



Fast Track Application

Simple Setup to Savings!

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AgriPlanNOW and BizPlanNOW Section 105 Medical Reimbursement Plans on average save small business owners over \$4,000 a year in health care expenses. Please complete this form and return it to your TASC Representative for a free tax savings analysis.

Name _____

Business Name _____ Biz ID # _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number _____

What is the tax filing status of your business?

- ☐ Sole Proprietor, filing Schedule F ☐ Sole Proprietor, filing Schedule C ☐ C-Corporation
☐ S-Corporation ☐ Partnership ☐ Other

Spouse Name _____ SSN _____

How many hours does the spouse currently work in the business?

Would you like to offer the plan to other employees? ☐ Yes ☐ No
If you answered Yes ...

Employee Name _____ SSN _____

Employee Name _____ SSN _____

Approximately how much do you spend annually on the following medical expenses?

Health Insurance Premiums \$ _____
(include any accident, hospital indemnity, cancer, vision and dental insurance etc.)

Long-Term Care Premiums \$ _____

Out-of-Pocket Medical Expenses \$ _____
(include prescription drugs, co-pays, deductibles etc.)

Vision (include contact lenses, glasses, eye exams, etc.) \$ _____

Dental (include routine cleanings, exams, etc.) \$ _____

TOTAL \$ _____

Payment Options

☐ Credit/Debit Card (circle one) ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Signature _____ Name on Card _____

Card Number _____ Expiration Date _____

☐ Check Check # _____ ☐ Electronic Funds Transfer ACH Withdrawal

Bank Routing Number _____ Bank Account Number _____

Provider Name/Phone _____ Provider # _____

*** Fast Track Application must be returned to RSD or Inside Sales partner**

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