julie Musso, to schedule onsite attendance at the State's benefit fairs
- Work with TASC internal resources and the State to schedule courses, online and on site
- Works closely with you to ensure client satisfaction
- Coordinates and collaborates with the Client Account Executive and other Account Managers to review the State's requirements and ensure they are met
- Ensures proper routing for all processing
- Follows-up on issues to ensure completion and "closes the loop"
- Maintains documentation and communication of issues
- Owns the renewal process to ensure success
- Escalates issues, recommends resolution and is on top of continuous improvement efforts
- Establishes and maintains relationship with all team members to ensure your needs are met
- Works closely with our Compliance and Quality Services departments

SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder must provide:

- 1.17
- a. name, address and telephone number of the subcontractor(s);
 - b. specific tasks for each subcontractor(s);
 - c. advise if exclusive relationship for each subcontractor;
 - d. Indicate effective date and expiration date of each Subcontract agreement; and
 - e. Describe the management of suppliers/subcontractors to ensure delivery is effectively provided to the State of Nebraska and its employees.

Response: TASC will not be utilizing a subcontractor.

COMPLETED SECTIONS II THROUGH VII

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VII as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JG			No Comment

The contract resulting from this Request for Proposal shall only incorporate the following documents:

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. BUYER REPRESENTATIVE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the

State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JL			No Comment

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY (Optional)

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. PERFORMANCE BOND

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor will be required to supply a cashier's check or a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the cashier's check or bond must be established dollar amount of \$200,000. The check or bond will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. If the Contractor chooses to provide a cashier's check, the check must show an expiration date on the check. Cashier's checks will only be allowed for contracts for three (3) years or less, including all renewal options. Failure to comply shall be grounds for forfeiture of the check or bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond or cashier's check will be returned when the contract has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

T. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
gzi			No Comment

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
gzi			No Comment

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
9/21			No Comment

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. **WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice) Qualification Under Nebraska Excess Fund	Limits consistent with Nebraska Medical Malpractice Cap
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Administrative Services
 Attn: Wellness & Benefits Administrator
 1526 K Street, Suite 110
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

I. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

J. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

K. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

L. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

M. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

N. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.htm> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

O. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

P. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

Q. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. The State can support a daily invoice and process ACH transfers within three (3) business days. The State cannot support a pre-funded account. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

Invoices for payments must include:

Monthly invoice (for the Flexible spending administration fees. The fees should be invoiced after the end of the month. (For example, the August admin fees would be invoiced 9/1/19.)

Flexible Spending daily reimbursement documentation must be emailed to the State and must include:

The date the payments are processed & for what plan year, a separate amount for the dependent care & Health Care, an invoice #, in addition to a remittance address.

Weekly backup to support the daily Flexible Spending reimbursement requests must include:

The employee name, SS#, date of the reimbursement, dollar amount of the reimbursement & whether the reimbursement was for Health Care or Dependent Care.

The Admin Fee Invoice and weekly backup reports shall be posted to the vendor's site and picked up by the State.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JS			No Comment

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
921			No Comment

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent to three (3) percent of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

COMPLETED TECHNICAL APPROACH ATTACHMENT A

TECHNICAL APPROACH

1.18 Describe the administration of FSA benefits, including health care and dependent care reimbursement accounts, as well as whether these services are outsourced with another vendor.

Response:

TASC confirms that all of these services will be provided by TASC and not an outsourced solution or provider. We have reviewed the State's Scope of Services. We will work with the State to further refine our project plan to meet the State timelines and deliverables based on the mutually confirmed requirements of the Scope of Services.

TASC's Universal Benefit Account® is the foundation of our FSA offering and key to all our reimbursement accounts. It's a single, paperless, unified technology solution that is highly secure, rich in functions, and easy to access. It's also been designed with the end users in mind. For HR staff, time is returned to focus on strategic objectives, and for Participants, access to service is simply a choice of text, email, online chat, or phone call, or the use of our self-service tools, which are used by a full 93% of our participants.

Designed around how people actually think, the Universal Benefit Account® provides an unparalleled user experience. With only one website, one Mobile App, and one card that can hold up to 50 unique benefit accounts.

TASC's Agile design methodology has delivered a scalable and flexible solution architecture. Coupled with an unparalleled commitment to quality service and compliance, TASC has placed the bar very high. Universal Benefit Account® will set you apart by helping you to:

- Attract and retain top talent. From the traditional to the customizable, you can provide a unique benefits experience for your employees. Place your health, wealth, fringe, education, and rewards programs on the same technology solution, with one card, one website, and one mobile app. Your employees can choose what is important to them and you can focus on what's best for your business.
- Simplify administration. Simplicity means costs savings. The ease of administration that you get with Universal Benefit Account™ returns hours to your HR team, and focus to your business. Just think, across 50 or more potential accounts, your HR team only needs to know about one simple file architecture. Frustration from lack of interoperability will melt away. Benefits will feel like benefits again.
- Confidence in a trusted partner. Our commitment to our clients is backed by over 40 years of industry experience, growth, and solution design expertise.

TASC Universal Benefit Account® solution delivers:

- Reimbursement benefit account offerings fully integrated into one platform
- One smart card that "knows" which account from which to draw funds
- One unified participant experience across mobile, web, and call center channels
- One consolidated client-level view of all account activity

TASC's full-service Health Savings Account (HSA) provides a comprehensive benefits package to help fight rising healthcare costs and promote healthy lifestyles. TASC manages all aspects of HSA Plan administration and works closely with you to ensure seamless Plan implementation, accurate ongoing administration, and adherence to all compliance requirements.

With the TASC HSA, Clients and Participants enjoy the ease and control of secure online access with the reliability needed for worry-free, consumer-driven healthcare accounts. We offer fast reimbursements and easy access to funds. Employees can easily manage their HSA with TASC's FDIC-insured Cash Account and integrated Investment Management Services.

With this offering, TASC manages all aspects of administration, delivering:

- Customizable sweep thresholds that allow a Participant to automatically transfer funds from the cash account to the investment account (with a minimum balance of \$2,000)
- Easy online enrollment through the Participant Portal
- Multiple options to submit claims
- Multiple contribution methods (lump sum, first of the month, or payroll deductions)
- Monthly reports generated automatically and available in the secure Client Portal for a virtually paper-free administration process
- Employee Welcome and education materials
- A TASC Card for eligible out-of-pocket HSA expenses
- An expense tracker that securely stores uploaded receipt images online
- Multiple top-rated investment options to maximize the future value with all-inclusive fees (*Mutual fund fees may apply, as noted in the Custodial Agreement*)
- Compliance services including an annual non-discrimination assessment, HSA language for the Section 125 Plan Document and Summary Plan Descriptions, and Plan design consultation and review
- Carrier integration

For COBRA services, our MyService Center provides a comprehensive summary of Plan activity, showcasing service requests, reports, and service activity for each of our products. This is to give more visibility, transparency and accountability. Only TASC gives Clients this kind of unparalleled control and power over their Plans.

Our TASC COBRA Participant landing page provides a snap shot overview of the plan:

- Status of Plan
- Listed dependents
- Remaining Months of Eligibility
- Amount Due
- Payment Due Date
- Payment History
- Next Premium Amount
- Next Premium Due Date
- Inform Payments are Due on the 1st of each month

Additionally, Participants are able preform a number of administrative tasks such as setting up an online payment, printing payment coupons, view billing and payments, view all communications, view Plans and Products, and submit a service request.

At TASC, most of our participants (93%) use the self-service tools that are widely available on our Mobile App and Participant Portal. They can do virtually everything a live agent can do which frees up our agents to work on more complex problems. More than 95% of those calls result in First Call Resolution, a fact that we're proud to share with you.

TASC offers innovation and convenience on the debit card we provide our Participants. It can be used for all health, welfare, and fringe benefit accounts in one smart, easy and connected solution. Participants are automatically issued two debit cards upon enrolling into a plan at no additional cost. The TASC Card “knows” which account to draw from at the point of sales because logic in our system guides the priority in which funds are used.



The TASC Card is unique because:

- It is owned by TASC. With greater control over the supply chain, Participants receive their cards faster.
- TASC auto-adjudication rates are up to 90% at the point of sale giving Participant’s a fast and easy way to access their benefits. For those expenses that do not auto-adjudicate, a reimbursement request is easy to submit from the Participant Portal or Mobile App.
- Participants never need to worry about their TASC Card being declined at the point-of-sale should they lack funds to cover the entire expense. By simply enabling Decline Protection in the Participant Portal, and by linking their card to a personal bank account, the Participant can apply up to \$500 of overdraft protection to their card accounts. For eligible expenses, their benefit account will approve up to its available balance.
- Participants are able to deploy the Lock Card (turn-off) feature via the Participant Portal or Mobile App in the event of loss or theft, or to control a dependent’s card. If the card is found, simply unlock (turn back on) the card to continue to make eligible purchases.
- TASC’s popular MyCash account on the debit card is the fastest and most convenient way to receive funds from reimbursement requests! When the card cannot be used to pay for eligible expenses, it is used to receive reimbursed funds from manually submitted claims, usually within 24 hours of an approved reimbursement request, and often within just hours! Funds are sent electronically to the card’s MyCash account where they can be withdrawn from an ATM, spent by using the card anywhere MasterCard® is accepted, or transferred to another connected bank account. Funds in MyCash are unrestricted, not tied to a specific reimbursement account enrollment or plan years, and they never expire!
- Participants may have up to 3 debit cards issued at no additional cost.

Mobile app technology is a standard that participants expect for fast and convenient service. TASC offers a feature rich Mobile App, available for free in the App Store for iOS and in Google Play for Android. TASC’s Mobile App capabilities provide real time ability to securely check balances, view transaction details, access plan information, request a reimbursement, and submit substantiation.

TASC's Mobile App features include:

- Customer Service Chat to engage live Call Center Agents
- Text Message (SMS) alerts and notifications for instant interactive communications
- MyCash account access to manage reimbursed funds
- Check balance and transaction history, including deposits, transfers, and purchases
- Card Decline Protection to prevent cards from declining at the point-of-sale
- ATM finder
- Mobile app bio-metric screening (Face ID and Thumb Print ID) for additional levels of security.
- Card-Lock self-service to shut off a lost card. Reversible when the card is found
- Pay-My-Provider works like automatic bill-pay.
- Receipt Repository works just like an expense report engine to capture substantiation and allows participants to submit a "flood-the-bucket" claim.
- Picture-to-Pay allowing participants to simply take a picture of a bill and submit for payment.
- Eligible Expenses Look-up provides participants instant access to look-up an item to see if its eligible for reimbursement (item name, brand or bar code).
- Real-time account balances, for both active and closing plans.
- Reimbursement requests directly from mobile device.
- Help screen for troubleshooting.
- Data Encryption through Secure Socket Layer (SSL) while linking web servers to your browser
- Plan information display of eligibility, reimbursement, contribution totals, and annual election amounts
- Access claims history such as service date, provider, and payment amount



1.19 Describe how COBRA continuation of coverage can be administered, or if this service is outsourced with another vendor.

Response: TASC will provide the administration for COBRA. This is not outsourced to another vendor.

TASC manages all aspects of administration and compliance for your COBRA program, working closely with you to ensure seamless Plan implementation, accurate ongoing administration, and dependable compliance.

Under COBRA, an Employer (or Third Party Administrator on the Employer's behalf) must comply with numerous time-sensitive deadlines related to Qualified Beneficiary (QB) notification, election dates, and premium payment dates (if applicable). TASC removes employer burden and provides peace of mind that the employer is in complete compliance with all COBRA rules and regulations.

TASC services include:

- An online Client Portal with tools that reduce your COBRA workload
 - Submit new hire information for a General Notice

- Enter and manage QBs and dependents
- Create and access online reports
- Copies of communication sent to QBs
- Update Plans and carriers at renewal
- A QB Portal for one-time and recurring premium payments, managing dependents, updating demographic information, and viewing correspondence
- Care Center support for Clients, QBs and beneficiaries
- COBRA premium payment billing and collection; TASC:
 - Sends coupons to QBs
 - Disburses premiums to the Client monthly
 - Details payments received in a month-end report
 - Establishes election and payment receipt deadlines
- Issuing of all required COBRA notices/communications for QBs including General Notices, COBRA Election (Qualifying Event) Notices, Notification of Rate and Benefit Changes, and communication to dependents
- Processing of Qualifying Event (QE) elections
- Adjudication of COBRA elections; verification of continued COBRA eligibility
- Takeover of current QBs
- Recordkeeping on all COBRA correspondence and activity
- Protection from liability for all required COBRA administrative procedures and regulations
- All-inclusive fees; no hidden fees

1.20 Describe how Retiree health premium billing can be administered, or if this service is outsourced with another vendor.

Response:

TASC will provide the administration for Retiree billing. This is not outsourced to another vendor.

The initial Client set-up with TASC Retiree Billing requires transferring pertinent information from you to TASC Retiree Billing. A complete transferring of information will facilitate a timely set-up, and will reduced both efforts and time later on. The required basic information should have been collected on the Plan Application: Client name, Client address, Client telephone, and Client Tax ID number.

GENERAL PLAN INFORMATION AND REQUIREMENTS

1.21 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

Response:

From time to time, TASC will optimize and enhance the experience for our members and clients by offering additional feature functionality that enables more self-serve capability as desired by our members. TASC does not have any proposed staff relocations or telephone system changes in the next 12-24 months.

MEMBER SERVICES

1.22 The State requires the minimum hours for claims administration operation to be Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Describe if any additional hours are available beyond the core hours.

Response:

TASC Administration Teams are available Monday through Friday from 8:00 am to 6:00 pm in the Central Time Zone.

1.23 Describe the process for handling calls "after hours" of operation? Is there a voicemail system or capability for caller to leave messages after normal business hours?

Response:

TASC understands today's modern workforce needs a variety of convenient options to request an answer to benefit questions. At TASC, most of our participants (93%) use the self-service tools that are widely available on our Mobile App and Participant Portal. They can do virtually everything a live agent can do which frees up our agents to work on more complex problems. More than 95% of those calls result in First Call Resolution, a fact that we're proud to share with you.

As part of TASC's right touch experience, multiple self-service tools are available 24/7/365 for Client and Participants use:

- Interactive Voice Response (IVR) system
- Mobile app
- Text Message Alert Notifications (SMS)
- Online Portals
- Online Chat feature

Automated Number Identification (ANI) recognition: By collecting home and mobile phone numbers under participant profiles, we identify callers calling from a number on file and automatically authenticate them. This improves the overall participant experience, allowing for ease in doing business with TASC.

1.24 Describe how members reach a live representative or an interactive voice response (IVR) unit when calling Member Services.

Response:

TASC is the industry-leader in customer care. TASC's provides live Customer Care Representatives who are available via telephone from 8:00 AM – 5:00 PM in all US time zones, Monday through Friday.

TASC also employs geographically dispersed customer care associates across the nation to serve each time zone and back up our services in case of severe weather conditions. TASC employs approximately 90 Customer Care Representatives year round and proactively plans for seasonal and peak volume periods to ensure TASC delivers on commitments to right touch service throughout the year.

1.25 Describe the system by which the Customer Service unit tracks and documents calls. Describe the process to review the findings of the call tracking and documentation process with the State.

Response:

TASC utilizes several features to distribute call, track data and monitor activity:

Priority queuing: TASC priority queues both incoming calls and incoming administrative work based on customer and account.

Interaction analytics: TASC utilizes a state-of-the-art Interaction Analytics tool that enables us to convert all incoming calls and chat to text and analyze these interactions for a myriad of reasons, including service quality provided by our CSRs (allows for 100% quality oversight of specific criteria) and interaction trending for process improvement identification.

All calls are logged into our tracking system.

TASC tracks calls in an extensive database where we store all notes regarding all conversations and interactions. We also track each call with an appropriate account code, to track what our call drivers are and the call volume. We have a dedicated Quality Assurance Coordinator that randomly records calls each day and scores them for quality. Calls are recorded and tracked by client.

1.26

Describe how members can electronically access reimbursement information and the Member Services group. Describe the internet, i.e. web chat, or email services offered.

Response:

TASC's electronic access to reimbursement information is designed to be easy for participants, and we give participants several electronic options.

