

..... MyTASC Client Online Guide


Welcome to TASC COBRA and the benefits of COBRA.

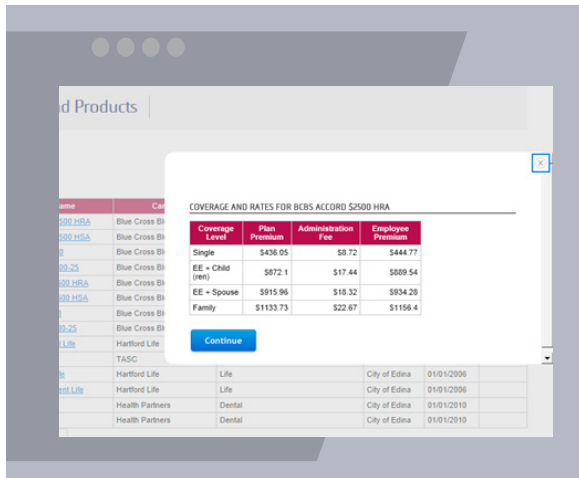
We hope you will find TASC COBRA to be an efficient and valuable service. Our website is www.tasconline.com and is referred to as MyTASC throughout this Guide. This Guide will walk you through the MyTASC tools you need to manage your TASC COBRA Plan. The user-friendly features in MyTASC guarantee the 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.

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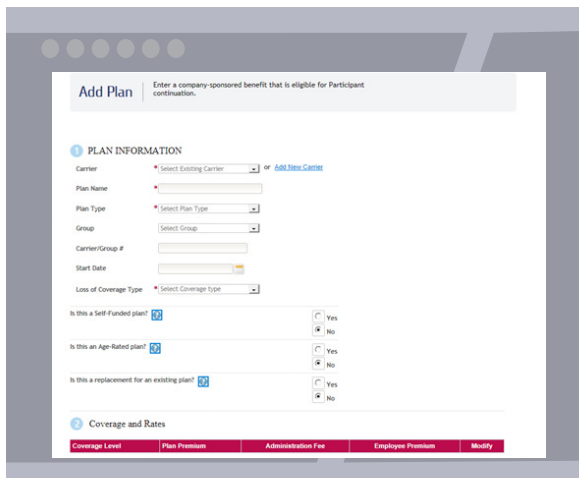
To return to the homepage, click the  symbol at left. Click the Plan name to view rate information for each coverage level.



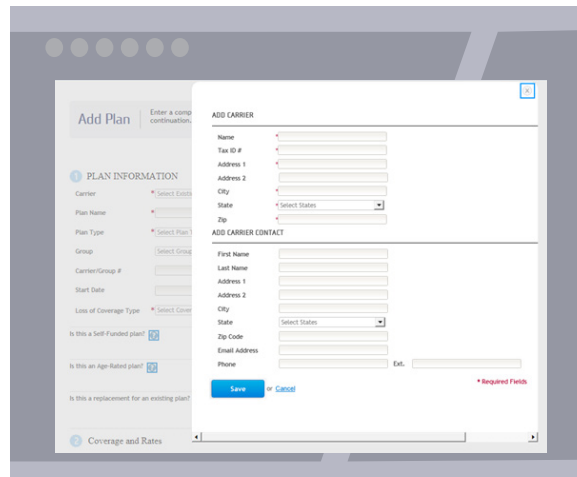
Click Continue to return to the main Plans & Products screen.

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.)



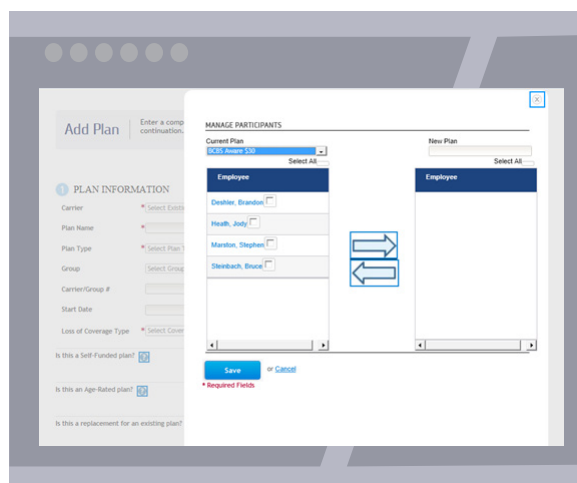
Select your Carrier by reviewing the drop down list of Existing Carriers. If your Carrier is not listed, click Add New Carrier:



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:



Choose the Current Plan for the first column and the list of current COBRA Participants in that Plan will appear. Check each Participant that needs to move across and complete the changeover.

If you lack information on a current Plan Participant's new coverage decision, please submit the detail as soon as possible through a MyService Request (click on Service Requests or on Contact Us, both at top of page). When the entry is complete, click Save.

