

**WELCOME TO TASCOE!**

**We are so excited that you have decided to become a member of the Tennessee Association of FSA County Office Employees (TASCOE).**

**TASCOE is led by an Executive Board consisting of President, Vice President, and Secretary/Treasurer. The association is governed by the Board of Directors, which consists of an elected representative from each district in the state. TASCOE also has several standing committees chaired by members from across the state. Our association is the state affiliate of the National Association of FSA County Office Employees (NASCOE) and works closely with NAFEC and RASCOE to protect the interests of our members.**

**TASCOE offers a unique opportunity to meet and network with co-workers across the state and country. By becoming a member of TASCOE you are automatically a member of NASCOE which offers membership benefits, including special offers from Dillard Financial Solutions, Age of Learning – ABCmouse & Adventure Academy, AirMedCare, Allstate Identity Protection Pro, and more.**

**To join please complete the attached forms and [tascoemembership@gmail.com](mailto:tascoemembership@gmail.com)**

- 1. TASCOE Membership form**
- 2. TASCOE Membership Transmittal**
- 3. FSA-444**

**\*FSA-444 is only required if you choose to have your dues withheld from your bi-weekly paycheck, submit to Admin branch at: [TNSTOAdmin@usda.gov](mailto:TNSTOAdmin@usda.gov).**

**For more information visit: [www.tascoe.com](http://www.tascoe.com) and [www.nascoe.org](http://www.nascoe.org)**

**Sincerely,**

**Teresa D. Collins  
TASCOE Membership Chair  
731-363-8111, [teresadferguson@hotmail.com](mailto:teresadferguson@hotmail.com)**

**President: Sarah Smith, 207-542-5755, [aliassmith@protonmail.com](mailto:aliassmith@protonmail.com)  
Vice President: Carrie Major, [carrie.major18@yahoo.com](mailto:carrie.major18@yahoo.com)  
Secretary/Treasurer: Donnell Poss, 615-542-5314, [donnellposs@gmail.com](mailto:donnellposs@gmail.com)**



# TASCOE

TENNESSEE ASSOCIATION OF FSA COUNTY OFFICE EMPLOYEES

Type of Membership seeking (check one)	Method of Dues Payment (check one)
<input type="checkbox"/> Regular Member (.0025 times annual salary)	<input type="checkbox"/> Check (annual dues)-Payable to TASCOE
<input type="checkbox"/> Associate Member (\$35 per year)	<input type="checkbox"/> FSA-444 Dues Withholding-Complete FSA-444 Form and forward the original to your state office along with membership transmittal by June 20th.
<input type="checkbox"/> Honorary Member ( \$5 TASCOE Voice Only)	

New Member: \_\_\_ Yes \_\_\_ No

Member Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Please send me email notifications from NASCOE/TASCOE

Do not send email notifications from NASCOE/TASCOE

FSA County Office: \_\_\_\_\_

**NASCOE/TASCOE BENEFITS AVAILABLE TO ALL MEMBERS:**  
Scholarships and Awards, AirMedCare Group Discount, Working Advantage Discount Program, Health Insurance, Cancer Insurance, Accidental Medical Insurance, Life Insurance/Estate Planning, Long Term Care Insurance, Retirement Savings Investments, Legal Services, Cell Phone Discounts & Identity Theft Protection

For more information on these benefits visit the NASCOE Membership and Benefits pages at <https://nascoe.org> or contact one your TASCOE Officers or Directors.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit Completed TASCOE Membership Form to

[tascoemembership@gmail.com](mailto:tascoemembership@gmail.com)