TASC's Universal Benefit Account® online portal is a robust and powerful self-service system that gives participants the freedom to view and manage their account anytime. TASC's portal functionality includes:

- An expense estimator and tax-savings calculator
- Online Chat feature where participants can receive support in real-time with Customer Care
- MyCash account access to manage reimbursed funds
- Help icons to make information more easily understandable and memorable
- A detailed list of tax-favored eligible expenses
- A secure message center to view account alerts and notices
- Preference set up fields to manage notifications and reminders
- How-to video library
- Online reimbursement request submission
- Pay the Provider sign-up like automatic bill-pay
- External links to IRS and other websites
- Detailed Frequently Asked Questions (FAQs)
- Debit card information including a list of compliant IIAS merchants
- An interactive pharmacy locator map
- Program enrollment and profile set up fields
- Detailed, secure account information such as transaction details, transaction history, and plan details
- Downloadable claim form and general information

- Upload substantiation information
- Functionality to Lock the card
- Password change and reset

Mobile app technology is a standard that participants expect for fast reimbursement information. TASC offers a feature rich Mobile App, available for free in the App Store for iOS and in Google Play for Android. TASC's Mobile App capabilities provide real time ability to securely check balances, view transaction details, access plan information, request a reimbursement, and submit substantiation.

By far the easiest for participants is via the industry-leading Universal Benefit Account online platform. Participants can submit a claim from their computer, tablet, or even through the mobile app. They can even photograph their healthcare item receipt with their phone and upload it to our system using our 'Picture to Pay' function. We also provide members with paper forms which they can fill out and use to submit their claims through the mail. Our claim processing time averages less than 24 hours and we can add reimbursement funds directly online client accounts, or mail paper checks, whichever your participants prefer.

1.27 Describe the escalation process for Member Services satisfaction and complaints.

Response:

All members will contact a Customer Care Specialist via phone, online or mobile Support Request. Today, 93% of members access the self-serve features of our member portal which frees up our agents to work on more complex issues of other members. In the event the Customer Care Specialist is unable to resolve an escalated issue, the member will be supported by a Customer Advocate who will take over the interaction, ticket any unresolved issues and work directly with the Member to resolve within 24 hours. If a resolution is still required, the Customer Advocate will recommend the member's case to a Resolution Specialist. When and if a call is escalated to a resolution specialist, an impressive 98% of those interactions are resolved thru our First Call Resolution Data.

At TASC we strive to place our customers at the center of everything we do. When we get things wrong or fail to meet your expectations, we welcome the opportunity to make things right. Addressing concerns about TASC or the service you've received is a top priority for us. In our aim to resolve system or process issues faster and more efficiently, we have established two specialized roles within our Customer Care team: Customer Advocates and Resolution Specialists.

Our highly experienced Customer Advocates review each escalated situation and make the best determination for timely resolution. Any issue that can't be resolved within in one business day will be assigned a Resolution Ticket and Resolution Specialist. The Resolution Specialist will work the ticket to completion: fully documenting the issue, working with the appropriate internal departments to ensure complete resolution, and communicating with the customer throughout the process.

1.28 Contractor will not render or administer services offshore, and all work performed will be in the contiguous United States. Describe where the Customer Service unit will be located.

Response:

TASC will not administer services offshore. All work will be performed by multiple locations throughout the contiguous United States,

FSA PLAN ADMINISTRATION AND ADJUDICATION

1.29

Regarding the claim office that will service the State, provide the following:

- a. **Annual claim volume;**
- b. **Percentage of claims that are auto-adjudicated;**
- c. **Percentage of claims that require substantiation; and**
- d. **Average time to reimburse the member from receipt of a “clean claim”.**

Response:

A: Annual Claim Volume; TASC Annual claim volume is approximately 12,000,000

B: Percentage of auto-adjudicated: With TASC technology, 90% of FSA claims are auto-adjudicated at the time of card swipe. For the small percentage of claims which are not, TASC’s Universal Benefit Account® delivers the easiest and fastest claims reimbursement in the industry. Employer participants can simply snap a photo of their receipt from their care provider such as a carrier or daycare provider, upload it to their participant Universal Benefit Account® , and submit for reimbursement in a few clicks or taps on their smartphone and non-card auto substantiation rate is 83%. Monies are reimbursed into the members MyCash within 24 hours and often the same day for access on their TASC Card. With the receipt or use of the card at the point of service, no EOB is required for claim substantiation.

C: Percentage Claims Requiring substantiation: 15% of claims require substantiation. This is guided by the States plan design and how you prefer to structure substantiations while staying within the IRS guidelines.

D: Average time to reimburse: Participants receive reimbursed funds within 24 hours of claim approval, and often far less with MyCash. Direct Deposit takes one to two days.

1.30

Describe the substantiation process that insures all medical expenses are valid IRS Section 213(d) expenses.

Response:

TASC is known for having a simple, fast, and innovative reimbursement process where requests are quickly adjudicated, and timely reimbursement delivered back to the participant. Participants who use their card at the point of sale experience auto-approval if the pharmacy they use is a 90% merchant (meaning that 90% or greater of their revenue is from the sale of prescriptions and/or medical supplies and they’ve opted into the 90% program). Otherwise, they will simply submit documentation verifying the claim is eligible.

Claims must be substantiated with supporting documentation from the participant and/or an independent third party, or through the safe harbors allowed by IRS ruling 2003-43 and 2006-69.

TASC offers the maximum electronic substantiation capabilities to drive the minimum amount of follow up requests. The TASC Card is a smart card and it recognizes coding that establishes eligibility. It automatically substantiates expenses when possible.

The TASC claims process is highly-automated, with near-perfect financial and processing accuracy. Our proprietary software utilizes a highly specialized analysis framework that evaluates a number of submission parameters including date, eligibility, plan maximums, current yearly reimbursement total, election amount, co-pay matching, recurring expense logic, and duplicate-checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a separate request for reimbursement.

We process reimbursements in our Universal Benefits Account system daily. The options to receive reimbursement include the following:

- When participants use their card for eligible products or services, the claim is auto-adjudicated. It is not necessary for a request for reimbursement to be made.
- Eligible reimbursement requests submitted via the mobile app or through the online web portal are paid right back to the card for immediate spending, withdrawal, or transfer if the participant is enrolled in MyCash. With MyCash, the money is tied to the reimbursement account instead of a bank account.
- Reimbursement can also be obtained via electronic fund transfers/direct deposit to the participant's bank account if desired.
- Participants can opt for a check sent to the address on file; however, the best participant experience are in the choices preceding this one.

Participants who have enabled MyCash will receive their reimbursements fastest...sometimes within hours of submission and rarely more than 24 hours after submission. They can receive customizable notifications regarding their claim milestones including when the reimbursement has been made by setting up their preferences in the Employee Portal.

1.31	Describe the claims payment process for reimbursement of claims that do not require substantiation.
------	------------------------------------------------------------------------------------------------------------

Response:

TASC offers one of the most advanced debit cards in the industry. Underpinned by the innovative Universal Benefit Account® system, a single TASC card be used for all health, welfare, and fringe benefit accounts in one smart, easy and connected solution. Participants are automatically issued a debit card upon enrolling into the plan at no cost. The card is tied to multiple benefit accounts that will access funds based on eligibility and point of sale card swipe. Card system logic and business rules do the rest to ensure that funds are pulled from the correct account.

TASC offers the maximum electronic substantiation capabilities to drive the minimum amount of follow up requests. The TASC Card is a smart card and it recognizes coding that establishes eligibility. It automatically substantiates expenses when possible.

The TASC claims process is highly-automated, with near-perfect financial and processing accuracy. Our proprietary solution utilizes a highly specialized analysis framework that evaluates a number of submission parameters including date, eligibility, plan maximums, current yearly reimbursement total, election amount, co-pay matching, recurring expense logic, and duplicate-checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a separate request for reimbursement.

TASC processes reimbursements daily. The options to receive reimbursement include the following:

- When participants use their card for eligible products or services, the claim is auto-adjudicated. It is not necessary for a request for reimbursement to be made.
- Eligible reimbursement requests submitted via the mobile app or through the online web portal are paid right back to the card for immediate spending, withdrawal, or transfer if the participant is enrolled in MyCash. With MyCash, the money is tied to the reimbursement account instead of a bank account.
- Reimbursement can also be obtained via electronic fund transfers/direct deposit to the participant's bank account if desired.

MyCash will receive their reimbursements fastest...sometimes within hours of submission and rarely more than 24 hours after submission. They can receive customizable notifications regarding their claim milestones including when the reimbursement has been made by setting up their preferences in the Employee Portal.

1.32	Describe the communication process and procedures for additional substantiation requirements for a claim to be reimbursed, including if a member is unresponsive to the first request for substantiation documentation.
-------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:

- If expenses require additional documentation, TASC will provide Substantiation Notifications to participants. Participants may also view transactions and receipt status online or via the mobile app.
- TASC will send up to three Substantiation Notifications via text alerts and notifications, mail or email. The participant determines their preferred communication
- 1 day after the TASC Card transaction; notifies participant that substantiation is required,
- 15 days after the initial TASC Card transaction; reminder that substantiation is required, and
- 30 days after the initial TASC Card transaction; final reminder that documentation is still lacking.

1.33	Describe the process and procedures in place to address a situation when a member does not submit the requested substantiation to have a claim reimbursed (e.g., claim is not reimbursed, account is locked/frozen, etc.?)
-------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:

Within 45 days of a transaction, participants must submit required substantiation documentation. The State can determine the rules or thresholds for substantiation requirements as well as card deactivation procedures as long as it follows IRS Guidelines. Otherwise, the unsubstantiated Flex Spending Account claim will be denied, repayment will be requested, and the TASC Card will be suspended until TASC receives repayment or required substantiation. Any transaction attempted with an inactive TASC Card will be declined. Finally, if Participant fails to repay the claim or provide necessary documentation, the State of Nebraska will withhold the claim amount from his/her paycheck. The Participant's TASC Card will be activated within 48 hours after we receive proper substantiation documentation or repayment.

1.34	If an account is locked/frozen due to lack of response to requests for substantiation, what is the process to notify the member of the account status? What is the process for unlocking the account?
-------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:

If a Health Care FSA claim is not substantiated within 45 days:

- The claim will be denied,
- The participant will receive a claim denial notification,
- Repayment will be requested, and
- The TASC Debit Card will be suspended until the participant substantiates, substitutes, or repays a denied claim.

Any transaction attempted with an inactive TASC Debit Card will be declined. Inactive TASC Debit Cards will be reactivated within 48 hours of receipt of proper substantiation documentation, claim substitution, or repayment.

Participants with an inactive TASC Debit Card may submit eligible medical expenses for reimbursement using the Reimbursement Claim Form or RFR on the mobile/online app. If the reimbursement request and the unsubstantiated

claim are for the same plan year, any reimbursement requests submitted while the card is inactive will automatically be applied to the outstanding unsubstantiated claim balance.

1.35 Describe the process for handling exceptions.

Response:

TASC follows IRS rules and regulations as well as any special provisions in the plan documents including client specified custom appeals procedures. Participants who wish to file an appeal must complete the form located on the reverse side of the denial letter they receive and return the document with any additional supporting information within 180 days from the date of the notice. The denial notice also explains the process for urgent situation review, the guidelines for urgent situation qualification and instructs participants to check yes next to "Does this appeal require an expedited review" on the appeal form.

Appeals may be submitted by the participant or their authorized representative, which may be designated on the appeal form.

TASC will review our original decision and provide the participant with a written determination within 60 days once all the required information has been submitted to us. If special circumstances require an extension of time, a written notice of the extension will be sent to the participant. In the rare occurrence that a timely decision is not received, Participants may be able to request an external review of their claim by an independent third party, who will review the denial and issue a final decision.

1.36 Describe the claims adjudication process from submission of a health care FSA claim to reimbursement.

Response:

TASC is known for having a simple, fast, and innovative reimbursement process where requests are quickly adjudicated, and timely reimbursement delivered back to the participant. Participants who use their card at the point of sale experience auto-approval if the pharmacy they use is a 90% merchant (meaning that 90% or greater of their revenue is from the sale of prescriptions and/or medical supplies and they've opted into the 90% program). Otherwise, they will simply submit documentation verifying the claim is eligible.

Claims must be substantiated with supporting documentation from the participant and/or an independent third party, or through the safe harbors allowed by IRS ruling 2003-43 and 2006-69.

TASC offers the maximum electronic substantiation capabilities to drive the minimum amount of follow up requests. The TASC Card is a smart card and it recognizes coding that establishes eligibility. It automatically substantiates expenses when possible.

The TASC claims process is highly-automated, with near-perfect financial and processing accuracy. Our proprietary software utilizes a highly specialized analysis framework that evaluates a number of submission parameters including date, eligibility, plan maximums, current yearly reimbursement total, election amount, co-pay matching, recurring expense logic, and duplicate-checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a separate request for reimbursement.

We process reimbursements in our Universal Benefits Account system daily. The options to receive reimbursement

include the following:

- When participants use their card for eligible products or services, the claim is auto-adjudicated. It is not necessary for a request for reimbursement to be made.
- Eligible reimbursement requests submitted via the mobile app or through the online web portal are paid right back to the card for immediate spending, withdrawal, or transfer if the participant is enrolled in MyCash. With MyCash, the money is tied to the reimbursement account instead of a bank account.
- Reimbursement can also be obtained via electronic fund transfers/direct deposit to the participant's bank account if desired.
- Participants can opt for a check sent to the address on file; however, the best participant experience are in the choices preceding this one.

Participants who have enabled MyCash will receive their reimbursements fastest...sometimes within hours of submission and rarely more than 24 hours after submission. They can receive customizable notifications regarding their claim milestones including when the reimbursement has been made by setting up their preferences in the Employee Portal.

1.37	Describe the methods by which members are able to file claims (i.e. electronic, paper submission, etc.).
------	-----------------------------------------------------------------------------------------------------------------

Response: Participants can submit claims in a variety of ways including via postal mail, fax, email, mobile app, and Debit card are all available.

1.38	Describe the schedule for FSA reimbursements to the member.
------	--------------------------------------------------------------------

Response:
We process reimbursements in our Universal Benefits Accounts daily. The TASC claims process is highly-automated, with near-perfect financial and processing accuracy. Our proprietary software utilizes a highly specialized analysis framework that evaluates a number of submission parameters including date, eligibility, plan maximums, current yearly reimbursement total, election amount, co-pay matching, recurring expense logic, and duplicate-checking logic which flags a claim as a duplicate if the date of service and amount of the claim are identical to a separate request for reimbursement.

We process reimbursements in our Universal Benefits Account system daily. The options to receive reimbursement include the following:

- When participants use their card for eligible products or services, the claim is auto-adjudicated. It is not necessary for a request for reimbursement to be made.
- Eligible reimbursement requests submitted via the mobile app or through the online web portal are paid right back to the card for immediate spending, withdrawal, or transfer if the participant is enrolled in MyCash. With MyCash, the money is tied to the reimbursement account instead of a bank account.
- Reimbursement can also be obtained via electronic fund transfers/direct deposit to the participant's bank account if desired.
- Participants can opt for a check sent to the address on file; however, the best participant experience are in

the choices preceding this one.

1. 39 Describe minimum claim amount requirement for reimbursement.

Response:

TASC does not require a minimum claim amount for reimbursement through the TASC Debit Card.

1. 40 Describe the methods of reimbursement of FSA claims that are available to the member (i.e. electronic deposit, paper check).

Response:

TASC is known for having the fastest and innovative reimbursement process where requests are quickly adjudicated, and timely reimbursement is delivered back to the participant. TASC processes reimbursements in our revolutionary Universal Benefit Account® system on a daily basis. The options to receive reimbursement include the following:

- When reimbursement requests are submitted through the online portal or via the mobile app, reimbursement can be made to the participant’s MyCash account. MyCash is linked to the reimbursement account and is supported by logic on the card and in our system that enables the participant to receive reimbursement back to the card. These include: swiping the TASC card at the point of sale for qualified expenses; using the Universal Benefit Account solution's mobile app to submit a reimbursement request via the Picture to Pay function or submitting a reimbursement request from a PC via the Participant Portal.
- Reimbursement can be obtained via electronic fund transfers/direct deposit to the participant’s bank account if desired.
- Participants can opt for a check sent to the address on file, which occurs once a week; however, the best participant experience are in the choices preceding this one.

