



# Employer *Bulletin*

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

## Revised Wisconsin Public Employers Group Life Insurance Forms

The Department of Employee Trust Funds (ETF) has revised the following forms:

- *Life Insurance Application/Cancellation/Refusal* (ET-2304)
- *Life Insurance Evidence of Insurability Application* (ET-2305)

### ***Life Insurance Application/Cancellation/Refusal* (ET-2304)**

The format of the *Life Insurance Application/Cancellation/Refusal* form (Rev 04/2008) has changed substantially. The new format will better enable employees to clearly indicate the coverage for which they intend to enroll or cancel. The redesigned instruction page provides directions for each section of the application.

The new form is available immediately. Please destroy any forms with a revision date prior to 4/2008. However, applications with a prior revision date will not be rejected.

### ***Life Insurance Evidence of Insurability Application* (ET-2305)**

The *Life Insurance Evidence of Insurability Application* form (Rev 05/2008) has not changed. However, the instruction page has been revised to reflect a change to Wisconsin statute. The provision that employees must be under age 55 to apply for life insurance coverage through evidence of insurability has been eliminated from Wis. Stat. § 40.70 (6), effective April 5, 2008. The instruction page reflects that change. Active employees may now apply for coverage by submitting evidence of insurability until age 70.

Because the eligibility provisions for applying under evidence of insurability have changed, please destroy any forms with a revision date prior to 5/2008. Applications received with a revision date prior to 05/2008 will be rejected.

## Ordering Forms

Both forms are now single-ply, PDF fill-in forms available on our Internet site at <http://etf.wi.gov/publications/employer.htm>. The completed forms must be copied and distributed as indicated

### **INSIDE**

\* **Revised Wisconsin Public Employers Group  
Life Insurance Forms**

\* **Evidence of Insurability: Change in  
Minimum Age Requirements**

on each form. Downloading forms from ETF's Internet site is recommended. However, you can also request forms through one of the following methods:

1. The online order form through ETF's Internet site at <http://etf.wi.gov/employers.htm>. 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 forms should be directed to 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, 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>

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