

**Department of Employee Trust Funds**  
**STATE AGENCY HEALTH INSURANCE ADMINISTRATION MANUAL**

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**CHAPTER 11 — CODES**

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- 1103 Employee Type Codes**
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The following codes are required for completing the employer sections of forms used in the administration of the State Agency Group Health Insurance program:

**1101 County Codes**

Code	County
01	Adams
02	Ashland
03	Barron
04	Bayfield
05	Brown
06	Buffalo
07	Burnett
08	Calumet
09	Chippewa
10	Clark
11	Columbia
12	Crawford
13	Dane
14	Dodge
15	Door
16	Douglas
17	Dunn
18	Eau Claire
19	Florence
20	Fond du Lac
21	Forest
22	Grant
23	Green
24	Green Lake
25	Iowa

Code	County
26	Iron
27	Jackson
28	Jefferson
29	Juneau
30	Kenosha
31	Kewaunee
32	La Crosse
33	LaFayette
34	Langlade
35	Lincoln
36	Manitowoc
37	Marathon
38	Marquette
39	Marquette
72	Menominee
40	Milwaukee
41	Monroe
42	Oconto
43	Oneida
44	Outagamie
45	Ozaukee
46	Pepin
47	Pierce
48	Polk

Code	County
49	Portage
50	Price
51	Racine
52	Richland
53	Rock
54	Rusk
55	St. Croix
56	Sauk
57	Sawyer
58	Shawano
59	Sheboygan
60	Taylor
61	Trempeleau
62	Vernon
63	Vilas
64	Walworth
65	Washburn
66	Washington
67	Waukesha
68	Waupaca
69	Waushara
70	Winnebago
71	Wood
99*	Other*

\* Used to indicate out-of-state location

### 1102 Coverage Codes

Code	Type of Coverage	Description
01	Single	Coverage is for the subscriber (employee) only.
02	Family	Coverage is for the subscriber (employee) and eligible dependent(s).
03	Graduate Assistants – Single	Coverage is for the subscriber Graduate Assistant (employee) only.
04	Graduate Assistants – Family	Coverage is for the subscriber Graduate Assistant (employee) and eligible dependent(s).
05	Medicare – Single	Single coverage for annuitant or continuant subscriber with Medicare.
06	Medicare – Family 1	Family coverage for annuitant or continuant subscriber; one person with Medicare.
07	Medicare – Family 2	Family coverage for annuitant or continuant subscriber, subscriber and dependent both with Medicare.

### 1103 Employee Type Codes

Code	Employee Type	Description
01	State-elected	Legislators, state constitutional officers, circuit, supreme court, or appeals judges, chief clerk or Sgt-at-Arms of the Senate or Assembly.
02	Regular State	State employee
03	UW Classified	UW other than faculty.
04	UW Unclassified	UW Faculty
05	WISCRAFT	For use by WISCRAFT only—for blind employees with over 1,000 hours.
07	Annuitant	Retired employee who is eligible for health insurance.
08	Surviving Spouse/ Dependent	Used for survivors of currently insured subscriber who dies while carrying family health insurance coverage.
10	Continuant	ETF Use Only - Continuant
11	Continuant – 1991 WA 152	Terminated State Employee with at least 20 years of creditable service.
12	Graduate Assistant	Graduate Assistants, employees in training, short-term academic staff, fellows and scholars (UW only; used on Health Insurance Application for grad assistants [ET-2302] and UW reports).
13	Continuant – Graduate Assistant	ETF Use Only - Graduate Assistant Continuant.