1. 41 Describe the process for reimbursement of health care FSA contributions from terminated employees on COBRA?

Response:

Underspent health FSA accounts generally can be continued through COBRA until the end of the plan year in which the employee terminates. COBRA permits an employee to incur reimbursable claims through the end of the plan year in which the employee terminates (i.e., remain “covered” by the health FSA for the remainder of the plan year).

1. 42 Describe performance standards with respect to:

- a. Adherence to implementation/annual enrollment timeline**
- b. Readiness of claims adjudication and reimbursement and customer service systems**
- c. Readiness of eligibility system**
- d. Completion of plan documents**

Response:

Implementation			
Metric	Accurate plan set up, cards delivered on time, participants enrolled, by agreed date.	Accurate plan set up, cards delivered on time, participants enrolled, by agreed date.	Accurate plan set up, cards delivered on time, participants enrolled, by agreed date.
Fees	-	2%	2%
Standard	None	Pass / Fail	Pass/ Fail

Reporting			
Implementation			
Metric	File set up and test completed by agreed date	File set up and test completed by agreed date	File set up and test completed by agreed date
Fees	-	2%	2%
Standard Reporting	None	Pass / Fail	Pass/ Fail

Provide actual (achieved) performance measurements for an account size comparable to the State of Nebraska for 2017, 2018 as well as the 2017 and 2018 performance standards targets for the claims office that will handle the State account

1.
43

Performance Measure	2017 Performance Targets	2017 Performance Actuals	2018 Performance Targets	2018 Performance Actuals	PG Measurement Utilized
Member Satisfaction Survey (% satisfied)	N/A	N/A	N/A	N/A	
Reimbursement turnaround time (xx.xx% within xx business days) for a claim filed electronically	1 bus. day for all claims	99.98%	1 bus. day for all claims	99.87%	
Reimbursement turnaround time (xx.xx% within xx business days) for a paper claim	N/A	N/A	N/A	N/A	
Financial Accuracy ((percentage of all claims paid)	99%	99.99%	99%	99.95%	
Payment Accuracy (percentage of all claims paid)	N/A	N/A	N/A	N/A	
Customer Service					
Telephone call response time (seconds)	<30 sec=90%	88.79%	<30 sec=90%	83.93%	
First call resolution rate (percentage)	96%	97.25%	96%	96.77%	
Closure time for open inquiries (number of days)	RTs only	N/A	RTs only	N/A	

Response: See Table above

ELIGIBILITY AND DATA INTEGRATION

1. 44 Describe the process for data integration with the State's eligibility systems.

Response:

TASC partners with over 2000 carriers nationwide to alleviate the time and labor costs associated with Participant claims processing.

1. 45 Describe the process for integration with the State's eligibility system.

Response:

TASC has extensive experience interacting and coordinating with external contact centers. The overall coordination and planning that must occur for successful integration includes a detailed implementation plan with clear delineation of roles and responsibilities, process mapping, training, and communication. These are fundamental to a successful outcome.

1. 46 Describe the process for accepting electronic transfer of eligibility data in a format indicated by the State and acknowledgement receipt of the file.

Response:

TASC has a large internal technology team to work with our clients to help establish electronic data feeds. We have standard file specs for all products but will work with the State to determine the file type that best suits their needs. File types generally are in .xls format, .csv (as long as the file formatting is kept intact, i.e. leading zeroes sent) and .txt (tab delimited) can be accepted as well. Enrollment and payroll data is transmitted via various electronic methods; most commonly, via SFTP. The SFTP process allows for multiple files to be transmitted by multiple approved users.

1. 47 Describe the process for eligibility updates to be made within 24 hours of receipt.

Response:

Real-time online update capabilities are easily available to the State with TASC Universal Benefit Account®. The State will be able to enter enrollment, termination, and/or change in status data directly, to effect immediate changes.

Universal Benefit Account® is an intuitive system that instantly detects enrollment changes. In the event of a qualifying event, a Change in Status forms must be completed to properly document the change in accordance with local and Federal regulations. Change in status forms are available for immediate form download via the participant Portal. Additionally, TASC reviews the account data in our system and then confirms with the client to understand the effective date of changes.

1. 48 Describe procedures in place to maintain eligibility records for all participants.

Response:

TASC utilizes client-provided demographics/census/eligibility data files in verifying the eligibility of employees to participate in the program. The employee eligibility data file will be loaded into TASC's system (if applicable), and the eligibility data file will be checked automatically upon attempted reimbursement to confirm that the employee is

included in the eligibility file and any other codes contained in the employee's record necessary to completely confirm eligibility.

1.49 Describe procedures in place to maintain eligibility reconciliations between Contractor files and the State's eligibility files.

Response:

TASC utilizes client-provided demographics/census/eligibility data files in verifying the eligibility of employees to participate in the program. The employee eligibility data file will be loaded into TASC's system (if applicable), and the eligibility data file will be checked automatically upon attempted reimbursement to confirm that the employee is included in the eligibility file and any other codes contained in the employee's record necessary to completely confirm eligibility.

1.50 Members currently enroll in the flex plan of choice during an online Open Enrollment period prior to the beginning of each plan year. Describe procedures in place to electronically accept and process the file sent by the State annually, including but not limited to any conflict or error report to be sent back to the State for resolution.

Response:

TASC will partner with the State to manage all aspects of employee benefits administration services according to its plan design. Our experience helps us ask the right questions to deliver a smart, easy and connected enrollment experience in support of clients and participants. TASC enrollment methodology can be administered via, 1) File enrollment: SFTP or Self-serve, 2) Online through the TASC Client portal, or 3) Paper enrollment form.

Real-time online update capabilities are easily available to the State with TASC Universal Benefit Account. The State will be able to enter enrollment, termination, and/or change in status data directly, to effect immediate changes. Universal Benefit Account is an intuitive system that instantly detects enrollment changes. In the event of a qualifying event, a Change in Status forms must be completed to properly document the change in accordance with local and Federal regulations. Change in status forms are available for immediate form download via the participant Portal. Additionally, TASC reviews the account data in our system and then confirms with the client to understand the effective date of changes.

1.51 Describe the procedures in place to electronically accept and process the weekly file sent by the State containing new hires, terms & life event changes, including but not limited to any conflict or error report to be sent back to the State for resolution.

Response:

In our experience, the most efficient electronic format for streamlining the administration process is via; 1) File enrollment via SFTP or Self-serve, or 2) TASC online portals. All client-specific plan design variables are controlled by information that is provided by each Client via a consensus and enrollment files which accommodate the exchange of eligibility, payroll (funding), and enrollment data.

TASC receives files at the State's determined frequency which are processed and posted within two business days. Alert notifications are sent to the client once enrollments have been processed.

1.52	Describe the data feeds (ex. eligibility file) to the State's vendor partners as requested.
Response:	
TASC has a large internal technology team to work with our clients to help establish electronic data feeds. We have standard file specs for all products but will work with the State to determine the file type that best suits their needs.	
File types generally are in .xls format, .csv (as long as the file formatting is kept intact, i.e. leading zeroes sent) and .txt (tab delimited) can be accepted as well. Enrollment and payroll data is transmitted via various electronic methods; most commonly, via SFTP. The SFTP process allows for multiple files to be transmitted by multiple approved users.	

REPORTING

1.53	Provide a sample of standard utilization and reimbursement reports for the FSA program.
-------------	------------------------------------------------------------------------------------------------

Response:
Standard utilization and reimbursement reports can be found as Exhibit A.

1.54	<p>Describe the minimum standard reporting provided to the State on a monthly basis, to include but not limited to:</p> <ul style="list-style-type: none"> a. Account Balance Detail Report: Each participant's election, claims paid, deposits, and available balance; b. Enrollment Report: Participants' annual elections; and c. Customer Service Report: Operational statistics for Member Services call center and the types of topics members call in to address.
-------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:
The State will enjoy the ability to view standard reports as well as the built in ability to run custom reports. All reports are available in an interactive online format, excel downloadable file and PDF format.

TASC standard reporting package offers employers 24/7/365 access to a multitude of reports and notifications. Employers may view details regarding their Plan and those of their employees, collectively or individually. Standard client reports include:

- Client Enrollment Report: Client level verification and management throughout the year. This report can be generated for any date range within a plan year.
- Client Account Activity Report provides information on paid requests, contributions, and available balances requests paid. This report can be generated by any date range within the plan year.
- Client Reconciliation Report provides information as to the amount of any carryover, forfeitures and/or funds due allowing for final reconciliation and is generated year-to-date.
- Client Funding Report is a history of funding transactions. The related details can be found in the associated Posting Verification Reports or the Request History Reports and is generated by any date range within the plan year.
- Client Point of Disbursement Funding Report provides details of funded transactions (used in conjunction with

Client Funding Report). This report is generated by funding date based on the Client's established schedule.

Client Request Payment Detail Report provides supporting detail for requests paid (used in conjunction with Client Funding Report). This report can be generated by any date range within the plan year.

- Client Request Verification Report provides supporting detail for requests that are paid verified, paid verification needed and denied, and can be generated by any date range within the plan year.

1.55 Describe Ad Hoc Reporting Capability both online and paper formats.

Response:

The State will enjoy the ability to view standard reports as well as the built in ability to run custom reports

Plan Participation Statistics	Provide quarterly enrollment statistics by plan that include annual election amount, method of enrollment, date enrolled within fifteen (15) days of the end of the quarter.
Customer Service Summary	Provide a monthly report of Customer Service data noted above within fifteen (15) days of the end of each month.
Claim Summary	Provide a monthly report of Claim Summary Information noted above within fifteen (15) days of the end of each month.
Payroll Discrepancy Reports	Compile and distribute a payroll discrepancy report to each payroll processing center following each payroll within seven (7) business days of receiving payroll data.
Summary Payroll Discrepancy Reports	Provide a weekly summary of payroll discrepancy reports sent to payroll processing centers including the date of the payroll, date a discrepancy report was sent and date a response was received from the payroll processing center.
Contributions/Payroll Deductions	Provide mutually agreed upon reports monthly to facilitate reconciliation between TASC and client within fifteen (15) days of the end of the month.
Annual Report	Provide an annual report due June 30th of each year including: Plan participation statistics Estimated tax savings for client and collectively for participants (not specific to client participants) Report of customer service activity Year-to-date forfeiture for prior year (Note: Point of Claims, thus TASC will not hold funds. Finalization report is available online 24/7/365. TASC will audit by July 31st provided there is a ninety (90) day claims run out.) Participant satisfaction survey report TASC quality team to prepare an audit annually for client's Participants.

1.56	<p>Describe the reimbursement reports and documentation that will be emailed to the State on a daily basis, including but not limited to:</p> <ul style="list-style-type: none"> a. The date the payments are processed and the plan year in which payments are processed; b. A separate dollar amount for the Health Care FSA and the Dependent Care FSA reimbursement account; c. An invoice number; and d. A remittance address.
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:
The State will have the ability to view standard reports as well as the built in ability to run custom reports. All reports are available in an interactive online format, excel downloadable file and PDF format.
TASC standard reporting package offers employers 24/7/365 access to a multitude of reports and notifications.

- Client Account Activity Report provides information on paid requests, contributions, and available balances requests paid. This report can be generated by any date range within the plan year.
- Client Reconciliation Report provides information as to the amount of any carryover, forfeitures and/or funds due allowing for final reconciliation and is generated year-to-date.
- Client Funding Report is a history of funding transactions. The related details can be found in the associated Posting Verification Reports or the Request History Reports and is generated by any date range within the plan year.
- Client Point of Disbursement Funding Report provides details of funded transactions (used in conjunction with Client Funding Report). This report is generated by funding date based on the Client’s established schedule.

1.57	<p>Describe the backup reports and documentation to support the daily reimbursement requests, including but not limited to:</p> <ul style="list-style-type: none"> a. Employee name; b. SS#; c. Date of the reimbursement; d. Dollar amount of the reimbursement; and e. Whether the reimbursement was for the Health Care FSA or the Dependent Care FSA reimbursement account.
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Response:
TASC provides to the employee a monthly report that includes all year to date claim information and account balances on the Participant Portal. TASC Payroll Verification Report (PVR) – Details each enrollee and their election amount(s) for each scheduled payroll date.

1.58	<p>Describe the process for posting the FSA Fee Invoice and backup reports to an online portal for access by the State.</p>
------	------------------------------------------------------------------------------------------------------------------------------------

Response:
The State will be able to create customize reports on the Employer Portal for individual claim payment information that will include the specified dates, participant information and time period that you require.

TASC takes pride in protecting Personal Health Information (PHI) and other sensitive dates as it relates to personal information. As a result, the State will have access to participant benefit information reports with limited visibility to PHI .

IMPLEMENTATION AND COMMUNICATIONS

Provide an implementation plan detailing the implementation timeline with a July 1, 2020 effective date. At a minimum, the Implementation Project Plan must provide specific details on the following:

1.59

- a. Identification and timing of significant responsibilities and tasks**
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to the State during implementation**
- c. Identification and timing of the State's responsibilities**
- d. Transition requirements with the incumbent Contractors**
- e. Staff assigned to attend and present (if required) at Open Enrollment**
- f. Data and timing requirements from current Contractors to ensure transition of care and prior-authorization data is appropriately transferred**

Response:

Implementation Schedule (Sample)

ID	Task Description	Responsible	Start Date	Planned End Date
1 Setting up Client meetings				
1.1	Set up a time with the Client for the Implementation Kick-Off Meeting.	TASC Implementation	7/1/2020	6/29/2020
1.2	Send the meeting agenda and any other documents.	TASC Implementation	6/29/2020	6/26/2020
1.3	Hold the Implementation Kick-Off Meeting.	TASC Implementation	6/26/2020	6/26/2020
1.4	Set up additional implementation meetings as needed.	TASC Implementation	6/26/2020	6/26/2020
2 Completing the Client Information Request for Services				
2.1	Complete and return the Client Information Request Form, EDI Form, and other TASC forms.	Client	6/26/2020	6/25/2020
2.2	Review the Client Information Request for completeness.	TASC Implementation	6/25/2020	6/25/2020
2.3	Forward the Client Information Request to internal departments.	TASC Implementation	6/24/2020	6/24/2020
2.4	Complete a plan application, sign the administrative agreement, and submit both to TASC	Client	6/19/2020	6/19/2020
2.5	Return the signed administrative agreement to the Client.	TASC Implementation	6/18/2020	6/18/2020
3 Setting Up Client Access to the Website				
3.1	Provide names and email addresses for users who need access to the website.	Client	6/4/2020	6/3/2020
3.2	Set up usernames and password and forward to the Client.	TASC Implementation	5/29/2020	5/27/2020
3.3	Advise the Client to begin using the website.	TASC Implementation	5/20/2020	5/20/2020
4 Set Up Banking				
4.1	Complete and return the Banking Authorization Form	Client	6/23/2020	6/25/2020
4.2	Complete the reimbursement bank account and collateral bank account paperwork for set up.	CDHC Team	6/25/2020	6/25/2020
5 Enrollment Tasks				
5.1	Provide FSA and HSA Communication Materials (PDF format) to Client.	TASC Implementation	6/24/2020	6/24/2020
6 Processing the Participant Eligibility File (if Applicable)				
6.1	Prepare and send the first test eligibility file to TASC.	Client	6/15/2020	6/15/2020
6.2	Review the file and notify the Client of the results.	TASC Implementation	6/12/2020	6/12/2020
6.3	Update the test eligibility file and send it to TASC.	Client	6/10/2020	6/9/2020
6.4	Review the file and notify the Client of the results.	TASC Implementation	6/8/2020	6/8/2020

6.5	Update the test eligibility file and send it to TASC.	Client	6/4/2020	6/4/2020
6.6	Review the file and notify the Client of the results.	TASC Implementation	6/3/2020	6/3/2020
6.7	Transmit the production eligibility file to TASC.	Client	5/19/2020	5/19/2020
7	Payroll File Activities			
7.1	Prepare and send the first test payroll file.	Client	6/15/2020	6/15/2020
7.2	Review the file and notify the Client of the results.	TASC Implementation	6/12/2020	6/11/2020
7.3	Update the test payroll file and send it to TASC.	Client	6/9/2020	6/9/2020
7.4	Review the file and notify the Client of the results.	TASC Implementation	6/9/2020	6/8/2020
7.5	Update the test payroll file and send it to TASC, testing against use case scenarios.	Client	6/4/2020	6/3/2020
7.6	Provide the test results to the Client.	TASC Implementation	6/3/2020	6/2/2020
7.7	Transmit the production payroll file to TASC.	Client	TBD	TBD
8	TASC Benefit Card Activities			
8.1	Provide the Benefit Card materials to the Client.	TASC Implementation	6/24/2020	6/24/2020
8.2	Send Card packages (Benefit Cards and corresponding communication) to Participants.	Benefit Card Vendor	5/15/2020	5/15/2020
8.3	Verify all Card packages have been sent to the Participants.	TASC Implementation	5/14/2020	5/14/2020
8.4	Plan effective date	--	5/1/2020	5/1/2020
9	Completing Implementation			
9.1	Follow up to ensure the Client is satisfied with TASC services.	TASC Implementation	4/28/2020	4/27/2020
9.2	Provide the Client with the post-implementation TASC contact information.	TASC Implementation	4/28/2020	4/27/2020

This schedule will be updated as needed before the Kick-Off Meeting.

