



PAYROLL TRANSFER FORM – STATE OF WISCONSIN

To be completed by current employer. *(Payroll Center: Retain a copy for your records.)*

Between Payroll Centers:

- Communicate with appropriate colleague(s) to ensure that the Participant is established in the NEW payroll system and TERMINATED in the current payroll system.
- Complete this form and submit to stateofwi@tasconline.com. Upon receipt, TASC will update the Participant’s account.
- **Note:** There is no impact to Participant accounts as a result of a transfer from one Payroll Center to another. These Participants may continue to use the TASC Card as before, and their TASC online account and mobile app access will remain unchanged.
- **Exception:** Participants transferring to UW or UWHC **cannot** continue participation in a Parking Account or Transit Account. Election amounts must be capped at the total amount contributed (see below) with no remaining contribution. Conversely, Participants transferring from UW or UWHC **must** be given the opportunity to enroll in a Parking Account and/or Transit Account. *(Follow normal enrollment procedures.)*

Within the same Payroll Center (different agency or campus location):

- Communicate with appropriate colleague(s) to ensure that all necessary payroll requirements have been completed and accurately submitted to TASC via Payroll Center file. No form is required for TASC purposes.

PARTICIPANT INFORMATION				
Participant Name: <i>(Last, First, Middle Initial)</i>				
Employer Employee ID:		Date of Birth:		
Street:			Apt #:	
City:		State:	ZIP Code:	
Email: <i>(personal preferred for TASC notifications)</i>				

TRANSFER INFORMATION			
Previous Payroll Center	Termination Date:	New Payroll Center	Start Date:
<input type="checkbox"/> Central <input type="checkbox"/> Courts <input type="checkbox"/> FRNSA <input type="checkbox"/> Legislature <input type="checkbox"/> UW <input type="checkbox"/> UWHC <input type="checkbox"/> WEDC <input type="checkbox"/> WHEDA <input type="checkbox"/> Wiscraft Beyond Vision <input type="checkbox"/> Lay-off		<input type="checkbox"/> Central <input type="checkbox"/> Courts <input type="checkbox"/> FRNSA <input type="checkbox"/> Legislature <input type="checkbox"/> UW <input type="checkbox"/> UWHC <input type="checkbox"/> WEDC <input type="checkbox"/> WHEDA <input type="checkbox"/> Wiscraft Beyond Vision <input type="checkbox"/> Lay-off	
	Final Payroll Date:		First Payroll Date:

ACCOUNT INFORMATION				
Benefit Type	Election Amount	Current Per Pay Period Contribution Amount	Total Amount Contributed <i>through Final Payroll Date above</i>	Remaining Contribution <i>from First Payroll Date above</i>
Health Care FSA	\$	\$	\$	\$
Limited Purpose FSA	\$	\$	\$	\$
Dependent Day Care FSA	\$	\$	\$	\$
Health Savings Account	\$	\$	\$	\$
<i>see Exception above</i>	Parking Account	\$	\$	\$
	Transit Account	\$	\$	\$

see Important Note below

IMPORTANT NOTE: Include in Total Amount Contributed all FUTURE contributions, *i.e.*, amount that WILL BE contributed through Final Payroll Date with previous Payroll Center. Remaining Contribution starts from First Payroll Date with new Payroll Center.

I confirm that all information provided above is accurate with all amounts calculated correctly and acknowledge that inaccurate reporting may result in excess or insufficient total contributions at year-end.

Signature of Payroll Center Representative _____
Date
 2302 International Lane | Madison, WI 53704-3140 | 844-786-3947 | Fax: 877-231-1287 | stateofwi@tasconline.com | SW-5261-122618

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