Teresa Collins, Membership Chair

*Tennessee Association of FSA County Office Employees*

**TASCOE MEMBERSHIP TRANSMITTAL**

County \_\_\_\_\_

Name Address		Membership Years	Grade/Step	Total Amount Due July 1 Salary Times .0025	Method of Payment	
Home Phone	Home Email Address		July 1 Salary		Check # Or Deduction	Payroll Deduction (FSA-444 mailed to STO)
Name & Address			Grade/Step	\$	# _____ Deduction	<p>To <b>start</b> payroll Deduction the FSA-444 must be completed and mailed to the Tennessee State Office – Adm. Div by <b>June 25th</b>.</p> <p>Deductions should start or change in PP13 and continue through PP12 of the following calendar year.</p> <p>For any <b>missed</b> pay period deductions, the member will have to forward payment to TASCOE; deductions will not be adjusted.</p>
Phone No.	Home Email:		Annual Salary			
Name & Address			Grade/Step	\$	# _____ Deduction	
Phone No.	Home Email:		Annual Salary			
Name & Address			Grade/Step	\$	# _____ Deduction	
Phone No.	Home Email:		Annual Salary			
Name & Address			Grade/Step	\$	# _____ Deduction	
Phone No.	Home Email:		Annual Salary			
Name & Address			Grade/Step	\$	# _____ Deduction	
Phone No.	Home Email:		Annual Salary			

**Total Dues -** Full-time Perm CO Employee – July 1<sup>st</sup> Salary (times) .0025 Associate Member - \$35 Honorary Member - \$5 (TASCOE Voice only **Complete and forward to:** TASCOE, Donnell Poss – Secretary/Treasurer, 2560 McMinnville Hwy. Smithville, TN. 37166

**2021– 2022 TASCOE DUES**  
**July 1, 2021 – June 30, 2022**  
**Membership Dues – July 1 Salary x .0025**

Grade	1	2	3	4	5	6	7	8	9	10
4	78.80 <i>3.03</i>	81.43 <i>3.13</i>	84.05 <i>3.23</i>	86.68 <i>3.33</i>	89.31 <i>3.43</i>	91.93 <i>3.53</i>	94.56 <i>3.63</i>	97.18 <i>3.73</i>	99.81 <i>3.83</i>	102.44 <i>3.94</i>
5	88.16 <i>3.39</i>	91.10 <i>3.50</i>	94.04 <i>3.61</i>	96.98 <i>3.73</i>	99.92 <i>3.84</i>	102.86 <i>3.95</i>	105.80 <i>4.06</i>	108.73 <i>4.18</i>	111.68 <i>4.29</i>	114.62 <i>4.40</i>
6	98.28 <i>3.78</i>	101.55 <i>3.90</i>	104.83 <i>4.03</i>	108.10 <i>4.15</i>	111.38 <i>4.28</i>	114.66 <i>4.41</i>	117.93 <i>4.53</i>	121.21 <i>4.61</i>	124.48 <i>4.78</i>	127.76 <i>4.91</i>
7	109.21 <i>4.20</i>	112.85 <i>4.34</i>	116.49 <i>4.48</i>	120.13 <i>4.62</i>	123.77 <i>4.76</i>	127.41 <i>4.90</i>	131.05 <i>5.04</i>	134.69 <i>5.12</i>	138.34 <i>5.32</i>	141.98 <i>5.46</i>
8	120.95 <i>4.65</i>	124.98 <i>4.80</i>	129.01 <i>4.96</i>	133.04 <i>5.11</i>	137.07 <i>5.27</i>	141.11 <i>5.42</i>	145.14 <i>5.58</i>	149.17 <i>5.68</i>	153.20 <i>5.89</i>	157.24 <i>6.04</i>
9	133.58 <i>5.13</i>	138.04 <i>5.30</i>	142.49 <i>5.48</i>	146.94 <i>5.65</i>	151.39 <i>5.82</i>	155.85 <i>5.99</i>	160.30 <i>6.16</i>	164.75 <i>6.33</i>	169.20 <i>6.50</i>	173.6 <i>6.67</i>
10	147.11 <i>5.65</i>	152.01 <i>5.84</i>	156.92 <i>6.03</i>	161.82 <i>6.22</i>	166.73 <i>6.41</i>	171.63 <i>6.60</i>	174.78 <i>6.72</i>	179.71 <i>6.91</i>	184.49 <i>7.09</i>	191.25 <i>7.35</i>
11	161.62 <i>6.21</i>	167.01 <i>6.42</i>	172.40 <i>6.63</i>	177.79 <i>6.83</i>	183.18 <i>7.04</i>	188.57 <i>7.25</i>	192.02 <i>7.38</i>	197.35 <i>7.59</i>	202.69 <i>7.79</i>	210.12 <i>8.08</i>
12	193.72 <i>7.45</i>	200.18 <i>7.69</i>	206.64 <i>7.94</i>	213.10 <i>8.19</i>	219.56 <i>8.44</i>	226.01 <i>8.69</i>	232.47 <i>8.94</i>	238.93 <i>9.18</i>	245.39 <i>9.43</i>	251.85 <i>9.68</i>