1.60 Provide detailed information on communication to the members and how the contractor will collaborate with the State to design these materials. Provide sample communication and educational materials such as employee brochures, letters, posters, videos, etc.

Response:

TASC will provide materials such as claim forms in PDF and online via the Universal Benefit Account®. We can also co-brand educational materials, letters and media with the State crests and logos.

Our flexible and scalable technology solution, Universal Benefit Account® includes technology features that the State and member portals which contain rich plan and process information, training and educational materials and is an excellent conduit for robust communication and education to employees.

Our passion for providing customized education and training and our state-of-the-art Participant web portal combined with our unique communication options puts us in a league of our own. We believe in extending our knowledge of plan benefits, compliance and regulatory issues to our Clients and Participants by offering virtually unlimited electronic education, marketing and administration materials including PDFs, enrollment sheets, Frequently Asked Questions (FAQs), Power Point presentations, *OnDemand* audio and video presentations, seminars, administration manuals, handouts and webinars.

If awarded the contract, we will work with you to mutually define the level of customization you require for materials and forms.

1.61 Provide detailed information on how long it will take to print and distribute benefits literature.

Response:

With the limited information provided in the RFP, TASC can not provide the length of time it will take to distribute the literature. We will work with the State to provide distribution timelines that are within the Plan.

1.62 Describe the level of support that will be provided in assisting members in understanding how FSAs work to increase utilization of the benefit.

Response:

TASC account management team will partner with you to determine what other methods or modalities would be helpful in enhancing your participant experience to increase participation in the State's benefits. TASC is known for increasing participation with our large state and higher education clients as a result of a best practices approach.

COBRA AND RETIREE BILLING ADMINISTRATION

1.63 Describe in detail what kinds of reports are available regarding COBRA and Retiree Billing administration, including the ability to customize reports.

Response:

Our online portal, MyTASC, provides 24/7 access to critical data on your COBRA Participants including a variety of reports to assist you with needed information. The TASC COBRA portal is robust and intuitive providing you will virtually everything you need for simple and compliant plan administration. Our portal is a one-stop-shop for:

Online Qualifying Event entry

View detailed history including:

- Demographics,
- COBRA Eligibility Dates,
- COBRA Notice Dates,
- Payment Records,
- Benefit Assignment,
- Dependent Information;
- Enter new participating employees online to receive DOL Initial Notices;
- View Employee listing and DOL Letter sent date;
- Manage COBRA Participants.

The Employer landing page offers an easy to read graphic snapshot of your plan information. The toolbar across the top provides links to Employees, Plans & Products, Reports, and Billing. Our informative status bar in the center of the landing page graphically represents Participants who are pending enrollment and the number of days left to elect coverage.

1.64	Describe the process for members to pay monthly bills online and/or via credit card.
<p>Response: TASC manages all aspects of administration and compliance for your COBRA program, working closely with you to ensure seamless Plan implementation, accurate ongoing administration, and dependable compliance. COBRA premium payment billing and collection service;</p> <p>TASC will:</p> <ul style="list-style-type: none"> • Send coupons to QBs • Disburse premiums to the Client monthly • Detail payments received in a month-end report • Establish election and payment receipt deadlines 	
1.65	Describe the process applied to members for non-payment.
<p>Response: The Initial COBRA premium must be paid within 45 days of the time you elect COBRA coverage. The COBRA administrator will consider the date your COBRA election notice is postmarked to be the date you elect COBRA. That postmark sets your 45-day clock ticking. There is no grace period if you're late paying your initial COBRA premium payment. If it isn't paid on time (ie, within 45 days of electing COBRA), you lose your right to have COBRA coverage.</p> <p>There's a minimum 30-day grace period for late premium payments. If you don't make your premium payment either on time or within the 30-day grace period, your coverage can be canceled permanently.</p>	
1.66	Describe the process for sending members delinquent letters, including the timing for said letters.
<p>Response: TASC notifies employers of non-payment of premiums when the regulatory grace period and a short mail delay period has expired. At that time, TASC add, change and termination notification processes proceed to the primary contact at the employer.</p>	
1.67	Describe the process if a member makes a payment for the current month and the two months following, how the payment will be reflected on the report as each month paid goes by.
<p>Response: If a member makes a payment for the current month and the two months following, when TASC COBRA performs the disbursement of collected premiums, all three months payment will be released to the client. The Premium Application Report (PAR) that accompanies our monthly disbursement check will reflect that full premium was received and processed for the applicable plan for each of the three months.</p>	

Trade Secrets, Confidentiality, and Proprietary Information

This response contains information and materials that are the **Proprietary, Confidential, and Trade Secret** information of Total Administrative Services Corporation (TASC). No part of this response may be disclosed, used, or duplicated – in whole or in part – for any purpose other than internal evaluation of TASC as a service provider for your organization.

TASC has made all reasonable efforts to accurately respond to your Request for Proposal (RFP). TASC views this response solely as a tool to aid your knowledge. TASC is not rendering legal, accounting, or other professional advice.

The information contained herein is subject to change without notice. All rights reserved.

All trademarks, service marks, trade names, trade dress, product names, and logos appearing in this document are the property of their respective owners, including in some instances TASC.

The following documents are Proprietary, Confidential, and Trade Secret information of Total Administrative Services Corporation (TASC).

TASC AUDITED FINANCIALS

BANK STATEMENT



Commercial Banking
1 West Main Street
Madison, WI 53703
Tel: 608-252-5931
Fax: 608-283-5713

October 29, 2018

Re: Total Administrative Services Corporation, commonly known as TASC

To whom it may concern,

BMO Harris Bank N.A., a part of BMO Financial Group, would like to introduce you to Total Administrative Services Corporation. TASC was founded in 1975. It is a leader in the integrated administrative solutions industry as the nation's largest privately-held third party administrator. TASC has customers in all 50 states and provides service to tens of thousands of businesses. Last year the company's annual revenue exceeded \$120 million.

TASC has maintained deposit accounts with BMO Harris Bank since 2006. Over the past several years they have maintained average deposit balances with BMO averaging in excess of \$31 million.

TASC has maintained loan facilities with BMO Harris Bank since 2007. Total committed credit facilities provided to TASC exceed \$65 million with current availability in excess of \$45 million. These facilities include a \$25 million working capital line of credit which has current availability of \$25 million.

We at BMO Harris Bank have the highest regard for TASC and its management team. All of its matters with the bank have been handled as agreed. Should you have any questions pertaining to the company please feel free to contact me.

Sincerely,



Kirt C Soukup
Senior Vice President
(608) 252-5917
kirt.soukup@bmo.com



BMO Harris Bank N.A.

SAMPLE REPORTS AND DOCS

TASC UNIVERSAL BENEFIT ACCOUNT™

PARTICIPANT REFERENCE GUIDE



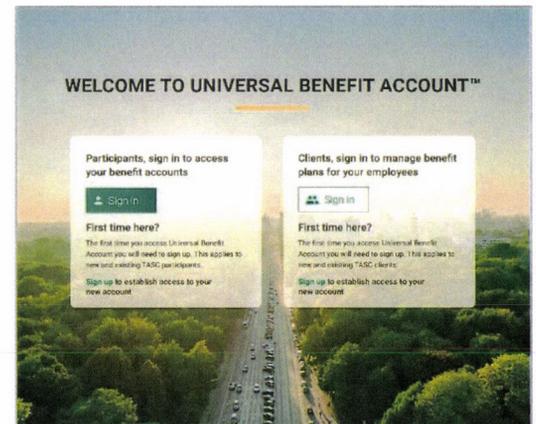
TASC Universal Benefit Account™

We hope you will find TASC's Universal Benefit Account™ to be efficient and valuable. Our participant website is www.tasconline.com and is referred to as TASC throughout this Guide.

This Guide will walk you through your account from the initial Sign Up, Request for Reimbursements, Account Management, to Re-enrollment. Please retain this Guide for future reference. If you have additional questions, sign in to TASC and select Contact Us or call Customer Care toll-free at 800-422-4661.

How to Sign Up

1. To set up your TASC account, follow these easy instructions.
2. Go to: www.tasconline.com and click on the green sign in button to Universal Benefit Account.
3. Before you can sign in for the first time, you must sign up for an account. Click the green sign up link at the bottom of the screen.
4. Click on the green sign in button on the left for participants.
5. Enter your email address and password where indicated.
6. TASC will send you an email containing a six digit verification code. Enter the code and click verify.
7. Confirm your name and email address and click continue.
8. Read the Terms of Use and click agree.
9. Add your mobile number where indicated. TASC will text you an authentication code. Enter that code where indicated and click verify.
10. You are now signed up and signed in to the Universal Benefit Account.



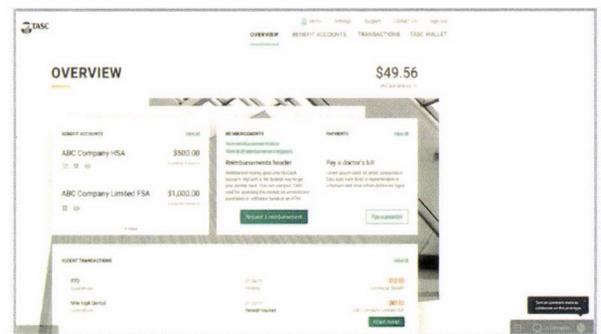
Password must be a minimum of eight (8) characters and must contain at least one (1) upper case letter, two (2) lower case letters, and one (1) number. Passwords will expire periodically.

Overview

With the Universal Benefit Account, TASC created a new customer experience for participants. This includes a simple approach where you can manage your account across multiple channels including web, mobile, and phone.

Today, people move from the internet, to a tablet, to their smart phones. We have designed the Universal Benefit Account to work the way you think. That's how we are providing a seamless and unified experience no matter which channel you're using, with a consistent look and feel and a smart, integrated approach. You can even start an action in one format like the internet and pick it up right where you left off on another device, such as your smart phone.

Once you have successfully signed in to the web portal, you will be taken to the Overview page. Here you will be able see the details regarding your account(s). All your active accounts will be listed on the left, with the amount of your available balance. Your MyCash balance will be on the upper-right corner of the page. In the middle of this page you will see links to your Reimbursement, Payments, and Recent Transactions. Click on *View All* under any of these headers to explore the details.



Settings

Under Settings, you can update your Profile Information, such as Notifications, Bank Account Information, Sign In, Security, and Dependents. Just click through to make your selections and update your information. To receive notifications concerning your Account Balances, Reimbursement Requests, and Payments, follow these steps to set up your custom notifications.

- From your Profile page, validate your email address and enter your mobile phone number (a valid email address must be entered to receive text messages).
- Click on *Notifications* on the left.
- Select the Text, Push, and/or Email Notifications you wish to receive for the following issues (Enrollment, TASC Card, and Reimbursements).

Support/Contact Us

Click on *Support* for our FAQs and information regarding Customer Care. The Contact Us tab also features two (2) different ways to contact us: telephone or online support request.

Benefit Accounts

Under this tab, you can take a deeper dive into your benefit accounts. All your accounts are listed on the left. Click on any account to view details regarding that specific account. You will see your Total Contributions, Total Expenditures, and your MyCash Balance. From this page, you can Pay a Provider or Request a Reimbursement by using the tabs at the bottom of the page.

Transactions

Here is where you find all your transactions. This includes expenditures, reimbursements, contributions, bank transfers, bills and receipts, and donations. Click on any link on the left to view the details. You can search, sort, and attach receipts easily from this page.



New Universal Benefit Account Features

Alerts: Every time you sign in to your account online, you may notice you have some alerts. Alerts are our way of calling attention to matters concerning your account that need action. You can access your alerts by clicking on the *alert tab* at the top of the screen. You will also see alerts posted next to the item needing attention, such as a reimbursement, transaction, or contribution. You can also select how you wish to receive alerts.

Fast Track Service: Everyone knows how frustrating it is to be on hold waiting for customer service. All you need is a quick piece of information, but here you are, stuck on hold. With TASC Priority Queuing, you feel special because your call, transaction, or inquiry gets fast-tracked and you get on with your busy day. There is nothing you need to do to get Priority Queuing; it's all up to your employer. After your employer provides you fast track, you contact TASC with a need or question. TASC's system is smart enough to recognize you and your employer and move your call (or email) into the fast pass line. You get faster resolution, transactions, and service.

Chat (coming soon): At TASC, we understand the importance of being connected and having access and information at your fingertips. We recognize that a phone call isn't always convenient but getting a resolution should be and is an absolute must! That's why we've introduced Live Chat for participants. To access the chat feature on mobile or desktop, navigate to the Contact Us area. There are some standard topics to select from, and within seconds, a TASC representative will be available to chat online. And should you need to save a copy of the conversation, you can conveniently email a transcript of the chat to yourself.

IVR Phone System

In addition to TASC online and the TASC Mobile App, TASC also offers an Interactive Voice Response (IVR) phone system. To easily check your account balance, recent transactions, and obtain other account information, call one of the automated phone lines: (608) 241-1900 or (800) 422-4661.

Value-Added Benefits

Identity Theft Protection: TASC Identity Theft Protection provides reimbursement coverage (up to \$25,000) to plan participants and their dependent family members for out-of-pocket costs (such as lost wages or financial loss) from a qualifying identity theft incident. TASC provides this benefit to all cardholders at no additional cost. This benefit provides up to \$25,000 secondary insurance for loss and includes up to \$5,000 coverage for lost wages and dependent care expenses incurred to resolve the issue. TASC's Identity Theft Protection is an insurance policy for your credit and debit cards, including the TASC Card, and for your bank accounts. When an you experience a security breach, all you do is call a special Customer Care number and a trained specialist will assist you with the crisis. This feature is included at no extra cost with the Universal Benefit Account.

Individual Giving Account: When you participate in Universal Benefit Account, you are given your very own workplace giving account at no charge. You can set up one-time or recurring contributions (via payroll deduction, credit card, or bank transfer) that accumulate in your giving account until you decide to donate to your favorite charity(ies). We keep track of it all and provide a recap at year-end for tax purposes. GiveBack allows you to set aside post-tax funds for charitable giving. You will have the money available for when and where you wish to donate. The system tracks all the money coming in and out of your account, automatically verifies the charities, and at the end of year, provides a complete record of your giving. TASC helps you give confidently and have complete visibility over your charitable giving.

Auto Enroll Health Savings Account (HSA) (coming soon): Participants who have an indication of enrollment into a High Deductible Health Plan on their employer's census file will have an HSA account created for them at a zero-dollar election right away. This is particularly helpful in scenarios where an unexpected health event or accident occurs, giving the individual a method of paying these expenses pretax, by then funding the opened HSA and using their TASC Card to pay the expense. The ordering of what accounts will pay first at a terminal can be managed in the participant portal.

Reimbursement Processing & Payment

TASC processes requests for reimbursement daily, and payments are initiated within 48 to 72 hours of receipt of a complete and accurate reimbursement request. All reimbursements are deposited directly into your MyCash account, unless otherwise instructed. You may instead choose to receive a mailed paper check. Paper checks are issued on a limited basis and only upon request. A convenience fee may be applied per check.

TASC Card

The TASC Card is the preferred and most convenient method to access available account funds for all eligible expenses. It automatically pays for and substantiates most eligible expenses at the point-of-purchase, eliminating the need to submit requests for reimbursement and waiting for payment. You will receive a TASC Card within ten (10) days following the completion of your account enrollment. Please watch for it to arrive at your home address along with the Cardholder Agreement in a plain white envelope.

