

Chapter 8

Spouse and Dependent Coverage

Definitions:

“Spouse” means lawful husband or wife. All references to spouse shall include domestic partner as defined below.

“Domestic Partner” means a person who meets the definition of domestic partner in [Wis. Stats. § 40.02 \(21d\)](#) with an employee insured under this life insurance program and for whom the employee has submitted an [Affidavit for Domestic Partnership \(ET-2371\)](#) form with the Department of Employee Trust Funds.

“Dependent” means the employee’s or the employee’s domestic partner’s unmarried children, including natural children, stepchildren, adopted children, legal wards and children in adoptive placement under [Wis. Stats. § 48.837\(1\)](#), who are dependent upon them for at least fifty (50) percent of their support and maintenance, and who are:

1. More than fourteen (14) days of age, counting from live birth, but not older than the last day of the calendar year the dependent turns age nineteen (19) (or twenty-five (25) if a full time student); or
2. Between the ages of nineteen (19) and twenty-five (25) if a full-time student; or
3. Age nineteen (19) or older and incapable of self-support due to a physical or mental disability which is expected to be of long-continued or indefinite duration in accordance with [Wisconsin Administrative Code ETF 10.01\(2\)](#).

Any person who was previously insured as a dependent under (1) through (3) above, who subsequently ceased to be a dependent, and whom later again qualifies may again become insured as a dependent.

A. Eligibility

The employee must have the Basic Plan or file an application for Basic coverage at the same time they apply for the Spouse and Dependent coverage. Also, the employee must be an eligible employee under age seventy (70) and the employer must offer this plan as part of its benefits program.

Employees may not elect more than two (2) units of coverage even if they are employed by more than one (1) participating employer. However, if the employee and the employee’s spouse/or domestic partner are both eligible employees, then they may both apply for Spouse and Dependent coverage if both employers offer the coverage.

If an employee employed by two (2) employers terminates employment with the employer with whom he or she has Spouse & Dependent coverage, the employee can enroll in coverage with the remaining participating employer by filing an application within thirty (30) days of the coverage termination.

B. Enrollment for Spouse and Dependent Coverage

An eligible employee may enroll without evidence of insurability for Spouse and Dependent insurance by filing an application provided by ETF which must be received by the employer within thirty (30) days after:

1. The date the employee first qualifies with that employer as an eligible employee under [Wis. Stats. § 40.02\(25\)\(a\) or \(c\)](#) provided the employee enrolls in the Basic Plan; or
2. One (1) of the following changes:
 - a. The date of the employee's marriage.*
 - b. The date that the employee establishes a domestic partnership for Wisconsin Statutes [Chapter 40](#) benefit purposes.
 - c. The date of birth, adoption, placement for adoption, or award of legal guardianship of a dependent child; or
3. The date an employee returns to work as an eligible employee of a participating employer if within thirty (30) days of terminating employment or after a leave of absence without earnings, during which time coverage lapsed. The employee may enroll only for the plans of coverage that were in effective prior to termination or leave of absence, unless coverage was previously cancelled by the employee.

Enrollment is subject to the plan maximum, and if employed by a local government, is subject to the plans that are made available by the employer.

**If an employee establishes a domestic partnership and subsequently marries the person to whom the employee has a domestic partnership, the marriage will not be considered a family status change.*

C. Evidence of Insurability for Spouse and Dependent Coverage

Evidence of insurability may be required if the employee enrolls or increases coverage after the enrollment period ends, as described above.

If an employee wishes to enroll in Spouse and Dependent coverage outside of an open enrollment opportunity, he or she must complete an [Evidence of Insurability Application \(ET-2305\)](#) form.

If the employee is applying for insurance for his or her dependent children, the dependent children do not need to be underwritten. Dependent children will automatically be covered upon the approval of the employee's spouse/domestic partner. If the employee does not have a spouse/domestic partner, the dependent coverage will automatically be approved upon receipt of the completed [Evidence of Insurability Application \(ET-2305\)](#) form.

If the employee cancels coverage because he or she no longer has an eligible spouse/domestic partner or dependent, the employee may re-enroll without evidence of insurability within thirty (30) days of a qualifying family status change or having previously insured dependents return to dependent status.

D. Effective Date of Insurance

If an eligible employee enrolls for Spouse and Dependent coverage on an application in accordance with the enrollment provisions, effective dates would be:

- the first day of the month following thirty (30) days after the date of hire,
- the first day of the month following thirty (30) days after return from an approved leave of absence, or
- the first day of the month following thirty (30) days after the date of the qualifying family status change event.

For claims purposes, an employee's election date will be the point of reference for providing coverage and paying claims. Election date is the date of online enrollment or the date the paper application is received by the employer, but not earlier than the date of hire, the date of the qualifying family status change event, or the return to work date, whichever is applicable.

For a spouse/domestic partner who is required to submit evidence of insurability the effective date of insurance is the first of the month following the date the application is approved by Securian. For claims purposes, the approval date will be the point of reference for providing coverage and paying claims.

Insurance shall not become effective if the applicant is no longer an employee of a participating employer or if the applicant is no longer a spouse or dependent of an employee on the insurance effective date.

