



Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

Enrollment Due to Family Status Change Event

The Wisconsin Group Insurance Board recently approved a plan amendment to the Wisconsin Public Employers (WPE) Group Life Insurance program that allows an employee to enroll or add one level of life insurance coverage due to a qualifying family status change event. The plan amendment is effective May 1, 2012.

This amendment allows an employee who gains a dependent to enroll in or increase group life insurance coverage by one level without the need to provide satisfactory evidence of insurability, if the application is filed within 30 days of one of the following events:

- the date of the employee's marriage;
- the date the employee establishes a domestic partnership for Wis. Stat. Chapter 40 benefit purposes; or
- the date of birth, adoption, placement for adoption, or award of legal guardianship of the employee's dependent child.

If a qualifying event occurs while the employee is on an unpaid leave of absence, during which time insurance lapsed, the employee has 30 days from the date of return to work to apply.

The policy change is on a prospective basis only. No changes will be allowed for qualifying events that occurred prior to May 1, 2012. Employees will be able to increase coverage on themselves by one level for each qualifying event, up to the number of levels of coverage offered by the employer.

This policy amendment applies to Employee coverage only. The enrollment period for Spouse & Dependent coverage has not changed. Employees may enroll for Spouse & Dependent coverage only within 30 days of:

1. first becoming eligible for WPE Group Life Insurance, or
2. the date an insured employee **first** has a dependent to insure, if the employee had no dependents when initially eligible.

New Life Insurance Brochure and Application Form

The following forms have been updated to reflect this policy change:

- *Wisconsin Public Employers Group Life Insurance* plan booklet (ET-2101)
- *Life Insurance Application/Cancellation/Refusal* form (ET-2304)

The revised WPE plan booklet has also been updated to reflect changes in the Accidental Death & Dismemberment provisions and the increased employer share for Basic and Supplemental coverage that was previously enacted (see *Employer Bulletin*, Vol. 27, Local I, November 24, 2010). The revised *Life Insurance Application/Cancellation/Refusal* form (ET-2304) has been amended to include enrollment or increase in coverage due to a family status change.

The new booklet and form are available online at ETF's Internet site. Please advise all employees of the new enrollment opportunity. We have included a sample notice in this *Employer Bulletin* to help notify insured employees about the plan revision.

We encourage the use of the online booklet and form; however, you may order a supply to keep on hand to fulfill employee requests and for future distribution to new employees. See the ordering instructions at the end of this *Employer Bulletin*. **Please discard old forms and booklets you may have on hand and use the new form effective May 1, 2012.**

Enrollment When Other Group Coverage Is Lost

Some Wisconsin Retirement System local governments participating in the Wisconsin Public Employers Group Life Insurance Program (WPE Program) have employee groups that bargained for life insurance coverage under alternative group life insurance programs. Over the years, members of these employee groups enrolled in these alternative programs and have declined to enroll in the WPE Program.

As local government employers reevaluate benefit options, Minnesota Life and ETF are receiving inquiries from employers about allowing these groups of employees to enroll in the WPE Program, if their alternative group life insurance plan is terminated. This amendment allows these employee groups who have been covered under another alternative group life insurance plan an opportunity to enroll in the WPE Program without evidence of insurability if the alternative life insurance plan is being eliminated by the employer.

Eligible employees must apply for coverage within 30 days of the date coverage is terminated under the alternative employer sponsored plan. The amount of insurance available will be subject to the amounts available under this policy and the employer's resolution for participation under the WPE life insurance plan. Evidence of insurability is required for any amount of insurance that exceeds the amount of insurance for which the employee was insured under the prior alternative employer sponsored plan. Questions about this provision may be directed to Chris Schmelzer, Minnesota Life Insurance Company, (608) 277-8690, Ext. 101, chris.schmelzer@securian.com.

Contact

For questions regarding this *Employer Bulletin*, please contact the Employer Communication Center toll-free at (888) 681-3952 or locally at (608) 264-7900.

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech or hearing impaired and need assistance, call the Wisconsin Relay Service toll free at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). If you are visually or cognitively impaired, call 1-877-533-5020 or (608) 266-3285 locally. We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the *Bulletin*. Employer agents may copy this *Bulletin* for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent *Employer Bulletins* are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.

SAMPLE NOTICE

IMPORTANT INFORMATION ABOUT THE WISCONSIN PUBLIC EMPLOYERS GROUP LIFE INSURANCE

The Wisconsin Public Employers Group Life Insurance program has been amended to allow an employee the opportunity to enroll or add a level of life insurance coverage after a qualifying family status change event. The plan amendment is effective May 1, 2012.

This amendment allows an employee who gains a dependent to enroll in the WPE life insurance program or, if already enrolled, to increase coverage on themselves by one level without the need to provide satisfactory evidence of insurability. An employee may increase coverage by one level for each qualifying event, up to the number of levels of coverage offered by the employer. The application must be made within 30 days of one of the following family status change events:

- the date of the employee's marriage;
- the date that the employee establishes a domestic partnership for Wis. Stat. Chapter 40 benefit purposes; or
- the date of birth, adoption, placement for adoption, or award of legal guardianship of the employee's dependent child.

The policy change is on a prospective basis only. No changes will be allowed for qualifying events that occurred prior to May 1, 2012.

This policy amendment applies to Employee coverage only. The enrollment period for Spouse and Dependent coverage has not changed. Employees may enroll for Spouse & Dependent coverage only within 30 days of:

1. first becoming eligible for WPE Group Life Insurance, or
2. the date an insured employee **first** has a dependent to insure, if the employee had no dependents when initially eligible for insurance.

A newly revised *Wisconsin Public Employers Group Life Insurance* booklet (ET-2101) is now available. An electronic copy is available on ETF's Internet site at:

<http://etf.wi.gov/publications/et2101.pdf>.

If you wish to obtain a paper copy of the booklet for your records, please contact your benefits office.

Employer Order Form

You can request paper copies of the revised life insurance forms by:

- Using the online order form through the ETF Internet site at <http://etf.wi.gov>. Please be sure to enter all requested information, especially your Employer Identification Number (EIN), or
- Completing the attached form and mail or fax to:

**ETF SUPPLY AND MAIL SERVICES
PO BOX 7931
MADISON WI 53707-7931**

Fax: (608) 267-4549

ORDER FORM

Employer Name _____

EIN 69-036-_____

Employer Shipping Address _____

Employer Phone # _____

Quantity

Wisconsin Public Employers Group Life Insurance booklet (ET-2101) _____
[Including the 2011-2012 *Premium Rate Sheet* (ET-2164)]

Group Life Insurance Application/Cancellation/Refusal (ET-2304) _____

Allow 7 to 10 business days for delivery

Remember to destroy your old supply of the *Wisconsin Public Employers Group Life Insurance* booklets (ET-2101) and the *Group Life Insurance Application/Cancellation/Refusal* (ET-2304) with a revision date prior to 3/2012.