In the meantime, you may submit an online request for reimbursement for expenses incurred prior to receiving your TASC Card. Your TASC Card is good for four (4) years, so hang on to it! Even if you deplete the current year's benefits funds, you'll be able to use the TASC Card again next year when you re-enroll. The TASC Card operates under several separate accounts to serve as both a benefits debit card as well as a cash card.

The TASC Card is issued by MetaBank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.



TASC | 2302 International Lane | Madison, WI 53704-3140 | 1-800-422-4661 | www.tasconline.com | TC-6264-051319

The information contained in this communication is confidential and to be used by TASC employees and representatives for only its intended purpose.

©TASC

Stacked Card: The TASC Card is the most innovative benefit card with features such as MyCash and Card Decline Protection to improve your health, wealth, and well-being from your benefit plan participation. You can use your TASC Card to access funds in all your accounts, even when multiple benefit accounts exist, such as a HSA, HRA, Dependent Care, Parking, and Commuter Transit. The TASC Card allows you to purchase eligible expenses without using your own payment card or submitting receipts for reimbursement. With the Stacked Card feature, not only does your TASC Card know which accounts to access for funds, it also knows in which order the accounts should be accessed when needing to pay for eligible expenses.

Card Benefits

The TASC Card works like a typical debit card but is used as a credit card for all eligible expenses, based on the funds available in your benefit accounts. Rather than paying out-of-pocket and waiting to be reimbursed, the TASC Card allows you to pay for eligible expenses when the service is provided (or when an eligible product is purchased).

When using your TASC Card, the amount of the expense is automatically deducted from your available account balance and paid directly to the authorized provider. All TASC Card transactions and services must occur within the plan year. Remember to save your receipts as you must retain records and documents to validate your TASC Card transactions. In some cases, TASC may require additional documentation regarding a TASC Card transaction.

The TASC Card may only be used at merchants who accept Mastercard and who also have an inventory information approval system (IIAS) in place to identify eligible purchases. At the point of purchase, the IIAS automatically approves the purchase of eligible items and payment is made automatically to the authorized merchant from your benefit account.

Request for Reimbursement

If you pay for an eligible expense out-of-pocket without the TASC Card, submit a request for reimbursement along with substantiation through one of the following methods: TASC mobile app, website, Claim ConneX, mail, or fax a personalized paper request form (download via from your account) ([coming soon](#)).

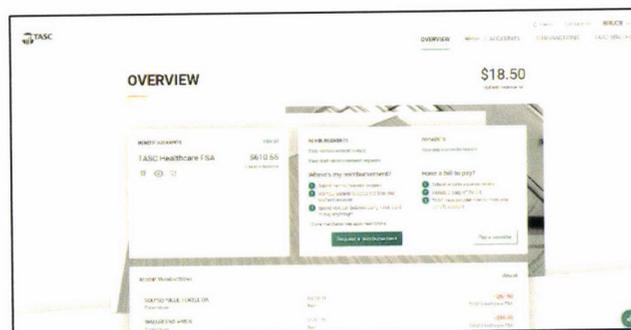
You may request reimbursement any time a qualified expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. In addition, you may only claim reimbursement for:

- Eligible expenses incurred during the applicable plan year, or subsequent grace period (if applicable);
- Expenses incurred by eligible plan participants; and
- Expenses that have not been previously reimbursed under this or any other benefit plan or claimed as an income tax deduction.

NOTE: It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible claims.

How to request reimbursement:

1. Sign in to your account at www.tasconline.com.
2. From the Overview page, select the green box *Request a reimbursement*.
3. Select who incurred the expense.
4. Select the date of the expense.
5. Select the expense date.
6. Enter the expense amount, the merchant, attach the receipt(s), and a description of the expense (optional).
7. Click *Next* to review your request, and then *Submit* reimbursement request.
8. Reimbursement is deposited into your MyCash account on your TASC Card.
9. Spend MyCash balance using TASC Card to buy anything!



TASC | 2302 International Lane | Madison, WI 53704-3140 | 1.800-422-4661 | www.tasconline.com | TC-6264-051319

The information contained in this communication is confidential and to be used by TASC employees and representatives for only its intended purpose.
©TASC

Receipt Repository: The Receipt Repository enhances and streamlines the online reimbursement request process by allowing you to easily attach receipts and/or bills to an online request for reimbursement of account funds. In the Receipt Repository, you can securely and digitally store and manage receipts and bills needed for reimbursement.

Your receipts and bills can be uploaded by you into your Receipt Repository via the TASC mobile app using your cell phone's camera or can be scanned and/or uploaded from your browser into the Receipt Repository via www.tasconline.com website. Any receipt or bill that you load into the Receipt Repository remains there until you either use it for an online reimbursement request or delete it from the Receipt Repository. Receipts can be uploaded and stored in JPG, JPEG, GIF, PNF, or PDF format and are only viewable by you. Each employee has their own separate Receipt Repository, ensuring information is safe and secure.

Insufficient Funds

If funds in the benefit account are insufficient to cover the entire request, a reimbursement will be issued in the amount of the available balance. The unpaid balance of the request will remain an open item until additional deposits are received, at which time an additional reimbursement payment will be issued.

Pay the Provider: Accessible from the Overview page and the Benefit Accounts page, the Pay the Provider feature offers another simple and fast way to pay for an eligible expense. Click on *Pay the Provider*, select who incurred the expense, select the date the expense was incurred, and the expense type. Enter the amount, provider or merchant, address (including unit or suite), city, state, and zip code. Attach the bill by clicking on the appropriate box. This will allow you to attach a bill from the bill depository or to browse your computer to locate the appropriate bill. Review and click *submit*. TASC will send payment from your account directly to your provider.

Intelligent Verification (coming soon): Submit a request for reimbursement and do not worry about completing the paperwork. As your reimbursement requests are submitted, we continue to pay them. At the end of the year, if your total receipts exceed the total reimbursement amount, then there's nothing more to do. If not, we will alert you to submit additional receipts. With Intelligent Verification, you get reimbursements paid every time (up to your annual election amount) regardless of paperwork. You don't have to worry about lost receipts or complicated processes to match each receipt with each payment. Your benefits feel like benefits!

Direct Deposit – Bank

You can choose to have your reimbursements direct deposited into your bank account. To establish direct deposit of your MyCash funds to a personal bank account, visit the TASC website and click *Set Up Direct Deposit*. With direct deposit, funds (\$25 or more) are forwarded from your MyCash account to your bank within 48 to 72 hours of a completed submission.

NOTE: Remember to verify receipt of deposits before writing checks against expected payments (check with your financial institution for availability of funds). TASC is not responsible if your bank account is assessed insufficient fund fees in anticipation of required deposits to cover requests for reimbursements.

Claim ConneX™ (if employer elected)

If your employer has elected Claim ConneX and you are enrolled in Claim ConneX for your FSA, your medical insurance provider automatically submits the unpaid portions of your medical claims to TASC for processing. Those claims will be reimbursed automatically to you from your FSA. No action is required from you to receive reimbursement for those claims.

If your employer's FSA has elected *Reimbursement Ordering* and you have an FSA and a TASC HRA, requests submitted via the request for reimbursement form on the TASC website or via your medical insurance provider (Claim ConneX feature) will be routed automatically to your account that reimburses in the pre-set order of account depletion.

TASC Card Features

MyCash

This TASC Card features a separate cash account known as MyCash where reimbursement payments are deposited (faster than ACH bank deposit) and available via the TASC Card for purchases or ATM withdrawal. All reimbursements are directly deposited into your MyCash account and accessible via the TASC Card. MyCash funds can be spent any way and anywhere Mastercard is accepted. **NOTE:** Currently MyCash purchases might not be made at CVS Pharmacy, ShopKo, or Walmart.

Access your MyCash funds in any of the following ways:

- Swipe your TASC Card at a merchant that accepts Mastercard;
- Withdraw cash at ATM (with a PIN) using the TASC Card (request a PIN at www.tasconline.com);
- Transfer funds to a personal bank account via the website.

MyCash funds can also be relied upon to cover eligible benefit account expenses if no funds are available in your benefit account (thus avoid embarrassing declines at checkout). It's easy to manage your MyCash reimbursement funds from the TASC website. From www.tasconline.com, go to the overview page to view MyCash activity and card information, save bank account information, and transfer funds to a personal bank account. You can view MyCash activity and balance via the TASC mobile app, too.

NOTE: If you no longer participate in TASC benefits, you may maintain an active TASC Card to access your remaining MyCash funds. Per the participant Terms of Usage, you will be charged a \$5 monthly Cash Account Access Service fee, deducted from your cash account each month until all funds are depleted.

TASC Wallet: This convenient organizer offers mobile and web access to the TASC Card. You can request a new card, access your card history, report a lost or stolen card, create a PIN, and request an additional card for a spouse/dependent. You can manage your PIN, report a lost or stolen card, or request a new card. You can even take a picture of a card, such as your insurance card, and store it. You can also locate the nearest ATM.

TASC Wallet - Card Holder (coming soon): Consumers have many types of cards found in their physical wallet. This may be challenging at times to locate specific card information needed. TASC Wallet's Card Holder feature provides participants a highly secure location to easily access information contained on various stored cards. Card information is stored by using the mobile phone's camera to capture the card's image.

Note: Consumers store many types of cards in their physical wallet, such as healthcare insurance, vision plan, and auto insurance.

Lock/Unlock TASC Card: If your TASC Card is lost or stolen, you can quickly disable it with TASC Card Lock online or via the TASC mobile app. When found, simply unlock it and it's ready to use again.

TASC Mobile App* (for iPhone and Android)

TASC has developed a mobile app to help you manage your account easily and efficiently from any place, at any time. It includes numerous features outlined below:

Account Details

Click on an account to view the details, such as total balance or your available balance. You can look at the contributions and expenditures and can expand to see more details, such as Total Contributions, Expense Type, Card Decline Protection status, and your rollover-funding amount, if applicable.

Personal Information

Click on *Profile* to update phone numbers, addresses, gender, date of birth, and more. You can also add an additional layer of security and enable two (2) factor authentication. Also, enable touch ID, face ID, or a passcode, depending on the device you use.

Basic Information

At the top of the screen is the MyCash balance. Below the MyCash balance are your contributions and expenditures. And at the lower section of the screen, you'll find a list of your benefit accounts and available balances. Click on these plans to see the details and then scroll down to see your recent transactions.



Employer Contributions (if applicable)

Here you'll find basic account summary information in terms of rollover policy, annual contribution from employer, start date of the plan, first paycheck deduction, and more.

Picture to Pay: Picture to Pay makes paying an expense even easier. Click the menu option called *Picture to Pay* and a camera will pop up. Take a picture of the invoice, enter the amount you would like to pay, review it, and then submit. That's all there is to it!

TASC Wallet

You can access your TASC Card information by clicking on the *TASC Card* menu. You can look at the card itself and choose from multiple options for your card.

Biometric Security: Everyone is worried about security these days. Biometric Security is the identification of a person by biological features, like a fingerprint, a thumbprint, or facial recognition. As part of the Universal Benefit Account, TASC uses biometrics to authenticate and provide participant access to their account and create a much more secure environment than a password can provide. Setting up Biometric Security is a readily available feature when you download that TASC app on your mobile phone.



*Standard message and data rates may apply.



Expense Eligibility Look Up (coming soon): Healthcare benefit accounts, such as Medical FSA and HSA, allow use of benefit account funds for qualifying expenses, such as medical co-payments, prescriptions, and qualifying healthcare items meeting IRS requirements. These qualifying items are typically found in pharmacies or grocery stores having an in-store pharmacy and include items for pain relief, digestive health, baby care, cold and allergy, first aid, etc. These retailers do not always identify these items as qualified healthcare benefit expenses—and over 65,000 items are possible qualifying items.

To help you maximize use of benefit account funds and minimize use of your personal funds, Expense Eligibility Lookup assists you in determining eligibility of certain items right when you need it the most—while in the shopping aisle of your local store. Never wonder if an item is an eligible expense or if you need to use your personal funds to complete the purchase.

GET THE APP! To download the TASC Mobile App, visit the Apple App Store and search for TASC App for iPhone or visit Google Play Store and search for TASC App for Android.

Plan Renewal

Re-Enrollment

Near the end of the plan year, you will have the opportunity to re-enroll in your benefit account(s). Please check with your employer regarding your specific re-enrollment procedure.

Client TASC ID	Individual TASC ID	Emplo yee ID	Last Name	First Name	Mid	Nickname	Email Address	Address Line 1	Address Line 2
1234-5678-9012		123456	Test	Employee			etest@testemail.com	123 Easy St.	
1234-5678-9012		234537	Example	Test	D		testexample@testemail.com	234 Easy Ln.	Ste. 5
1234-5678-9012		123526	Doe	John	Dean		jdoe@testemail.com	4727 Main St.	
1234-5678-9012		257267	Doe	Jane	F		janed@testemail.com	275 MLK Blvd.	Bldg 2
1234-5678-9012	4454-9629-2958		Smith	John			jsmith02@gmoney.net	538 E. Main St.	
1234-5678-9012	4728-2854-2752		Brown	Mary	Lou	Lou Lou	mblovesu@mytestmail.com	2858 Succinct Avenue	Apt# 4
1234-5678-9012	5626-2643-1364		Leroy	Suzanne	Q	Suzy	sqlieroy@testemail.com	823 Lazy Circle	

Actual File View:

Client TASC ID,Individual TASC ID,Employee ID,Last Name,First Name,Middle Name,Nickname,Email Address,Address Line 1,Address Line 2,City,State,Zip / Postal Code,Date

1234-5678-9012,,123456,Test,Employee,,,etest@testemail.com,123 Easy St.,Madison,WI,53704,,US,Primary,608-285-8285,Home,,,07/14/1976,,Unknown,12/02/2018

1234-5678-9012,,234537,Example,Test,D,,testexample@testemail.com,234 Easy Ln.,Ste. 5,Madison,WI,53704,,US,Primary,,,,,11/24/1965,,Male,08/14/2005,Monthly,M

1234-5678-9012,,123526,Doe,John,Dean,,jdoe@testemail.com,4727 Main St.,Madison,WI,53704,,US,Primary,,,,,09/13/1995,,Male,03/15/2017,Bi-Weekly,Staff,Wareh

1234-5678-9012,,257267,Doe,Jane,F,,janed@testemail.com,275 MLK Blvd.,Bldg 2,Madison,WI,53704,1234,US,Primary,,,,,03/23/1977,,Female,01/02/2019,Bi-Weekly,S

1234-5678-9012,4454-9629-2958,,Smith,John,,,jsmith02@gmoney.net,538 E. Main St.,Madison,WI,53704,,US,Primary,608-309-8222,Mobile,608-385-4456,Home,05/1

1234-5678-9012,4728-2854-2752,,Brown,Mary,Lou,Lou Lou,mblovesu@mytestmail.com,2858 Succinct Avenue,Apt# 4,Madison,WI,53704,,US,Primary,,,,,11/03/1988,,l

1234-5678-9012.5626-2643-1364..Lerov.Suzanne.O.Suzv.sqlieroy@testemail.com.823 Lazv Circle..Madison.WI.53704..US.Primarv.....10/22/1946.03/16/2019.Female.0!