### 1104 Enrollment Type Codes

Code	Used For:	Enrollment Type	Description	Used On:
02	Additions	Initial Enrollment	Employee is applying for health insurance for the first time since becoming an eligible employee.	Application (ET-2301, ET-2302 or ET-2329) & Monthly Reports

Code	Used For:	Enrollment Type	Description	Used On:
03	Additions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA or layoff during which time coverage lapsed or during an appeal of discharge.	Application & Monthly Reports
04	Additions	Transfer to another State Agency or employing group within the same Agency	Used for covered employee transferring from one State Agency to another State Agency or from one employing group with a State Agency to another within that same Agency.	Application & Monthly Reports
05	Additions	Terminated and Rehired Within 30 Days	Employee was terminated and rehired within 30 days.	Application & Monthly Reports
08	Additions	Missed Initial Enrollment Period	Employee did not apply for coverage during initial enrollment period. 180-day waiting period must be served for all pre-existing conditions for applicant and all listed dependents (including spouse). Can select Standard Plan option only.	Application & Monthly Reports
12	Additions	Deleted in Error	Listed to reinstate employee's coverage (with no lapse in coverage) which was previously deleted in error by the employer.	Monthly Reports
31	Additions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the State).	Application & Monthly Reports
32	Additions	Returned From LOA or Layoff and Missed Dual-Choice	Employee let coverage lapse while on LOA or layoff, and was not on payroll during the entire Dual-Choice Enrollment period.	Application & Monthly Reports
33	Additions	Transfer To/From State Agency & Moves	Employee transfers between state agencies/divisions, and the transfer results in a move from one county to another	Application & Monthly Reports
39	Additions	Marriage where no coverage is in effect.	Special enrollment opportunity when employee is eligible though not enrolled.	Application and Monthly Reports
40	Additions	Dual-Choice	Employee changing plan only or plan and coverage during the annual Dual-Choice Enrollment period.	Application & Monthly Reports
41	Additions	Moved From Service Area	Employee relocates to a different county and is enrolling in a different plan.	Application & Monthly Reports
42	Additions	Birth, adoption or placement for adoption where no coverage is in effect.	Special enrollment opportunity when employee or dependent is eligible but not enrolled and there is a birth, adoption, or placement for adoption.	Application and Monthly Reports
48	Additions	Returned From Military LOA	Employee returned from Military LOA.	Application & Monthly Reports
49	Additions	Returned From Family Medical Leave of Absence (FMLA)	Employee returned from a FMLA.	Application & Monthly Reports

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<b>Code</b>	<b>Used For:</b>	<b>Enrollment Type</b>	<b>Description</b>	<b>Used On:</b>
51	Additions	Transfer to Standard Plan	ETF Use Only - Annuitant/continuant and/or spouse/dependent enrolled in Medicare, subscriber and all dependents. Coverage is under Medicare +\$1,000,000. .	Application & Monthly Reports
52	Additions	Annuitant – Transfer between Premium Payment Groups	ETF Use Only - Movement between Sick Leave, Annuity deductions, and direct billing groups.	Application & Monthly Reports
53	Additions	Annuitant	Transfer from active employer group to annuitant group.	Application & Monthly Reports
54	Additions	Return from LOA to Annuitant Group	Employee on leave of absence who terminates and is now an annuitant who wants to re-enroll in health insurance.	Application & Monthly Reports
55	Additions	Continuation to Spouse/ Dependent as a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber.	Application & Monthly Reports
57	Additions	Re-enrollment from Escrow	State employee, spouse and dependent(s) only, activating sick leave credits and re-enrolling in State Group Health Insurance program	Application & Monthly Reports
58	Additions	Suspension Annuity	ETF Use Only - Health insurance premium not collected due to temporary suspension of annuity payments. .	Application & Monthly Reports
59	Additions	1991 Wis Act 113	State employee only, retiree applied with evidence of insurability	Application & Monthly Reports
62	Additions	Continuation to Spouse/ Dependent As a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber who was on a Disability Benefit.	Application & Monthly Reports
63	Additions	Continuation from active coverage to coverage as a continuant.	ETF Use Only – Active employee or eligible spouse/dependent who loses eligibility for existing active coverage and elects to continue coverage as a continuant.	Application & Monthly Reports
67	Additions	Loss of Coverage	An employee’s initial application for coverage within the Group Health Insurance program which is being submitted beyond the employee’s initial enrollment periods due to special enrollment opportunity.	Application & Monthly Reports
03	Deletions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA, layoff or an appeal of discharge during which time coverage lapsed.	Application & Monthly Reports
04	Deletions	Transfer to another State Agency or employing group within the same Agency	Used for covered employee transferring from one State Agency to another State Agency or from one employing group with a State Agency to another within that same Agency.	Monthly Reports
09	Deletions	Cancellation	Currently insured subscriber voluntarily cancels coverage, but is not terminating employment.	Application & Monthly Reports
10	Deletions	Termination	Currently insured subscriber who terminates employment with the current employer group.	Monthly Reports

