DirectPay™   **TASC®**

DirectPay Enrollment Form

For enrollment assistance call 1-800-422-4661 for customer service. Have your enrollment form, Client number and company name ready. Please print.

Client ID Number	Employer Name		Social Security Number*
Employee Last Name		First Name	Middle Initial	Gender

Employee Address	City	State	Zip Code

Date of Birth*	Date of Hire	Plan Type
Initial Date of Coverage	Name of Insurance Carrier	

Participant E-mail Address	Participant Phone Number

For Dependent Coverage:

Married?   ◯ Yes   ◯No   Dependent children?   ◯Yes   ◯No

If yes, list your spouse and dependent children below:

Last Name	First Name	Social Security Number	Relationship to Employee	Date of Birth	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and that the children for whom I will be claiming expenses either reside with me in a parent-child relationship or are legally dependent on me for their support. I understand that any amounts remaining in my account(s) not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws.

Signature _____ Date _____

* *Social Security and date of birth information for employees and their dependents is required for HRA reporting purposes to the Centers for Medicare and Medicaid Services as part of the Medicare, Medicaid and SCHIP Extension Act of 2007. Enrollment Forms without this required information will be returned for completion.*

Completed forms can be faxed to 608-663-2754 or mailed to DirectPay, 2302 International Lane, Madison, WI 53704.

1

DP-3470-102210