Client TASC ID	Individual TASC ID	Employee ID	Individual SSN	Last Name	First Name	Benefit Plan ID	Effective Date	Election Change Date	Eligibility End Date	Individual Election Amount	Client Election Amount
1234-5678-9012		123456	111111111	Krupa	Gene	0000000000	01/01/2019	03/31/2019		840.00	
1234-5678-9012		123456		Krupa	Gene	0000000001	01/01/2019			1320.00	100.00
1234-5678-9012	4454-9629-2958		222-22-2222	Portnoy	Mike	0000000000	01/01/2019		04/30/2019	1680.00	

Actual File View:

Client TASC ID,Individual TASC ID,Employee ID,Individual SSN,Last Name,First Name,Benefit Plan ID,Effective Date,Election Change Date,Eligibility End Date,Individual Election Amount,Client Election Amount
1234-5678-9012,,123456,111111111,Krupa,Gene,0000000000,01/01/2019,03/31/2019,,840.00,
1234-5678-9012,,123456,,Krupa,Gene,0000000001,01/01/2019,,,1320.00,100.00
1234-5678-9012,4454-9629-2958,,222-22-2222,Portnoy,Mike,0000000000,01/01/2019,,04/30/2019,1680.00,

Client TASC ID	Individual TASC ID	Employee ID	Last Name	First Name	Benefit Plan ID	Contribution Date	Participant Contribution Amount	Client Contribution Amount
1234-5678-9012		123456	Krupa	Gene	0000000000	03/08/2019	35.00	
1234-5678-9012		123456	Krupa	Gene	0000000001	03/08/2019	55.00	10.00
1234-5678-9012	4454-9629-2958		Portnoy	Mike	0000000000	03/08/2019	70.00	

Actual File View:

Client TASC ID,Individual TASC ID,Employee ID,Last Name,First Name,Benefit Plan ID,Contribution Date,Participant Contribution Amount,Client Contribution Amount
1234-5678-9012,,123456,Krupa,Gene,0000000000,03/08/2019,35.00,
1234-5678-9012,,123456,Krupa,Gene,0000000001,03/08/2019,55.00,10.00
1234-5678-9012,4454-9629-2958,,Portnoy,Mike,0000000000,03/08/2019,70.00,



Batlimore Oriole and Family
2302 International Lane
Madison, WI 53022

11/26/2013

COBRA Election Notice

Dear Batlimore and Testperson:

This notice contains important information about your right to continue your health care coverage in the CSA-Trailblazer Test group health plan(s) (“the Plan”) as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. TASC is a third-party administrator contracted by CSA-Trailblazer Test to administer continuation benefits, also known as COBRA. Please read the information contained in this notice very carefully. We use the pronoun “you” in this notice and in the enclosed Election Form to refer to each of the individuals identified below.

We have been notified that you are eligible to continue your benefits based on the information included in this packet. To elect COBRA continuation coverage, complete the enclosed “Election Form” and submit it to TASC, following the instructions provided or elect online (more information provided below).

Each person (“qualified beneficiary/other eligible”) in the category(ies) indicated in the table below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan.

Category	Qualified Beneficiary/Other Eligible
Employee or former employee	Batlimore Oriole
Spouse, former spouse or other	Testperson Larson
Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage or other.	
Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan.	

If you do not elect COBRA continuation coverage, due to the Termination (called your “qualifying event” in this notice) that occurred on 11/15/2013, your coverage will end on the “Loss of Coverage” date shown in the table on the following page.

If elected, COBRA continuation coverage under the group health component(s) of the Plan specified in the table below will begin on the date shown under “Continuation Eligibility Begins” and can last until the date shown under “Continuation Eligibility Ends.”

Benefit	Loss of Coverage	Continuation Eligibility Begins	Continuation Eligibility Ends	Election Form Due
Delta Dental	11/30/2013	12/01/2013	05/31/2015	01/29/2014
Flex	11/30/2013	12/01/2013	01/20/2014	01/29/2014
BCBS PPO Medical	11/30/2013	12/01/2013	05/31/2015	01/29/2014

The current monthly cost of your COBRA continuation coverage is shown on the “Election Form.” There may be other coverage options for you and your family. When key parts of the health care law take effect, you will be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Following this page are the following items:

- **COBRA Continuation Coverage Election Form** – This form must be returned to TASC no later than the earliest date shown above under “Election Form Due” for the group health components of the Plan you are electing or you must enroll online (more information provided below), or your rights to COBRA continuation benefits will cease.
- **Important Information About Your COBRA Continuation Coverage Rights** – Please read this information carefully.

If you elect to continue your benefit coverage, TASC will send you coupons to submit with your premium payments. You will be billed from the date continuation eligibility begins. You will be notified if there are any changes to your premiums.

You do not have to send any payment with the “Election Form.” It is to your advantage to send the first month’s premium payment with your election form so claims can be processed without delay. Your coverage will not be reinstated and carriers will not process claims until both the election form and first payment have been received and processed. Coverage is not reinstated with your carrier the same day TASC receives your payment. TASC sends weekly communications to insurance carriers to advise them of coverage reinstatement. Please keep in mind that we are a third-party administrator of continuation benefits and do not replace your current insurance carriers. Important additional information about payment for COBRA continuation coverage is included in the pages following the Election Form.

If you have any questions about your rights to COBRA continuation coverage, you should contact the TASC Customer Care by phone at (800) 422 4661, or by e-mail at COBRAService@tasconline.com. Customer service hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Thank you.
TASC

COBRA Election Form Page 1

Date: 11/26/2013
 Employer: CSA-Trailblazer Test
 Qualifying Event Date: 11/15/2013

INSTRUCTIONS: To elect COBRA continuation coverage, complete this Election Form and return it to TASC or enroll online. Under federal law, you must have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: TASC, PO Box 14015, Madison, WI 53708-0015. If a payment is being sent with the Election Form, please return Election Form and payment to TASC Continuation Services, PO Box 14015, Madison, WI 53708-0015.

This Election Form must be completed in writing and mailed, e-mailed, faxed, or hand-delivered to TASC. A valid election of COBRA may also be made on our website. See the page titled "COBRA Participant Portal Login" for more information and login instructions. Oral communications regarding COBRA coverage, including in-person or telephone statements about an individual's COBRA coverage are not acceptable as COBRA elections and will not preserve COBRA rights:

- If *mailed*, it must be post-marked no later than the earliest date shown under "Election Form Due" for the group health components of the Plan you want to elect.
- If *hand-delivered*, it must be received at the above address no later than the earliest date shown under "Election Form Due" for the group health components of the Plan you want to elect.
- If *faxed*, it must be transmitted to 608-663-2753 no later than the earliest date shown under "Election Form Due" for the group health components of the Plan you want to elect.
- If *e-mailed*, it must be transmitted to COBRAService@tasconline.com no later than the earliest date shown under "Election Form Due" for the group health components of the Plan you want to elect.

If you do not submit a completed Election Form or make an online election by the earliest date shown under "Election Form Due" for the group health components of the Plan you want to elect, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage may begin on the date you furnish the completed Election Form (this is contingent on the plan).

Read the important information about your rights included in the pages after the Election Form.

I (We) elect to continue our coverage in the CSA-Trailblazer Test Group Health Plan(s) (the Plan) as indicated below:

Section 1 – Personal Information

TASC ID# 4804-9808-0722	Participant ID# 950421304	Date of Birth 01/01/1970
Name (First, MI, Last) Batlimore Oriole		
Home Address		
City, State, Zip code		Phone Number ()
Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you eligible for another group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 – Spouse and Dependent Information – If your dependents are not shown below, please attach a separate sheet including each one continuing coverage along with the information listed below.

Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
Testperson Larson	Spouse		

COBRA Election Form Page 2

Section 3 – Benefit Coverage Information

Listed below are the benefits you are eligible to continue.

Benefit	COBRA Start Date	Coverage Level	Monthly Premium
Delta Dental	12/01/2013	Single	23.50
Flex	12/01/2013	Composite	102.00
BCBS PPO Medical	12/01/2013	Family	0.00
BCBS PPO Medical	12/01/2013	Single	0.00

Section 4 – Continuation Election Information

Listed below are the benefits you are eligible to continue. Please check to elect or decline each coverage option.

Person	Plan	Elect or Decline
Baltimore Oriole	BCBS PPO Medical	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Baltimore Oriole	Delta Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Baltimore Oriole	Flex	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Testperson Larson	BCBS PPO Medical	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Testperson Larson	Flex	<input type="checkbox"/> Elect <input type="checkbox"/> Decline

Section 5a – Participant Authorization

I have read the accompanying letter and notice of rights. I understand that if I fail to pay any premium payment in a timely manner, continuation benefit coverage will terminate. I agree to notify TASC if I become covered under another group health care plan that does not contain exclusions or limitations with respect to pre-existing conditions. I also agree to notify TASC if I become entitled to Medicare.

Signature _____ **Date** _____

Section 5b – Declination Authorization

I have read the accompanying letter and notice of rights. By signing below, I choose to decline all continuation coverage for my dependents and myself.

Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

Important Information About Your COBRA Continuation Coverage Rights

What is continuation coverage?

COBRA coverage is a continuation of Plan coverage required under Federal law. This law requires that most group health plans (including this Plan) give “qualified beneficiaries” the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee. Certain newborns, newly adopted children, and alternate recipients under qualified medical child support orders may also be qualified beneficiaries.

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving COBRA continuation coverage. Each qualified beneficiary who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights.

How can you elect COBRA continuation coverage?

To elect COBRA continuation coverage, you must complete the “Election Form” according to the directions provided, and mail, e-mail, fax, or hand-deliver it to TASC by the earliest date shown under “Election Form Due” for the group health components of the Plan you want to elect. A valid election of COBRA may also be made on our website. See the page titled “COBRA Participant Portal Login” for more information and login instructions. **Failure to do so will result in loss of the right to elect COBRA coverage under the Plan.** Each qualified beneficiary has a separate right to elect COBRA continuation coverage. For example, the employee’s spouse may elect COBRA continuation coverage even if the employee does not. COBRA continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect COBRA continuation coverage on behalf of any dependent children. The employee or the employee’s spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect COBRA continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage under the Plan ends because of the qualifying event listed in the “Election Notice.” You will also have the same special enrollment right at the end of COBRA continuation coverage if you get COBRA continuation coverage for the maximum time available to you.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction of hours of employment, coverage generally may be continued only for up to a total of 18 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to (meaning enrolled in) Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last until up to 36 months after the date of Medicare entitlement.

In the case of losses of coverage due to an employee’s death, divorce or legal separation, or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to a total of 36 months.

COBRA coverage under a health flexible spending arrangement component of the Plan may last for a shorter period than the COBRA continuation coverage under other group health components of the Plan.

This notice shows the maximum period of COBRA continuation coverage available to the qualified beneficiaries.

COBRA continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing COBRA continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary (note: there are limitations on plans' imposing a pre-existing condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary becomes entitled to (meaning enrolled in) Medicare benefits (under Part A, Part B, or both) after electing COBRA continuation coverage,
- the employer ceases to provide any group health plan for its employees, or
- during a disability extension period (the disability extension is explained below), the disabled qualified beneficiary is determined by the Social Security Administration to no longer be disabled.

COBRA continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving COBRA continuation coverage (such as fraud).

You must notify TASC in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to (enrolled in) Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage COBRA coverage will terminate (retroactively if applicable) as of the date of Medicare entitlement or as of the beginning date of the other group health coverage (after exhaustion or satisfaction of any preexisting condition exclusions for a preexisting condition of the qualified beneficiary). The Plan may require repayment of all benefits paid after the termination date, regardless of whether or when you provide notice of Medicare entitlement or other group health plan coverage.

How can you extend the length of COBRA continuation coverage?

If the maximum period of coverage shown on the Election Form for any group health component benefit is less than 36 months and you elect COBRA continuation coverage, an extension of the maximum period of coverage for that component benefit may be available if a qualified beneficiary is disabled or a second qualifying event occurs. The period of COBRA continuation coverage under a health flexible spending arrangement cannot be extended under any circumstances. You must notify TASC of a disability or a second qualifying event in order to extend the period of COBRA continuation coverage. Failure to provide notice of a disability or second qualifying event will eliminate the right to extend the period of continuation coverage. The following two sections ("*Disability*" and "*Second Qualifying Event*") describe these circumstances.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration to be disabled. The disability has to have started at some time on or before the 60th day of COBRA continuation coverage and must last at least until the end of the period of COBRA continuation coverage that would be available without the disability extension (generally 18 months, as described above). Each qualified beneficiary who has elected COBRA continuation coverage will be entitled to the 11-month disability extension if one of them qualifies.

The disability extension is available only if you notify TASC in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

Please note that in order to be entitled to a disability extension, not only must you provide this notice within 60 days of the latest of the events listed above, but such notice must be provided before the end of the first 18 months of continuation coverage.

If the qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify TASC of that fact within 30 days after the Social Security Administration's determination.

If the Social Security Administration's determination that the qualified beneficiary is no longer disabled occurs during the disability extension period, COBRA coverage for all qualified beneficiaries will terminate (retroactively if applicable) as of the first day of the month that is more than 30 days after the Social Security Administration's determination that the qualified beneficiary is no longer disabled. The Plan may require repayment of all benefits paid after the termination date, regardless of whether or when you provide notice that the disabled qualified beneficiary is no longer disabled.

Second Qualifying Event

An extension of coverage may be available to spouses and dependent children who are receiving COBRA coverage if a second qualifying event occurs during the first 18 months following the covered employee's termination of employment or reduction of hours. The maximum amount of COBRA continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or legal separation from the covered employee, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred.

This extension due to a second qualifying event is available only if you notify TASC in writing of the second qualifying event within 60 days after the later of

- the date of the second qualifying event; and
- the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan).

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of COBRA continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA continuation coverage. The required monthly payment for each group health component of the Plan under which you are entitled to elect COBRA continuation coverage is described on the COBRA Election Form.

When and how must payment for COBRA continuation coverage be made?

First payment for continuation coverage

If you elect COBRA continuation coverage, you do not have to send any payment with the Election Form. If you choose to make your election online, you do not need to immediately authorize a payment. However, you must make your first payment for COBRA continuation coverage not later than 45 days after the date of your election. This is the date your Election Form is:

- post-marked, if mailed to TASC, or
- received by TASC if hand-delivered or transmitted via e-mail or "fax," or
- the date you make your election online. See the page titled "COBRA Participant Portal Login" for more information and login instructions.

**If you do not make your first payment for COBRA continuation coverage in full
not later than 45 days after the date of your election,
you will lose all COBRA continuation coverage rights under the Plan.**

Your first payment must cover the cost of COBRA continuation coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment. (Example: John's employment terminates on March 31 and his last day of coverage is March 31. John elects COBRA continuation coverage on May 15. His initial premium payment equals the premiums for April and May and is due on or before June 29, the 45th day after the date of his COBRA continuation coverage election.)

You are responsible for making sure that the amount of your first payment is correct. You may contact TASC Customer Care by phone at (800) 422 4661, or by e-mail at COBRAService@tasconline.com to confirm the correct amount of your first payment. Customer service hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Monthly payments for COBRA continuation coverage

After you make your first payment for COBRA continuation coverage, you will be required to make monthly payments for each subsequent month of COBRA continuation coverage. The amount due for each month of COBRA coverage for each qualified beneficiary is shown in the Election Form. Under the Plan, each of these monthly payments for COBRA continuation coverage is due on the first day of the month for that month's COBRA coverage. If you make a monthly payment on or before the first day of the month to which it applies, your COBRA continuation coverage under the Plan will continue for that month without any break. Neither the Plan nor TASC will send periodic notices of payments due for these coverage periods. In other words, we will not send a bill to you for your COBRA continuation coverage – it is your responsibility to pay your COBRA continuation coverage premiums on time.

Grace periods for monthly payments

Although monthly payments are due on the first day of each month of COBRA continuation coverage, you will be given a grace period of 30 days after the first day of the month to make each monthly payment. Your COBRA continuation coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment.

If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to continuation coverage under the Plan.

Your first payment and all monthly payments for COBRA continuation coverage should be mailed to:

**TASC Continuation Services
PO Box 14015
Madison, WI 53708-0015**

Another convenient option is to make payments online. **See the page titled “COBRA Participant Portal Login” for more information and login instructions.** If mailed, your payment is considered to have been made on the date that it is postmarked. If hand-delivered, your payment is considered to have been made when it is received by the individual at the address specified above. You will not be considered to have made any payment if your check or ACH payment is returned due to insufficient funds or otherwise.

For more information

This notice does not fully describe COBRA continuation coverage or other rights under the Plan. More information about COBRA continuation coverage and your rights under the Plan is available in your summary plan description or from TASC.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want information on obtaining a copy of your summary plan description, you should contact:

**TASC
PO Box 14015
Madison, WI 53708-0015
(800) 422 4661
COBRAService@tasconline.com**

For more information about rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

Keep your plan informed of address changes

In order to protect your and your family's rights, you should keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Re: Automatic Withdrawal of Premiums for Continuation Benefits

Dear Batlimore

TASC is providing administrative recordkeeping services for your continuation benefits through CSA-Trailblazer Test. TASC offers you the option of paying your monthly premiums through automatic withdrawal from a checking or savings account, either through signup with this manual form or through our website. For information on the website option, see the page titled "COBRA Participant Portal Login" for login instructions. With automatic withdrawal, your "initial" withdrawal will be deducted from your account immediately upon receipt and will include the current month and any prior months owing. After that, your ongoing monthly premium payments will be deducted from your account approximately the 24th of each month or the following business day. To take advantage of this convenient payment option, you may complete the enclosed Authorization Form and return it to TASC or sign up online.

