



Employer *Bulletin*

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

New! Group Health Insurance Application/Change Form

The Department of Employee Trust Funds (ETF) made significant changes to the following forms:

- *Group Health Insurance Application* (ET-2301)
- *Group Health Insurance Application - Graduate Assistants* (ET-2302)
- *Health Insurance Information Change form* (ET-2329).

These forms have now been combined into one single-ply form to create the *Group Health Insurance Application/Change Form* (ET-2301 & ET-2302).

Your employees can use this single-ply form for their initial enrollment, as well as for changes that occur throughout the year, such as: Dual-Choice changes, adding or deleting a dependent from existing family coverage, moving from a service area, changing from family to single coverage, etc. This form is also available on ETF's Internet site as a PDF fillable form.

Note: The *Health Insurance Information Change form* (ET-2329) will eventually be phased out. In the meantime, you may use your current supply of the ET-2329, the ET-2301, and the ET-2302. We recommend *Group Health Insurance Applications* with revision dates prior to 7/2005 be destroyed. ETF will notify you when older versions will no longer be accepted.

You are encouraged to print the form from ETF's Internet site at <http://etf.wi.gov>, or you can follow the instructions at the end of this *Bulletin* if you wish to order the revised ET-2301 and/or ET-2302.

Highlights of the changes to the new forms include:

- Single-ply, two-sided form.
- Now available on ETF's Internet site as a PDF fillable form.
- The redesigned instruction page provides directions for each section of the application with "Terms and Conditions" on the reverse side of the instruction page.
- Section 3, "Enrollment Information," now has a field for a 10-digit National Provider Identifier (NPI) number. (This is a 10-digit number that corresponds with a selected health plan provider. If not provided in the provider directory published by the health plan selected, the field should be left blank.)
- Section 4, "Additional Information," has questions for additional dependent information that previously was not collected, but is now needed.
- The new form must be copied and distributed as indicated on the bottom of page two. Employers must continue to provide advanced copies to ETF and the carrier. In addition, an ETF Coverage Report copy, Employee copy, and Employer copy must be made.

If you do not print your own supply of forms, you may request the forms by one of the following methods:

1. Use the online order form through our Internet site at <http://etf.wi.gov>. Please enter all requested information, especially your Employer Identification Number (EIN).
2. Contact ETF's Supply and Mail Services at (608) 266-3302.

Questions regarding the new *Group Health Insurance Application/Change* Form should be directed to the Employer Communication Center at (608) 264-7900 or toll free at (888) 681-3952.

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, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). 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, or to the Division of Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. 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>

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