



STATE OF WISCONSIN

Department of Employee Trust Funds

Eric O. Stanchfield

Secretary

801 West Badger Road

P.O. Box 7931

Madison, WI 53707-7931

DATE: November 21, 2001

TO: All Participating Health Plans

FROM: Beth Ritchie, Program Manager
Division of Insurance Services
(608) 264-6624 FAX (608) 264-8338
beth.ritchie@etf.state.wi.us

SUBJECT: Annual Student/Dependent Status Letter

CC: State and Local Health Employers

Annual Student/Dependent Status Letter

Enclosed is the 2002 Full-time Student/Dependent status letter. These letters should not be sent before December 17, 2001 and no later than January 15, 2002. Plans will be permitted to terminate dependents if no reply is received by February 15, 2002. We strongly encourage plans to send a follow-up letter to members who have not responded within two weeks of receiving the questionnaire. The termination date for former dependents is the last date of eligibility. In most cases this is December 31, 2001. **If evidence of eligibility is later provided, coverage must be reinstated back to the date of termination.**

Changes to the letter and questionnaire are shown with redlining. The questionnaire is a two sided form. Questions 2 and 3 from last year's questionnaire have been combined into question 2. This change is not redlined.

In order to address situations where the subscriber has selected another plan for 2002 during the Dual-Choice Enrollment period, you should also use the advance carrier copy of Dual-Choice applications to send this questionnaire to new subscribers who will be effective with your plan on January 1, 2002. While this may result in some duplication, we believe it is the best way to ensure that each plan gets the necessary information for its current and newly acquired members.

As was the case last year, your plan should reproduce this letter on its letterhead. You may use your own header and include or request necessary information regarding the subscriber's name and identification number, group number, the dependent's name and identification number and date of birth. A larger font size may be used. The letter must be sent with a pre-addressed return envelope or as a self-mailer. The envelope is not required to be prepaid, but that may increase the response rate.

If, after reviewing the completed student status letter, the plan determines that the subscriber no longer has a covered dependent, the subscriber's coverage should automatically be changed from family to single. Please forward changes of this type to James Krawczyk at the address above and to the appropriate employer. This notification should include the following: the subscriber's and the dependent's names, the subscriber's and the dependent's social security numbers, the effective date of the dependent's termination of coverage, and the employer's

identification number, and group number. This listing should be sorted by group number at a page break.

If the plan has additional questions regarding a particular dependent's eligibility, the plan may request verification, such as proof of enrollment as a full-time student or review of disability status by a consulting physician or mental health provider.

If disability status is claimed, the dependent must be considered to have a long standing disability or be disabled for an indefinite duration. Generally, long standing and indefinite duration means that the disability is expected to continue for at least a year or until the next student/dependent questionnaire period, whichever occurs later.

Coordination of Benefits (COB): Questions regarding coordination of benefits are not included on the questionnaire. However, plans may request information regarding other insurance, on separate paper, along with the mailing of this questionnaire. As many employers have plan changes on January 1, this may be a good time for plans to collect COB information from all subscribers.

A copy of the most recent Employer Contacts for insurance programs management is enclosed.

Reminder:

Previously, plans were required to send the COBRA notice to Dual-Choice enrollees and to new plan subscribers throughout the year. As the COBRA notice is now included in the It's Your Choice book, plans are no longer required to send the notice.

Enclosures