

Income Continuation Insurance (ICI) Monthly Premium Reporting

Local Government Employers

Instructions for Completing the Revised ICI Monthly Premium Reports

Please insert these instructions into chapter 5 of the Income Continuation Insurance Administration Manual (Local Government Employers), ET-1145.

A supply of *Monthly Premium Report Group Income Continuation Insurance* (ET-1629, rev. 01/2005) forms is attached. This form accompanies the monthly ICI premium remittance mailed to the Department of Employee Trust Funds (ETF) and provides a detailed breakdown of employee and employer premium contributions by program (ICI coverage and Supplemental ICI coverage) and by elimination period. The monthly premium report is also available on ETF's Internet site at: <http://etf.wi.gov>. Refer to Subchapter 109 of the *Wisconsin Public Employers Income Continuation Insurance Administration Manual* (ET-1145, rev. 12/2004) for alternative methods of obtaining copies of premium reports and other ICI forms.

Premiums for ICI coverage will appear in the upper section, titled "ICI Premiums." Premiums for the supplemental ICI coverage are reported in the lower section, "Supplemental ICI Premiums." For example, the total employee and employer ICI premium share—premiums for ICI coverage up to \$64,000—is enumerated in the upper section by elimination period. The employee supplemental ICI share—premiums for coverage above \$64,000—is entered in the bottom section, also by elimination period. (There is no employer share for supplemental ICI coverage.)

Complete the following areas on the *Monthly Premium Report Group Income Continuation Insurance*:

1. Employer Name
2. Employer ID No. 69-036 – This is the same number used for WRS reporting. Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).
3. Coverage Month/Year – Indicate "coverage month" being reported. Example: If the report is due on February 20, the "coverage month" is March.

"ICI Premiums"

1. Number of Employees – Enter the number of employees participating in ICI coverage by elimination period.
2. Employee Premiums – Enter the coverage month's employee premium contributions by elimination period. This amount does not include the employee share of supplemental premiums listed below on the form.
3. Employer Premiums – Enter the coverage month's employer premium contributions by elimination period.

Note: For information on calculating the employee and employer premium, refer to Subchapter 402 of the *Wisconsin Public Employers Income Continuation Insurance Administration Manual* (ET-1145, rev. 12/2004).

4. Subtotal – Enter the sum of the employee and employer ICI premium share by elimination period.
5. Adjustments – Use this section only when adjusting a previous month’s premium payment. For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column. Enter the sum of all adjustments by elimination period.
6. Total by Elimination Period – Enter the sum of the “Subtotal” and “Adjustments” by elimination period.
7. Subtotal A – Total ICI Premiums – Enter the sum of the figures entered by elimination period in the “Total by Elimination Period” column.

“Supplemental ICI Premiums”

1. Number of Employees – Enter the number of employees, by elimination period, who are participating in supplemental ICI coverage.
2. Employee Premiums – Enter the coverage month’s employee supplemental premium contributions by elimination period. This amount does not include the employee premium share of ICI, listed above on the form.
3. Adjustments – Use this section only when adjusting a previous month’s premium payment for supplemental coverage. For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column. Enter the sum of all adjustments by elimination period.
4. Total by Elimination Period – Enter the sum of the “Employee Premium” and “Adjustments” by elimination period.
5. Subtotal B – Total Supplemental ICI Premiums – Enter the sum of the figures entered by elimination period in the “Total by Elimination Period” column. Then enter this same subtotal in the next column where the form reads “Subtotal B – Total Supplemental ICI Premiums.”
6. Total Amount Remitted (Subtotal A + Subtotal B) – Enter the sum of subtotals A and B. This is the grand total of employee and employer premiums for this coverage month. This total is the amount you must remit to ETF. Checks must be made payable to the Department of Employee Trust Funds.
7. Date (MM/DD/CCYY) – Enter date form is prepared.
8. Prepared By – Signature of person preparing the form.
9. Telephone Number – Enter the telephone number of the person preparing the form.

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* (ET-1629) and premium check must be sent to ETF at the address shown on the report. Monthly premium reports and remittances are due in the ETF office on the 20th day of the calendar month preceding the month of coverage, or on the first working day after the 20th when the 20th falls on a day in which state offices are closed (Wis. Admin. Code ETF 10.63).

Interest charges for reports and payments arriving at ETF after the due date are assessed at the rate of .04 % of the total premium amount due for each day, from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is \$3. Interest charges cannot be waived per Wis. Stat. § 40.06 (3).