



Universal Subscription Agreement
REVISIONS to PURCHASER DETAIL APPLICATION

Please select the changes that apply to the initial Purchaser Detail – Application. After the selection is made, describe what the update/corrected information should be. This form can not be used as a stand-alone document and must be submitted with the original Purchaser Detail – Application.

Date: 10 / 1 / 2024

Madison County Board of Supervisors

Client Name on Initial Purchaser Detail Application: \_\_\_\_\_

Jeremy Evans

Submitter Name: \_\_\_\_\_

Jeremy.Evans@Tasconline.com

Submitter Email Address: \_\_\_\_\_

CHANGES TO GENERAL BUSINESS INFORMATION

Madison County Board of Supervisors

[ ] Company Name \_\_\_\_\_

[ ] DBA (Doing Business As): \_\_\_\_\_
64-6000658

[ ] EIN#: \_\_\_\_\_

[ ] Federal Filing Status: \_\_\_\_\_

CHANGES TO CLIENT CONTACT INFORMATION

[ ] Address (Street/City/State/Zip): \_\_\_\_\_

[ ] Primary

[ ] Billing

[ ] Mailing

[ ] Contacts (Name/Email/Phone): \_\_\_\_\_

[ ] Primary

[ ] Billing

[ ] Distributor/Broker

List additional contacts and business associates who should have access to your Account - with benefit(s) associated (if applicable)

Table with 4 columns: Contact Name, Benefit Associated, Email (Required for Online Access), Phone

CHANGES TO SECTION 1 – TASC BUNDLES

[ ] Update Effective Date with TASC: \_\_\_\_\_

[ ] Update Selected Bundle: \_\_\_\_\_

[ ] Update Additional Services and Fees: \_\_\_\_\_



**TASC USA PURCHASER DETAILS**

Update Fees:

Bundle #	One Time Set-Up Fee	Admin Fee (PEPM)	Monthly Minimum	Additional Services & Fees <i>(from above)</i>
_____	\$ _____	\$ _____	\$ _____	Additional Service: _____ Fee: \$ _____
_____	\$ _____	\$ _____	\$ _____	Additional Service: _____ Fee: \$ _____

Other (describe): \_\_\_\_\_

**CHANGES TO SECTION 2 – UBA OFFERING SELECTIONS & FEES**

Update Effective Date (UBA): \_\_\_\_\_

Add/Remove UBA Offerings (describe): \_\_\_\_\_

Add/Remove Add-On Packages and Documents (describe): \_\_\_\_\_

Update to UBA Fee Summary:

Level	PPPM Fee	PEPM Fee	Monthly Minimum Fee	Annual Membership Fee <i>(will be invoiced)</i>	Fees for Add-On Packages <i>(from above)</i>
	Enter only one				
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Other (describe): \_\_\_\_\_

**CHANGES TO SECTION 3 – OTHER OFFERINGS & FEES**

Update Effective Date of Offering: 1/1/2025 for COBRA services

Add/Remove Offering: \_\_\_\_\_

Add/Remove Additional Services: \_\_\_\_\_

Update to Other Offerings Fees:

Offering	Set-Up Fee	Admin Fee <i>(specify is PBEM, PEPM or Annual)</i>	Monthly Minimum	Annual Renewal	Additional Services & Fees <i>(from above)</i>
<u>COBRA</u>	\$ <u>125</u>	\$ <u>0.65 PBEM</u>	\$ <u>100</u>	\$ <u>60</u>	Additional Service: _____ Fee: \$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	Additional Service: _____ Fee: \$ _____



**CHANGES TO BILLING INFORMATION**

Update to Fees Due with Application:

Fees Due WITH APPLICATION	Set-Up Fees	Annual Admin Fees	Additional Fees
	\$ _____	\$ _____	\$ _____
<b>TOTAL AMOUNT DUE</b>	\$ 125		

Update to Payment Method/Frequency:

Payment Method:	ACH (E-Pay)	Credit Card	Invoice	
Fees Required w/Purchaser Details submittal <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<i>For Universal Benefit Account sales, Membership Fee, Admin Fee and Add-On Packages for Universal Benefit Account will be invoiced no later than 60 days after setup.</i>
Administration, Membership, Renewal, and Package Fees	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
<b>Billing Frequency:</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			
<i>NOTE: Small groups with 1-15 employees are annual payment only.</i>				

Update to Banking Information:

Banking Information:	This information will be used to process payments for services rendered		
Bank Name:		Bank Account Name:	
Bank Routing Number:		Account Number:	
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings		
<b>Credit Card Information:</b>			
Credit Card information may only be used for initial set-up fees for Offerings indicated as "Other" above.			
Name on Card:			
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number:		Expiration Date:	

Update to Account Funding Information:

Account Funding:	
If different bank accounts are required by benefit offering or by division, complete and attach Bank Authorization & Designation Form (TC-6181)	
<input type="checkbox"/> Use same ACH information as banking information above ↑	TASC will initiate ACH debits from the bank account and financial institution named in the amount funding section. Plan funding payments will be electronically deducted from the indicated bank account and automatically submitted on your scheduled contribution dates.
<input type="checkbox"/> Use different ACH information as per below ↓	
Bank Name:	
Bank Account Name:	
Bank Routing Number:	
Account Number:	
Account Type:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings



**CHANGES TO PROVIDER AND SALES REPRESENTATIVE INFORMATION**

Distributor/Agent/Broker (Provider) Name:	Angela White	TASC Provider ID #:	4720-7590-0770
TASC Sales Representative (RSD) Name:	Jeremy Evans	TASC Sales Representative (RSD) ID #:	
List Bill # (if applicable):		Retail Code (If applicable):	
If TASC Provider ID (Broker) ID or TASC Sales Representative (RSD) is unknown please contact TASC Sales inquiries at 1-888-595-2261			

Comments/Special Instructions:

Madison County would like to start their COBRA services 1/1/2025

**AUTHORIZATION**

The data and information presented are being provided to implement the services purchased. Purchaser acknowledges that these are changes to the original submitted TASC Purchaser Detail Application. This data and information are subject to the terms of the TASC Universal Subscription Agreement (USA), including TASC's reliance on its timeliness and accuracy.

This Revisions to Purchaser Detail Application ("Application Revision") is deemed part of the Purchaser Detail – Client Application as originally submitted by the Purchaser and attached hereto (the "Purchaser Detail"). Except to the extent expressly amended or supplemented hereby, the terms and information set forth in the Purchaser Detail remain unchanged and unaffected and are hereby confirmed by the Purchaser. In the event of a conflict between this Application Revision and the Purchaser Detail, it is understood and agreed that such conflict shall be resolved in favor of the terms and information provided in this Application Revision.

**Purchaser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