Bi-weekly payroll deduction indicated in italics

If payroll deduction begins after PP-13, re-compute by subtracting deductions taken since PP-13 from total dues, then divide by number Of pay periods remaining through PP-12



<b>FSA-444</b> (06-21-12)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency
<b>REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY                  FOR USDA FSA RECOGNIZED ASSOCIATIONS</b>	

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch) USDA / FSA
	5. State/County of Employment

6. Association (Check One):

NASCOE    
  NAFEC    
  NASE    
  NACS    
  Other: \_\_\_\_\_

7. **Type of Allotment (Check one)** *Note: A separate FSA-444 must be filled out for each type of allotment:*

**ASSOCIATION DUES**  
 I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_\_ of CY \_\_\_\_.
- to make *any changes* in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**  
 State: \_\_\_\_\_ Association: \_\_\_\_\_  
 I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP \_\_\_\_ of CY \_\_\_\_.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
---	----------------------

10. **Termination of Allotment (Check One):**  
 State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_ of CY \_\_\_\_.

NASCOE Dues    
  Supplemental Insurance Coverage    
  NAFEC Dues  
 NASE Dues    
  NACS Dues    
  Other: \_\_\_\_\_

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
---	-----------------------

13. **State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):**

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

<b>FSA-444</b> (06-21-12)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency
<b>REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY                  FOR USDA FSA RECOGNIZED ASSOCIATIONS</b>	

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch) USDA/ FSA
	5. State/County of Employment

6. Association (Check One):

NASCOE    
  NAFEC    
  NASE    
  NACS    
  Other: \_\_\_\_\_

7. **Type of Allotment (Check one)** *Note: A separate FSA-444 must be filled out for each type of allotment:*

**ASSOCIATION DUES**

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_ of CY \_\_\_\_.
- to make *any changes* in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**

State: \_\_\_\_\_ Association: \_\_\_\_\_

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP \_\_\_ of CY \_\_\_\_.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
---	----------------------

10. **Termination of Allotment (Check One):**

State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_\_ of CY \_\_\_\_.

NASCOE Dues    
  Supplemental Insurance Coverage    
  NAFEC Dues  
 NASE Dues    
  NACS Dues    
  Other: \_\_\_\_\_

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
---	-----------------------

13. **State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):**

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

<b>FSA-444</b> (06-21-12)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency
<b>REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY                  FOR USDA FSA RECOGNIZED ASSOCIATIONS</b>	

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch) USDA/FSA
	5. State/County of Employment

6. Association (Check One):

NASCOE    
  NAFEC    
  NASE    
  NACS    
  Other: \_\_\_\_\_

7. **Type of Allotment (Check one) Note: A separate FSA-444 must be filled out for each type of allotment:**

**ASSOCIATION DUES**  
 I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_ of CY \_\_\_\_.
- to make **any changes** in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**  
 State: \_\_\_\_\_ Association: \_\_\_\_\_  
 I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP \_\_\_ of CY \_\_\_\_.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
---	----------------------

10. **Termination of Allotment (Check One):**  
 State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_\_ of CY \_\_\_\_.

NASCOE Dues    
  Supplemental Insurance Coverage    
  NAFEC Dues  
 NASE Dues    
  NACS Dues    
  Other: \_\_\_\_\_

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
---	-----------------------

13. **State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):**

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W. Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

# INSTRUCTIONS FOR COMPLETING FSA-444

## **New Enrollee/Change in Dues**

All employees must complete sections 1-5 of the FSA-444 form. Please be sure to also complete the following:

- Check the "NASCOE DUES" in section 6
- In Section 7, enter the number of the next full pay period, and "21" for the calendar year (CY) in the "ASSOCIATION DUES"
- Beside the CY, write in your payroll deduction amount per pay period based on your Grade/Step as of July 1, 2021 (see enclosed TASCOC dues table)
- Sign/Date Section 8 & 9