E. Amount of Coverage

If the employee meets eligibility requirements, he or she may apply for one (1) or two (2) units of Spouse and Dependent term life insurance. The employee may not elect more than two (2) units of coverage even if employed by more than one (1) participating employer. However, the employee and his or her spouse/or domestic partner may both apply for Spouse and Dependent coverage if they are both eligible employees and both of their employers offer the coverage. There is no Accidental Death, Dismemberment or

Loss of Use coverage in the Spouse and Dependent Plan. The amounts of coverage under each unit may be subject to changes made by the Group Insurance Board.

- 1 Unit: Spouse = \$10,000
Each Dependent Child = \$5,000
- 2 Units: Spouse = \$20,000
Each Dependent Child = \$10,000

F. Cost of Insurance

The monthly cost for each unit of Spouse and Dependent life insurance is a set dollar amount. The cost is the same for each unit of coverage regardless of the age or number of family members insured. Current premium information can be found on the [Life Insurance Rates \(ET-2164\)](#) form on ETF's website at <http://etf.wi.gov>.

G. Coverage During Disability

Employees who become disabled can continue Spouse and Dependent life insurance coverage until age sixty-five (65) without premium payments, as long as their disability continues and they continue to be covered under the Basic Plan.

H. Coverage During an Approved Leave of Absence, Layoff, or While Appealing a Discharge

Spouse and Dependent coverage may be continued during an approved leave of absence or while employee is appealing a dismissal.

I. Conversion to an Individual Policy

When coverage on the employee's insured spouse/domestic partner or dependent child terminates, the spouse/domestic partner or dependent child may convert to an individual policy. The application for conversion and first premium payment must be received by Securian within thirty-one (31) days after the insured is no longer eligible for coverage under the group policy. Failure to obtain an application for conversion does not extend the conversion period. In the event of the employee's death, the insured spouse and dependent(s) will have ninety (90) days from the date of death to convert. Spouse and Dependent coverage must have been in effect for the entire six (6) month period preceding termination of coverage. The [Conversion of Group Life Insurance Enrollment \(ET-2306\)](#) form can be found on ETF's website at <http://etf.wi.gov>. Completed applications for conversion should be sent to Securian.

J. Termination of Coverage

Insurance on any spouse or dependent shall terminate automatically on the earliest of the following dates:

1. The last day of the calendar month in which the employee terminates employment; or
2. The date the employee meets any of the conditions specified in Chapter 14, "Termination of Employee's Insurance," or reaches age seventy (70); or
3. For an individual whose premiums are waived under the section entitled Chapter 10, "Disability Waiver of Premium Benefit," the date the individual reaches age sixty-five (65); or
4. The last day of the calendar month following the month in which the employer receives a written notice of cancellation of this insurance from the employee. The notice must be on a form provided by ETF. A notice of cancellation may be withdrawn only by a written request to the employer or ETF which is received prior to the termination of coverage; or
5. For a dependent, the date of qualification for insurance as an eligible employee under [Wis. Stats. § 40.02\(25\)](#); or
6. For a spouse, the date a divorce decree is entered; or
7. For a Domestic Partner, the date an [Affidavit of Termination of Domestic Partnership \(ET-2372\)](#) is signed by the employee; or
8. Ninety (90) days after the death of the employee; or
9. For a dependent other than one described in ten (10) below:
 - a. at the end of the month in which the dependent marries; or
 - b. at the end of the calendar year in which the dependent attains the age of nineteen (19) years if not a full-time student; or
 - c. at the end of the calendar year in which the dependent ceases to be a full-time student; or
 - d. at the end of the calendar year in which the dependent attains the age of twenty-five (25) years, whichever occurs first; or
10. For a dependent incapable of self-support due to a physical or mental disability which can be expected to be of long-continued or indefinite duration who would not otherwise be eligible, the date disability ceases or the date of marriage, whichever occurs first; or
11. The effective date of termination of the group policy by the employer.

Insurance coverage shall be considered lapsed if an employee fails to make the required premium payments during a sixty (60) day period which begins on the day following the last day for which premiums were paid.

K. Cancellation of Coverage

Employees should cancel their Spouse and Dependent coverage as soon as they no longer have a spouse or eligible dependent(s) to insure by filing [a *Life Insurance Application/Cancellation/Refusal \(ET-2304\)*](#) form with the employer. If there is a delay filing a cancellation, a refund of premiums is limited to the current year and the immediately preceding calendar year.

L. Beneficiary

The employee is the beneficiary in the event of the death of his or her spouse/domestic partner or dependent. In the case of simultaneous deaths of the employee and his or her spouse/domestic partner or dependent child, payment will be made to the employee's estate.

M. Living Benefits for Spouse and Dependent Coverage

Insured persons (spouse/ domestic partner or dependent) may apply to receive all or part of the value of his or her life insurance coverage while still living, provided they are diagnosed with a terminal condition caused by illness or injury and have a life expectancy of twelve (12) months or less. If a partial benefit is requested it must be equal to a full unit of coverage provided under the Spouse and Dependent plan.

N. Payment of Benefits at Death

Upon the death of an insured spouse/domestic partner or dependent, the employee needs to contact his or her employer's payroll and benefits office to report the death. The employer should assist the employee in completing the [Notice of Death for Spouse or Dependent Child \(ET-6303\)](#). The completed form should be submitted to Securian.