If you have already elected COBRA and choose to change to automatic withdrawal, your account must be paid to current and the first deduction will occur immediately upon receipt. If you are in your 45-day election payment period and your account is not paid to current, any prior months owing will also be deducted at this time.

Please note that your monthly premium is subject to change. You will be notified if there are any changes to your monthly premium, but you will not need to complete a new Authorization Form. Also note that if you are just electing continuation benefits, coverage will not be reinstated with your carriers until first payment is received in our office. Therefore, if you need to be reinstated before the first ACH transaction for your group, you may want to pay your first premium by personal check or money order.

If your account has insufficient funds to complete a scheduled automatic withdrawal, TASC will request that the premium for that month be paid with a cashier's check or money order.

If you do not choose the automatic withdrawal option, please continue to send your premium payments and coupons to:

TASC Continuation Services
PO Box 14015
Madison, WI 53708-0015

If you have any questions regarding the automatic withdrawal process, please contact the TASC Customer Care by phone at (800) 422 4661, or visit our website at www.tasconline.com. Customer service hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Thank you.
TASC



Authorization for Automatic Withdrawal of Premium Payments

Please complete Sections I, II and III below to authorize payment of your continuation benefit premiums through automatic withdrawal. Sign and date the form and return it to TASC. Include a voided check for automatic withdrawal from your checking account or a deposit slip for automatic withdrawal from your savings account. If a voided check or deposit slip is not attached, the automatic withdrawal cannot be honored.

Section I – Participant Information

TASC ID# 4804-9808-0722	Participant ID# 950421304	“Initial” withdrawal will be deducted from your account immediately upon receipt of this form.
Participant Name (Last, First, MI) Batlimore Oriole		Company Name CSA-Trailblazer Test
Participant Home Address		City, State, Zip code

Section II – Financial Institution Information

Name of Financial Institution	Financial Institution Phone Number
Financial Institution Address	
City, State, Zip code	Routing/Transit Number

**Please select the type of account from which you wish to have funds automatically withdrawn and enter the account number and routing or transit number to the right.

<input type="checkbox"/> Checking Account Number: Routing Number:	**Remember to include a voided check
<input type="checkbox"/> Savings Account Number: Transit Number:	

Section III – Participant Authorization

I authorize TASC and the financial institution named above to automatically withdraw the monthly premium payment(s) for my continuation benefits from the checking or savings account listed above. This authority will remain in effect until I notify TASC, in writing, to cancel the automatic withdrawal, or until my continuation benefit coverage is canceled.

Employee Signature: _____ **Date:** _____

Mail completed form to:
TASC
PO Box 14015
Madison WI 53708-0015

<Date of Notice>

<Employee Name>

<Employee Address 1>

<Employee Address 2>

<Employee City, State ZIP>

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Dear <Employee Name>, <Dependent Name>, <Dependent Name>, <Dependent Name>:

Introduction

You are receiving this notice because you have recently become covered under the <Client Name> group health plan(s) (the "Plan"). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan under certain circumstances when coverage would otherwise end. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** COBRA (and the description of COBRA coverage contained in this notice) applies only to certain benefits subject to continuation requirements and not to other benefits offered by <Client Name>.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage under the Plan. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage under the Plan. This notice does not fully describe COBRA coverage or other rights under the Plan. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's summary plan description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs and any required notice of that event is properly provided to the Plan, COBRA continuation coverage must be offered to each person losing Plan coverage who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes enrolled in Medicare benefits (under Part A, Part B, or both); or

- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes enrolled in Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, commencement of a proceeding in bankruptcy with respect to the employer, death of the employee, or the employee's becoming enrolled in Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), a COBRA election will be available to you only if you notify the Plan Administrator within 60 days after the later of (a) the date of the qualifying event; and (b) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. You must provide this notice to:

**Plan Administrator
<Client Name>
<Client Street Address>
<Client City, State ZIP>
<Client Phone Number>**

How is COBRA coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming enrolled in Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage can last for up to a total of 36 months. COBRA continuation coverage under the health flexible spending arrangement component normally lasts only until the end of the year in which the qualifying event occurred (see paragraph below entitled "Health flexible spending arrangement component").

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became enrolled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries (other than the employee) can last until up to 36 months after the date of Medicare enrollment. For example, if a covered employee

becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children who lost coverage as a result of his termination can last up to 36 months after the date of Medicare enrollment (except for continuation of the health flexible spending arrangement, which normally lasts only until the end of the year in which the qualifying event occurred), which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). This COBRA coverage period is available only if the covered employee becomes enrolled in Medicare within 18 months *before* the termination or reduction of hours of employment.

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. (COBRA continuation coverage under the health flexible spending arrangement component normally lasts only until the end of the year in which the qualifying event occurred.) There are two ways in which this 18-month period of COBRA continuation coverage can be extended. However, the period of COBRA continuation coverage under the health flexible spending arrangement cannot be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension.

COBRAToday Administration
2302 International Lane
Madison, WI 53704

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children receiving COBRA coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, becomes enrolled in Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

This extension due to a second qualifying event is available only if you notify the Plan in writing of the second qualifying event within 60 days after the later of (a) the date of the second qualifying event; and

(b) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan). This notice should be sent to:

COBRAToday Administration
2302 International Lane
Madison, WI 53704

Health flexible spending arrangement component

COBRA continuation coverage under the health flexible spending arrangement will be offered only to qualified beneficiaries losing coverage who have underspent accounts. A qualified beneficiary has an underspent account if the annual limit elected by the covered employee, reduced by the reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the health flexible spending arrangement COBRA coverage that will be charged for the remainder of the plan year. COBRA continuation coverage will consist of the health flexible spending account coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year.

COBRA continuation coverage under the health flexible spending arrangement component of the Plan normally lasts only until the end of the plan year in which the qualifying event occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

You may obtain information about the Plan and COBRA coverage on request from:

Plan Administrator
<Client Name>
<Client Street Address>
<Client City, State ZIP>
<Client Phone Number>

The contact information for the Plan may change. The most recent information will be included in the Plan's most recent summary plan description (if you do not have a copy, you may request one from <Client Name>).



Test Ableman and Family
2302 International Lane
Madison, WI 53704

06/19/2013

Re: Termination of Continuation Benefits

Dear: Test

You are hereby notified that your continuation coverage for the following plans through CSA-Trailblazer Test has been canceled. Please see the cancel reason in the box below.

Plan	Coverage Level	Reason for Cancellation	Last Day of Coverage
BCBS PPO Medical	Single	Failure to Pay Monthly Premium	03/31/2013

If you believe the termination of your coverage is in error, you have 60 days from the date of cancellation to appeal. You must submit your reasons, in writing, along with any supporting documents, to the following address.

Attention: Appeal Board
TASC
PO Box 14015
Madison WI 53708-0015

Generally, you will be notified of the decision regarding your appeal within 60 days of receipt of your appeal. However, under certain circumstances, this time is extended to 120 days.

If you have any questions regarding the termination of your continuation benefits, please contact the TASC Customer Care by phone at (800) 422 4661, or by e-mail at. Customer service hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Thank you.
TASC



Test Ableman and Family
2302 International Lane
Madison, WI 53704

06/19/2013

Re: Termination of Continuation Benefits

Dear: Test

You are hereby notified that your continuation coverage for the following plans through CSA-Trailblazer Test has been canceled. Please see the cancel reason in the box below.

Plan	Coverage Level	Reason for Cancellation	Last Day of Coverage
BCBS PPO Medical	Single	Failure to Pay Monthly Premium	03/31/2013

If you believe the termination of your coverage is in error, you have 60 days from the date of cancellation to appeal. You must submit your reasons, in writing, along with any supporting documents, to the following address.

Attention: Appeal Board
TASC
PO Box 14015
Madison WI 53708-0015

Generally, you will be notified of the decision regarding your appeal within 60 days of receipt of your appeal. However, under certain circumstances, this time is extended to 120 days.

If you have any questions regarding the termination of your continuation benefits, please contact the TASC Customer Care by phone at (800) 422 4661, or by e-mail at. Customer service hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Thank you.
TASC

<Date of Notice>

<Employee Name>

<Employee Address 1>

<Employee Address 2>

<Employee City, State ZIP>

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Dear <Employee Name>, <Dependent Name>, <Dependent Name>, <Dependent Name>:

Introduction

You are receiving this notice because you have recently become covered under the <Client Name> group health plan(s) (the "Plan"). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan under certain circumstances when coverage would otherwise end. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** COBRA (and the description of COBRA coverage contained in this notice) applies only to certain benefits subject to continuation requirements and not to other benefits offered by <Client Name>.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage under the Plan. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage under the Plan. This notice does not fully describe COBRA coverage or other rights under the Plan. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's summary plan description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs and any required notice of that event is properly provided to the Plan, COBRA continuation coverage must be offered to each person losing Plan coverage who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes enrolled in Medicare benefits (under Part A, Part B, or both); or

- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes enrolled in Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, commencement of a proceeding in bankruptcy with respect to the employer, death of the employee, or the employee's becoming enrolled in Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), a COBRA election will be available to you only if you notify the Plan Administrator within 60 days after the later of (a) the date of the qualifying event; and (b) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. You must provide this notice to:

**Plan Administrator
<Client Name>
<Client Street Address>
<Client City, State ZIP>
<Client Phone Number>**

How is COBRA coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming enrolled in Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage can last for up to a total of 36 months. COBRA continuation coverage under the health flexible spending arrangement component normally lasts only until the end of the year in which the qualifying event occurred (see paragraph below entitled "Health flexible spending arrangement component").

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became enrolled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries (other than the employee) can last until up to 36 months after the date of Medicare enrollment. For example, if a covered employee

becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children who lost coverage as a result of his termination can last up to 36 months after the date of Medicare enrollment (except for continuation of the health flexible spending arrangement, which normally lasts only until the end of the year in which the qualifying event occurred), which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). This COBRA coverage period is available only if the covered employee becomes enrolled in Medicare within 18 months *before* the termination or reduction of hours of employment.

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. (COBRA continuation coverage under the health flexible spending arrangement component normally lasts only until the end of the year in which the qualifying event occurred.) There are two ways in which this 18-month period of COBRA continuation coverage can be extended. However, the period of COBRA continuation coverage under the health flexible spending arrangement cannot be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension.

COBRAToday Administration
2302 International Lane
Madison, WI 53704

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children receiving COBRA coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, becomes enrolled in Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

This extension due to a second qualifying event is available only if you notify the Plan in writing of the second qualifying event within 60 days after the later of (a) the date of the second qualifying event; and

(b) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan). This notice should be sent to:

COBRAToday Administration
2302 International Lane
Madison, WI 53704

Health flexible spending arrangement component

COBRA continuation coverage under the health flexible spending arrangement will be offered only to qualified beneficiaries losing coverage who have underspent accounts. A qualified beneficiary has an underspent account if the annual limit elected by the covered employee, reduced by the reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the health flexible spending arrangement COBRA coverage that will be charged for the remainder of the plan year. COBRA continuation coverage will consist of the health flexible spending account coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year.

COBRA continuation coverage under the health flexible spending arrangement component of the Plan normally lasts only until the end of the plan year in which the qualifying event occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

You may obtain information about the Plan and COBRA coverage on request from:

Plan Administrator
<Client Name>
<Client Street Address>
<Client City, State ZIP>
<Client Phone Number>

The contact information for the Plan may change. The most recent information will be included in the Plan's most recent summary plan description (if you do not have a copy, you may request one from <Client Name>).

.....

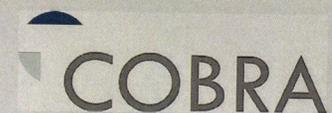
MyTASC Client Online Guide

Welcome to TASC COBRA and the benefits of COBRA.

We hope you will find TASC COBRA to be an efficient and valuable service. Our website is www.tasconline.com and is referred to as MyTASC throughout this Guide. This Guide will walk you through the MyTASC tools you need to manage your TASC COBRA Plan. The user-friendly features in MyTASC guarantee the highest level of usability, functionality, security, and performance. If you have additional questions, log in to MyTASC and select Contact Us or call Customer Care at 1-800-422-4661.

Here's what you'll find inside:

MyTASC Website Login	2
View Benefit Plans	2
Add a Plan	3
View Employee List	4
Add Employees	5
Submit General Initial Notice	5
Add Qualifying Event	6
Coverage	8
Billing & Payments	8
Communication	8
Reports	8
Billing	9

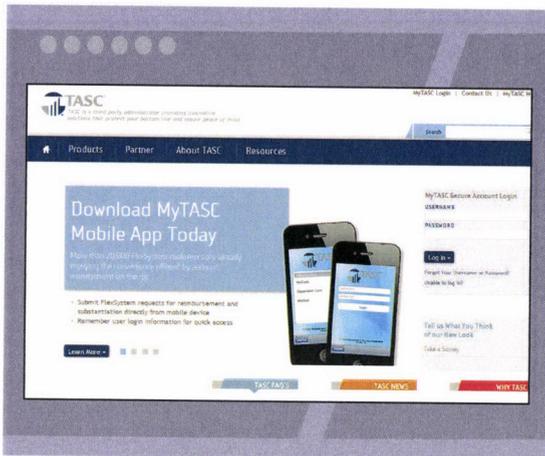


Managing Your TASC COBRA Plan Online

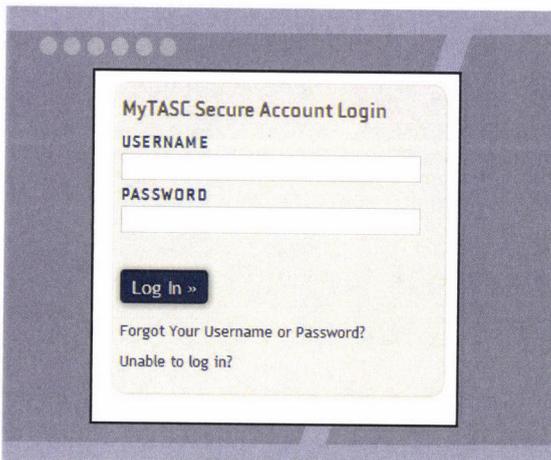
NOTE: Instructions are based on using Internet Explorer 9 Browser.

MyTASC Website Login

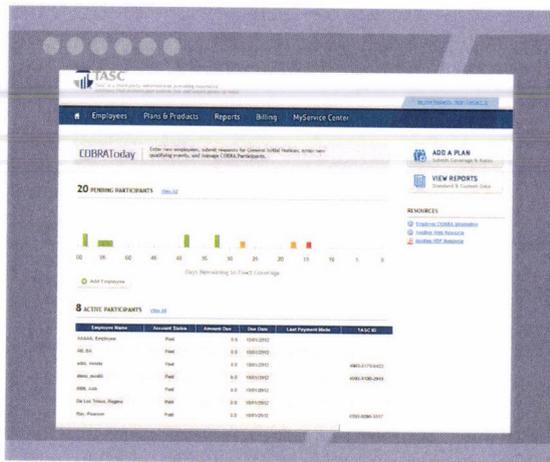
To access the site, visit www.tasconline.com.



Log in to MyTASC using your Username and Password. To obtain this information, please contact TASC Customer Care at 1-800-422-4661.

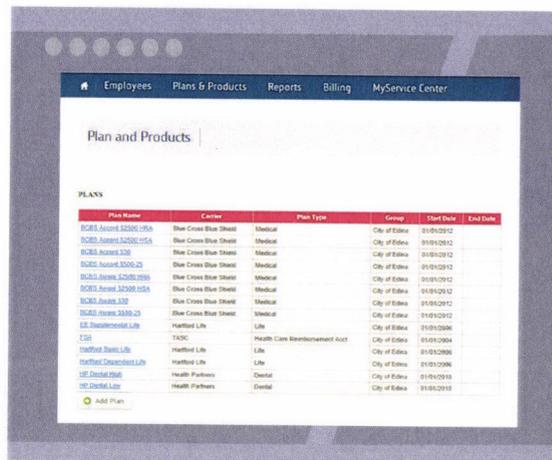


Your COBRA homepage contains all the tools you need to manage your COBRA Plan.

