

Payroll Transfer Form – State of WI

Payroll Center: Retain a copy for your records.

Participant Information (Current Employer Complete)		
Participant Name:		
Participant ID:		
Street Address:		Apt:
City:	State:	Zip:
Effective Date of Change:	First Payroll Affected by Change:	
Current Payroll Center:		
Payroll Center Transferring To:		

Current/Active Email Address (required for account access and notification)
Current/Active Employee Email - personal or new work email address:

Account Information (Current Employer Complete)					
	Election Amount	Total Amount Contributed To Date (required)	Current Per Pay Period Contribution	Claims Paid To Date	Current Account Balance
FSA Medical:	\$	\$	\$	\$	\$
LPFSA Medical:	\$	\$	\$	\$	\$
Dependent Day Care:	\$	\$	\$	\$	\$
HSA:	\$	\$	\$	\$	\$
Transit Benefit:	\$	\$	\$	\$	\$
Parking Benefit:	\$	\$	\$	\$	\$

Between Payroll Centers:

1. Communicate with your appropriate colleague to ensure that the participant is established in the NEW payroll system and TERMINATED in the current payroll center.
2. Complete this form and submit to stateofwi@tasconline.com.
3. Upon receipt, TASC will transfer the account. Note: a new debit card will be ordered, a new request for reimbursement form will be created, and a new login will be needed for the online employee portal. The new debit card will arrive 7-10 days after the account is set up with the new payroll center.
4. Once TASC processes the form, there will be a 24 hour black out period while the account is being transferred. No online access, debit card usage or claims submission during this 24 hours. Once the new account is effective, the employee will receive a welcome email. This email will be notification the new account is active.

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

1. Communicate with your appropriate colleague to ensure that all necessary payroll requirements have been completed. No form is needed for TASC purposes unless the pay frequency is changing (ex. going from monthly to bi-weekly).

Payroll/Benefits Representative Signature:	Date:
--	-------