Code	Used For:	Enrollment Type	Description	Used On:
11	Deletions	Death	Currently insured employee, annuitant or continuant dies.	Monthly Reports
31	Deletions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Monthly Reports
33	Deletions	Transfer To/From State Agency & Moves	Employee transfers between state agencies/divisions, and the transfer results in a move from one county to another.	Monthly Reports
40	Deletions	Dual-Choice	Employee changing plan and coverage or plan only during the annual Dual-Choice Enrollment period.	Monthly Reports
41	Deletions	Moved From Service Area	Employee relocates out of their current health plan's service area and is enrolling in a different plan.	Monthly Reports
50	Deletions	Retires	Employee retires.	Monthly Reports
51	Deletions	Transfer to Standard Plan		Application & Monthly Reports
52	Deletions	Annuitant – Transfer between Premium Payment Groups	Movement between Sick Leave, Annuity deductions, and direct billing groups.	Monthly Reports
56	Deletions	Escrow /Suspension	State employee, spouse and dependents(s) only, electing to escrow sick leave credits (voluntary cancellation of their coverage). DO NOT OFFER CONTINUATION. Please note: Eligible for coverage by reactivating sick leave account at later date	Application & Monthly Reports
64	Deletions	Loss of Continuation Status	ETF Use Only - Continuation coverage ends due to lack of premium payment, or becomes eligible for coverage through another Group Health Insurance program.	Monthly Reports
43	Changes	Changes From Single to Family Coverage	Employee changes from single coverage to family coverage.	Application & Monthly Reports
44	Changes	Changes From Family Coverage to Single Coverage (only dependent no longer eligible)	Employee changes to single coverage because there are no longer any eligible dependents.	Application & Monthly Reports
45	Changes	Change From Family Coverage to Single Coverage (at least one dependent still eligible)	Employee has eligible dependents, but voluntarily elects to change to single coverage.	Application & Monthly Reports
46	Changes	Coverage Type Change – Medicare	ETF Use Only - Annuitant or continuant coverage level is changing to a Medicare coverage level.	Application & Monthly Reports

Code	Used For:	Enrollment Type	Description	Used On:
47	Changes	Birth, adoption or placement for adoption and single coverage is in effect.	Changing from single to family coverage due to birth, adoption or placement for adoption.	Application & Monthly Reports
68	Changes	Change in Level of Coverage	Change in the level of coverage (single coverage to family) due to special enrollment opportunity where any dependent loses coverage under a separate plan.	Application & Monthly Reports
07	Other	Declined	Employee declines to enroll for health insurance when first eligible for coverage. Employee must submit a signed application indicating that they are declining coverage.	Application
65	Other	Information Change Only	The employee's level of coverage remains the same as well as the health plan; however, an indicative data change has occurred (i.e., change of address, dependent is being adding).	Application
66	Other	Premium Adjustment Only	To indicate a premium adjustment only.	Monthly Reports

**1105 Standard Plan Waiting Period Codes**

Code	Waiting Period For:
01	Dependents (Spouse and Children) Only
02	All Family Members (Employee and Dependents)