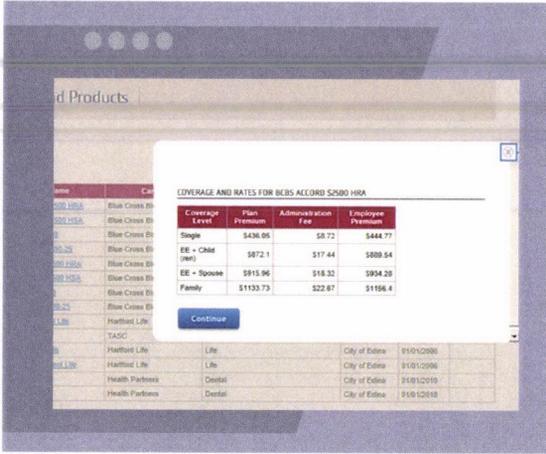


View Benefit Plans

After clicking on the Plans & Products tab, you will be able to view the Benefit Plans that may be offered to your COBRA Participants.



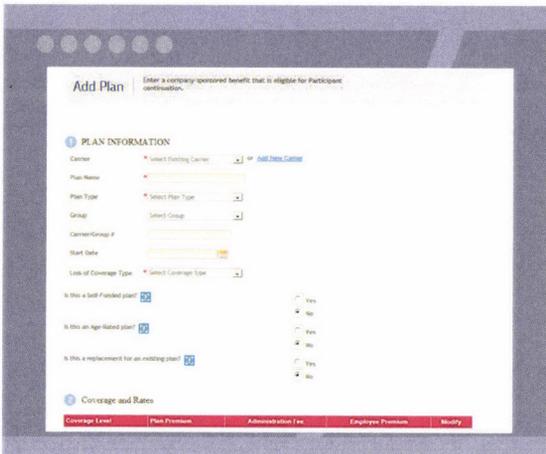
To return to the homepage, click the  symbol at left. Click the Plan name to view rate information for each coverage level.



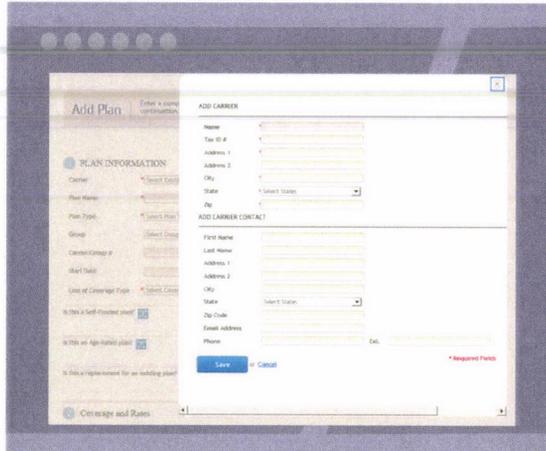
Click Continue to return to the main Plans & Products screen.

Add a Plan

To add a Plan, click Add Plan at the bottom of the list and the entry screen will appear. (Please submit Age-Rated Plans through a MyService Request: click on Service Requests or on Contact Us, both at top of page.)



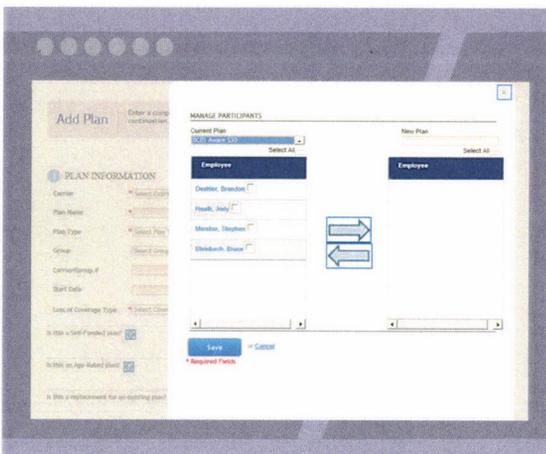
Select your Carrier by reviewing the drop down list of Existing Carriers. If your Carrier is not listed, click Add New Carrier:



Complete the requested information. Fields marked with a red asterisk are required. Click Save when finished. The new Carrier will be available in the drop down list after review by TASC staff.

Complete the field for Plan Name and choose a Plan Type from the drop down list (i.e. Medical, Dental, HRA). For Loss of Coverage Type, select if COBRA coverage for the Plan would begin on the day after the qualifying event date, the End of that Month, etc.

If this is a replacement for an existing Plan, the following screen will appear:



Add Employees

To add an employee's demographic information, click Add Employee. This screen will appear:

The screenshot shows the 'Add Employees' form with two main sections: 'CONTACT INFORMATION' and 'EMPLOYEE PROFILE'. The 'CONTACT INFORMATION' section includes fields for First Name, Middle Name, Last Name, Address 1, Address 2, City, State (dropdown), Zip Code, Email Address, Home Phone, and Mobile Phone. The 'EMPLOYEE PROFILE' section includes Date of Birth, Gender (dropdown), Social Security #, Group (dropdown), and Employee ID. There is also a 'DEPENDENTS' section at the bottom.

Complete the demographic information. Fields with red asterisks are required. If you wish to be able to sort employees later by Employee ID, make sure that you insert that information.

This screenshot shows the 'Add Employees' form with the 'ADD DEPENDENT' section expanded. It includes fields for First Name, Middle Name, Last Name, Social Security #, Relationship, Gender, Date of Birth, Address 1, Address 2, City, State, Zip Code, Email Address, and Phone. A red box highlights the 'Add Dependent' button at the bottom of the dependent section.

To add a dependent, click Dependent near bottom of screen.

Input the demographic information. Only fields with red asterisks are required. The address will autofill from the Employee screen. Please be sure to overwrite this information if the dependent lives at another address. Click Save when you are finished.

Verify your entries or add information; click Add Dependent again if there are other dependents for this employee. If any of the entries should be changed,

click Edit or Remove. Click Save when the employee entry is complete.

Submit General Initial Notice

To request that a General Initial COBRA Notice be sent for any employee on your Employee List, first ensure that the employee demographics are in our records (go through the Add Employee process if necessary). Then click that person's name in the employee list; when his/her demographics are displayed, confirm that the records are accurate, including dependent entries:

The screenshot shows the 'Employee Profile' page for Michael Albreton. It displays personal information such as SSN, Mailing Address (Wichita, KS), Date of Birth (12/12/1980), Social Security # (xxx-xx-5547), Gender (Male), and City of Entry (Wichita). A 'COBRA STATUS' section shows 'No Action Taken'. There are sections for 'New Employee?' and 'Qualifying Event?'. A 'DEPENDENTS' table is visible at the bottom with columns for Dependent Name, Relationship, Gender, Date of Birth, and Modify.

Then click in the "New Employee?" section where it states "Send General Initial Notice." A confirmation screen will display to verify that the request is in order.

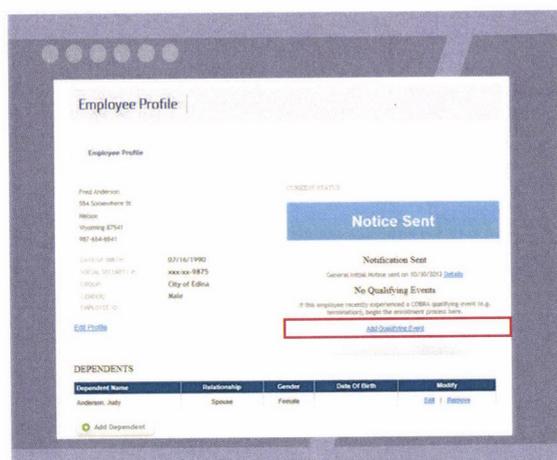
The screenshot shows the 'Submit General Initial Notice' confirmation screen. It displays the employee's information: Michael Albreton, 3513 Melrose, Wichita, Kansas, 67204, Date of Birth: 12/12/1980, Email, and Home Phone: 620.962.0609. It also shows 'No Dependents' under the 'DEPENDENTS' section.

Click Submit Request and you will receive a notice for Initial Notice Submitted. To print this page for your records, click Print This Page in the screen's upper right corner.

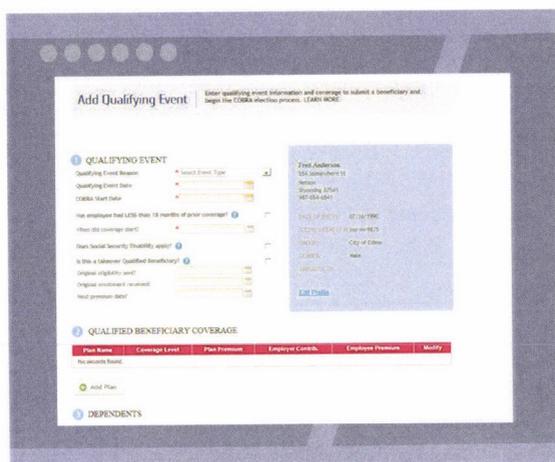
If you return to the Employee List, you should now see that the COBRA status of the employee has changed to General Initial Notice Sent.

Add a Qualifying Event

If a COBRA qualifying event has occurred, a COBRA Election Notice must be sent. To request that a COBRA election notice be sent for any employee on your Employee List, first ensure that the employee demographics are in our records (go through the Add Employee process if necessary). Then click that person's name in the employee list. When their demographics are displayed, confirm that the records are accurate, including dependent entries. If a General Initial Notice was sent by TASC in the past, the screen will appear similar to the following:



In the area below the blue box, click Add Qualifying event.



Select the Qualifying Event Reason from the drop down list. Enter the Qualifying Event Date and CO-

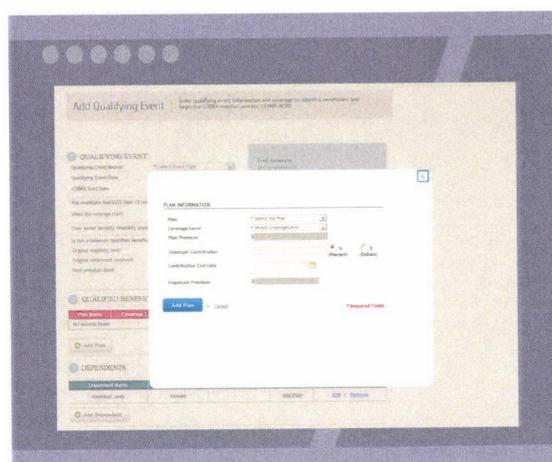
BRA Start Date (must be after the Qualifying Event Date).

For coverage certification purposes, check if the employee had fewer than 18 months of prior coverage and if necessary, indicate the date that coverage started.

Check any other boxes that are relevant to this employee.

If this is a Takeover Qualified Beneficiary (a COBRA Participant at the time of your administration start), enter the three additional dates requested.

In the next section, click Add Plan to select health-care plans that need to be included in the COBRA offer.



Select the Plan name from the drop down list. If the Plan you need is not listed, cancel your entry and proceed to the Plans & Products tab to enter the Plan to be offered.

If there is an Employer Contribution to the premium (perhaps through a severance agreement), please enter the percentage of the contribution or a dollar amount. Enter the Contribution End Date. The Employee Premium will calculate (without the 2% administration fee). If the premium does not calculate correctly, please notify TASC through a MyService Request (click on Service Requests or on Contact Us, both at the top of any main page).

If you are entering a Health Flexible Spending Account (FSA), additional fields will open to allow you to enter the FSA Plan End Date and FSA Monthly Election Amount. These fields are required.

Continue to add all Plans that should be offered to the employee and his/her dependents. After ensuring that you have entered all Plans correctly, review the Dependent section to ensure that all dependents are listed. Then check the boxes for the Plans that apply to each dependent.

Click Finish and Continue when complete. A confirmation screen will display for your review:

Click Submit Request to confirm that all information is correct. Your screen will state that the Qualifying Event was submitted, the time and date will be listed, along with a confirmation number.

Click Print This Page if you wish to keep a record of your entry. Click Finish and Continue to return to the Employee Demographic page. The screen will indicate Notice Sent and then change to Pending Participant once the election notice has been mailed. It will remain as pending until the individual elects COBRA or the election time frame expires.

Viewing Employee Information

Coverage

To view detailed information on the plans that are in effect for employees and their dependents, select an individual from the Employee List. Then choose the tab for Coverage to view plans, premiums, and dependent information.

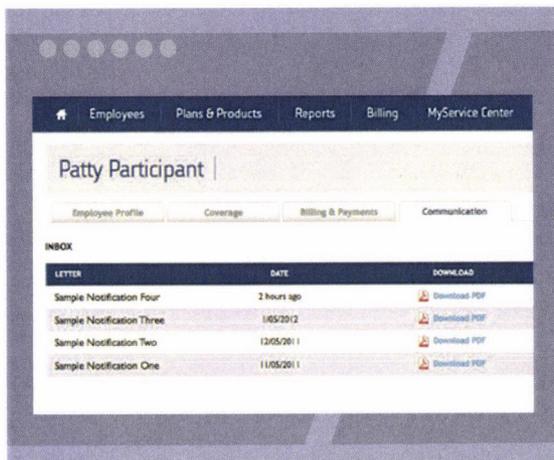
Billing & Payments

To view detailed information on an employee's billing history and payments, select an individual from the Employee List. Then choose the tab for Billings & Payments to view history.



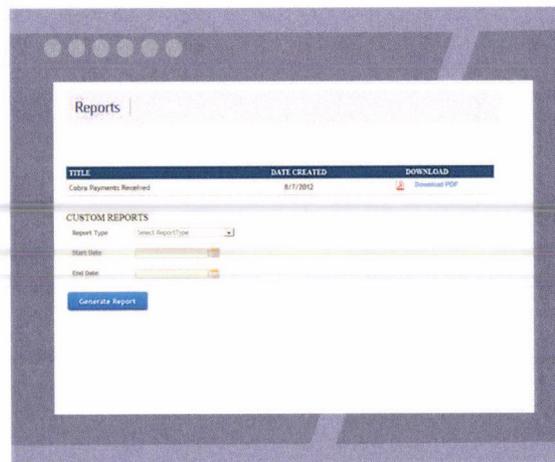
Communication

To view copies of correspondence that TASC has sent to an employee, select an individual from the Employee List. Then choose the tab for Communication to view and download individual documents through PDF. Please note, these copies are for informational purposes only. TASC bears responsibility for sending all documents to the employees.



Reports

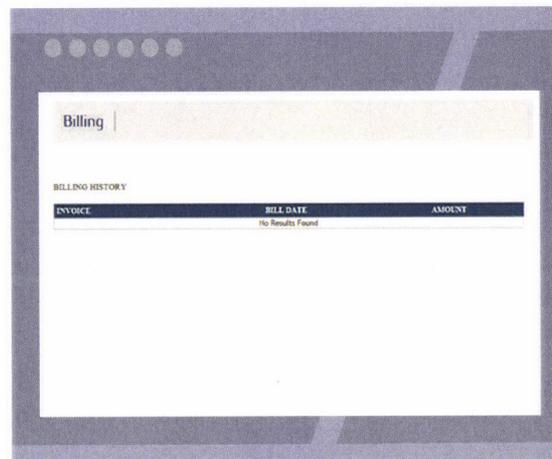
For reports, click the Reports tab. Reports that TASC provides without special request are listed at the top of the page. To run a custom report, select a Report Type from the drop down list. Enter a report Start Date and End Date. (Information will be available only from the date your account was loaded into our website.) Click Generate Report to produce your results.



Click Download PDF if you wish a printed copy of any report.

All Participants are obliged to maintain up-to-date contact information in MyTASC; this includes email and mailing addresses, and phone numbers. TASC periodically sends important Plan notifications (regarding balances, deadlines, and/or Plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Billing



For Billing information, click the Billing Tab. Invoices that TASC has generated for your account are listed. (Information will be available only from the date that your account was loaded into our website.) Click Download PDF to print a copy of any report.

To review service activity on your account, click MyService Center. To send a MyService Request, click on Service Requests or Contact Us (both at top of screen). For more information, click on the ? symbol or on Help at top of screen. Other COBRA resources are available on the homepage under Resources.