Then click Add Coverage Level to begin to enter Plan rates. The following entry fields will display:

Use the drop down list to select the appropriate coverage levels and then enter the Plan Premium. If you click your Tab key, the Administration Fee and Employee Premium will automatically calculate. This entry screen assumes that a 2% administration fee applies to each premium. Your actual Plan setup may allow for a different administrative fee.

Click Save when all Plan rates have been entered. To return to the homepage, click the symbol at left.

View Employee List

To view the Employee List, click Employees (to view a list of employees and COBRA Participants, if applicable). To return to the homepage, click the symbol at left.

Employee	COBRA Status	Group
Adams, Michael	Election Period	City of Edina
Adams, Michael	Cancelled	City of Edina
Adams, Alan	General Initial Notice Sent	City of Edina
Adams, Michael	Employee Added	City of Edina
Adams, Sharon	Cancelled	City of Edina
Adams, Julia	General Initial Notice Sent	City of Edina
ANDERSON, ERIC	Cancelled	City of Edina
Anderson, Fred	General Initial Notice Sent	City of Edina
Anderson, Alan	General Initial Notice Sent	City of Edina
Anderson, Richard	Cancelled	City of Edina
ANDERSON, ROBERT	Cancelled	City of Edina
Anderson, Robert	Cancelled	City of Edina
Baker, Michael	Cancelled	City of Edina
Baker, Bradley	Cancelled	City of Edina
Barnett, Steven	General Initial Notice Sent	City of Edina
Barnett, Steven	Cancelled	City of Edina
Bart, Paul	Cancelled	City of Edina

To expand this list to show up to 100 rows, use the Show Rows function at bottom of screen. Use the navigation buttons at bottom of screen to move to other pages of your Employee List.

You may search for an employee by Last Name, First Name, City, State, or Employee ID (if one was previously entered).

By using the drop down list under COBRA Status, you can narrow the list to the following:

- Employee Added (employee demographics on file, no action taken yet)
- General Initial Notice Sent (GIN sent to employee as you requested)
- New QB (you have entered a qualifying event and an election packet will be on its way, generally within 48 hours)
- Election Period (the Participant is within his/her 60-day election period)
- Continuing (the Participant has elected COBRA and has continuing coverage)
- Cancelled (COBRA period is over or election period has expired).

If you have more than one Group, you may also sort the Employee List by Group name.

Add Employees

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

The 'Add Employees' screen is divided into 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 (a dropdown menu), Zip Code, Email Address, Home Phone, and Mobile Phone. The 'EMPLOYEE PROFILE' section includes fields for Date of Birth, Gender (a dropdown menu), Social Security #, Group (a dropdown menu with 'City of Edina' selected), and Employee ID. There is a 'DEPENDENTS' section at the bottom with an 'Add Dependent' button.

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' screen with the 'Add Dependent' button at the bottom highlighted with a red box. The 'ADD DEPENDENT' section includes fields for First Name, Middle Name, Last Name, Social Security #, Relationship (a dropdown menu with 'Spouse' selected), Gender (a dropdown menu with 'Select Gender' selected), Date of Birth, Address 1, Address 2, City, State (a dropdown menu), Zip Code, Email Address, Home Phone, and Mobile Phone. There are 'Save' and 'Cancel' buttons at the bottom of the 'ADD 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 'Employee Profile' screen displays the following information: Employee Name (Michael Altemus), Address (555 Markon, Madison, Wisconsin 53704, 608-963-9696), Date of Birth (12/12/1980), Social Security # (xxx-xx-4547), Group (City of Edina), Gender (Male), and Employee ID. There are links for 'Edit Profile' and 'Send General Initial Notice'. A 'DEPENDENTS' table is shown at the bottom with columns for Dependent Name, Relationship, Gender, Date of Birth, and Modify. There is an 'Add Dependent' button.

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 'Submit General Initial Notice' screen displays the following information: Employee Name (Michael Altemus), Address (555 Markon, Madison, Wisconsin 53704, 608-963-9696), Date of Birth (12/12/1980), Social Security # (xxx-xx-4547), Group (City of Edina), Gender (Male), and Employee ID. There are links for 'Edit Profile' and 'Send General Initial Notice'. A 'DEPENDENTS' table is shown at the bottom with columns for Dependent Name, Relationship, Gender, Date of Birth, and Modify. There is an 'Add Dependent' button.

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:

Employee Profile

Employee Information:
 Fred Anderson
 554 Somewhere St
 Nelson
 Wyoming 87541
 987-654-5431

Current Status:
 Notice Sent
 Notification Sent
 General Initial Notice sent on 10/30/2012 [Details](#)
 No Qualifying Events
 If this employee recently experienced a COBRA-qualifying event (e.g., termination), begin the enrollment process here.

