DirectPay™

TASC®

DirectPay Change Form

Date _____

Company Name _____ Client ID# _____

Employee Name _____ Participant ID # _____-_____-_____

❍ **Termination**

Date Effective _____

COBRA Elected? ❍ No ❍ Yes If yes, Effective Date _____

Termination Date _____

❍ **Address Change/Name Change**

Name _____

Address _____

City _____ State _____ Zip _____

❍ **Change in Dependent Status**

Last Name	First Name	Relationship to EE	Social Security Number*	Date of Birth*	Gender	Add/Term - Date
_____	_____	_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	_____	_____	Add/Term _____

❍ **Other**

Explain: _____

_____

_____

_____

Client 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. Change Forms without this required information will be returned for completion.*

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-663-2754 • www.tasconline.com