Dependents:

Dependent Name	Relationship	Gender	Date Of Birth	Modify
Anderson, Judy	Spouse	Female		Edit Remove

[Add Dependent](#)

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

Add Qualifying Event

1 QUALIFYING EVENT

Qualifying Event Reason: [Select Event Type](#)
 Qualifying Event Date:
 COBRA Start Date:

Has employee had LESS than 18 months of prior coverage? ☐
 When did coverage start?
 Does Social Security Disability apply? ☐
 Is this a Takeover Qualified Beneficiary? ☐
 Original eligibility sent?
 Original enrollment received?
 Next premium date?

2 QUALIFIED BENEFICIARY COVERAGE

Plan Name	Coverage Level	Plan Premium	Employee Contrib.	Employee Premium	Modify
No records found					

[Add Plan](#)

3 DEPENDENTS

[Add Dependent](#)

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.

Add Qualifying Event

PLAN INFORMATION

Plan: [Select the Plan](#)
 Coverage Level: [Select Coverage Level](#)
 Plan Premium:
 Employee Contribution: [Previous](#) [Next](#)
 Contribution End Date:
 Employee Premium:

[Add Plan](#) [Cancel](#)

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.

1 QUALIFYING EVENT

Qualifying Event Reason:
 Qualifying Event Date:
 COBRA Start Date:
 Has employee had LESS than 18 months of prior coverage? ☐
 When did coverage start?
 Does Social Security Disability apply? ☐
 Is this a Takeover Qualified Beneficiary? ☐
 Original eligibility sent?
 Original enrollment received?
 Next premium date?
 Edit Profile

2 QUALIFIED BENEFICIARY COVERAGE

Plan Name	Coverage Level	Plan Premium	Employee Contrib.	Employee Premium	Modify
BCBS Annuet 550	Single	\$ 684.86	\$ 0.00	\$ 684.86	Edit Remove
HP Dental High	EE + Spouse	\$ 187.62	\$ 53.81	\$ 53.81	Edit Remove

[Add Plan](#)

3 DEPENDENTS

Dependent Name	Relationship	Date Of Birth	Plans	Modify

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

Submit Qualifying Event

Please review the following information and submit if correct

EMPLOYEE INFORMATION

Last Name: Anderson
 First Name: Fred
 Address: 554 Somewhere St
 City: Nelson
 State: Wyoming
 Zip Code: 87541
 Date of Birth: 07/16/1990
 Email:
 Home Phone: 987-654-4541

DEPENDENTS

Last Name: Anderson
 First Name: Judy
 Address: 554 Somewhere St
 City: Nelson
 State: Wyoming
 Zip Code: 87541
 Gender: Female
 Relationship: Spouse

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.

Qualified Event Submitted Allow 48 hours for your request to be fully processed. Please print this confirmation page for your record. [Print This Page](#)

The Qualified Event has been submitted at: 10/30/2012 10:04:16 PM
 Confirmation number: 26CM-123123

EMPLOYEE INFORMATION

Last Name: Anderson
 First Name: Fred
 Address: 554 Somewhere St
 City: Nelson
 State: Wyoming
 Zip Code: 87541
 Date of Birth: 07/16/1990
 Email:
 Home Phone: 987-654-4541

DEPENDENTS

Last Name: Anderson
 First Name: Judy
 Address: 554 Somewhere St
 City: Nelson
 State: Wyoming
 Zip Code: 87541
 Gender: Female
 Relationship: Spouse

Employee Profile

The Qualifying Event has been added.

EMPLOYEE INFORMATION

Last Name: Anderson
 First Name: Fred
 Address: 554 Somewhere St
 City: Nelson
 State: Wyoming
 Zip Code: 87541
 Date of Birth: 07/16/1990
 Social Security #: xxx-xx-9875
 Gender: Male
 Relationship: Spouse
 Edit Profile

DEPENDENTS

Dependent Name	Relationship	Gender	Date Of Birth	Modify

Notice Sent

Notification Sent
 General Initial Notice sent on 10/30/2012 [Details](#)

No Qualifying Events
 If this employee recently experienced a COBRA qualifying event (e.g. termination), begin the enrollment process here.
[Add Qualifying Event](#)

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.

Patty Participant

[Employee Profile](#) [Coverage](#) [Billing & Payments](#) [Communication](#)

QUALIFIED BENEFICIARY COVERAGE

Plan Name	Coverage Level	Plan Premium	Employee Contrib./Risk	Administrative Fee	Employee Premium	Modify
Blue Cross Medical	Family	\$0.00	\$0.00	\$10.00	\$260.00	Edit / Delete
Delta Dental	Single	\$150	None	\$3.00	\$153.00	Edit / Delete
USA Vision	Family	\$50	\$10	\$1.00	\$49.00	Edit / Delete

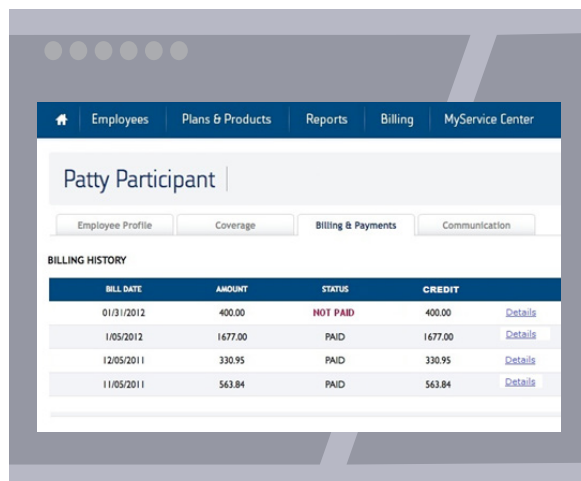
DEPENDENT COVERAGE

Dependent Name	Relationship	Date of Birth	Plans	Modify
Participant, John	Spouse	12/15/1947	<input checked="" type="checkbox"/> Blue Cross Medical <input checked="" type="checkbox"/> Delta Dental <input checked="" type="checkbox"/> USA Vision	Edit / Delete
Participant, Michael	Child	12/15/2006	<input checked="" type="checkbox"/> Blue Cross Medical <input checked="" type="checkbox"/> Delta Dental <input checked="" type="checkbox"/> USA Vision	Edit / Delete
Participant, Mary	Child	12/15/2010	<input checked="" type="checkbox"/> Blue Cross Medical <input checked="" type="checkbox"/> Delta Dental <input checked="" type="checkbox"/> USA Vision	Edit / Delete

[Add Dependent](#)

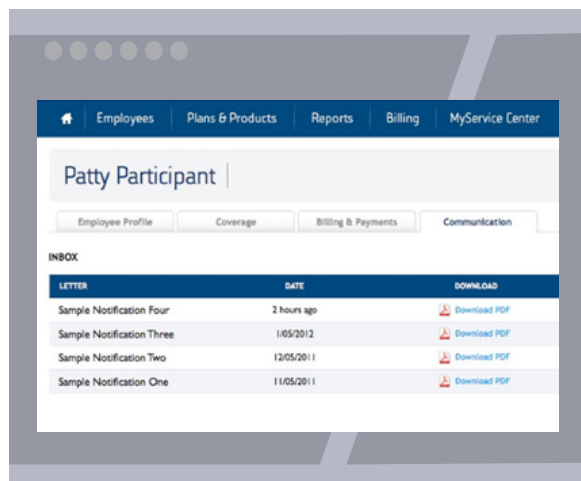
Billing & Payments

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.



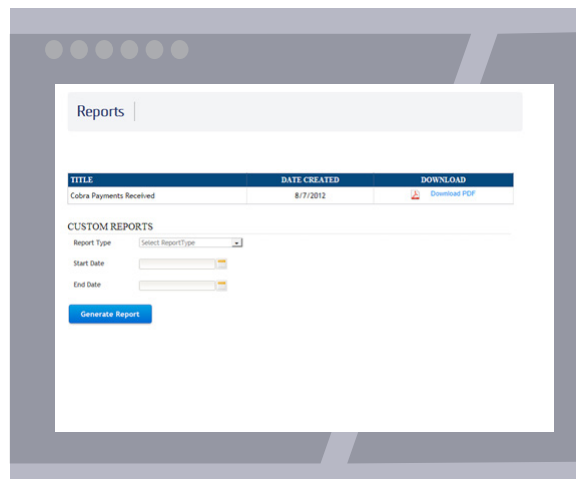
Communication

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

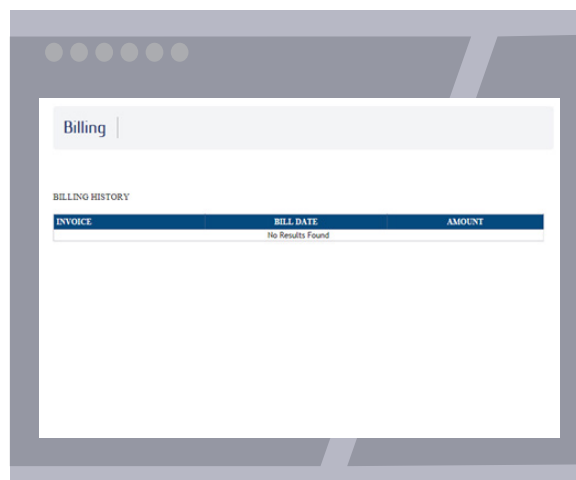
For reports, click the Reports tab. Reports that TASC provides without special request are listed at the top of the page. To run a custom report, select a Report Type from the drop down list. Enter a report Start Date and End Date. (Information will be available only from the date your account was loaded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