

**Wisconsin Public Employers
Income Continuation Insurance Administration Manual**

CHAPTER 5 — Monthly Premium Report

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500 Completion of the Monthly Premium Report Group Income Continuation Insurance Form

The *Monthly Premium Report Group Income Continuation Insurance - Local* (ET-1629) form accompanies the monthly ICI premium remittance mailed to ETF, and provides a detailed breakdown of employee and employer premium contributions by elimination period.

The *Monthly Premium Report Group Income Continuation Insurance - Local* is available on ETF's website at <http://etf.wi.gov>.

Complete the following areas of the *Monthly Premium Report Group Income Continuation Insurance* form (a sample form follows the instructions):

A. Identifying Information Section

1. Employer Name
2. Employer ID No. 69-036 - This is the same number used for WRS reporting. Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).
3. Coverage Month/Year - Indicate the month of coverage. If the report is due on February 24, the coverage month is March.

B. Regular ICI Premiums Section

1. Number of Employees - Enter the number of employees for each elimination period.
2. Employee Premiums - Enter the coverage month's employee premium contributions by elimination period. For information on calculating the employee premium refer to subchapter 401.
3. Employer Premiums - Enter the coverage month's employer premium

contributions by elimination period. For information on calculating the employer premium refer to subchapter 401.

4. Subtotal - Add the employee premiums and employer premiums for each elimination period and enter in the Subtotal box.
5. Adjustments - Use this section only when adjusting a ***previous month's*** premium payment. For example, to report a permanent change in percentage of appointment enter the Social Security Number of the employee(s), the month(s) requiring adjustment and the amount of the adjustment(s).
6. Total by Elimination Period - Add the subtotal and adjustments for each elimination period and enter here.
7. Subtotal A - Total ICI Premiums - Add each "Total by Elimination Period" and enter the amount here.

C. Supplemental Premiums Section

1. Number of Employees - Enter the number of employees for each elimination period.
2. Employee Premiums - Enter the coverage month's employee premium contributions by elimination period. For information on calculating the employee premium refer to subchapter 401.
3. Adjustments - Use this section only when adjusting a ***previous month's*** premium payment. For example, to report a permanent change in percentage of appointment enter the Social Security Number of the employee(s), the month(s) requiring adjustment and the amount of the adjustment(s).
4. Total by Elimination Period - Add the employee premiums and adjustments for each elimination period (for supplemental coverage) and enter here.
5. Subtotal B - Total Supplemental Premiums - Add each "Total by Elimination Period" (for supplemental portion) and enter the amount in both 'Subtotal B' boxes on the report.
6. Total Amount Remitted (Subtotal A + Subtotal B) - Add Subtotal A and Subtotal B together and enter here. This total must equal the amount paid.

D. Completed By Section

1. Date - The date the form was completed.
2. Prepared By - The name of the person who prepared the form.
3. Telephone Number - Phone number where the preparer can be reached.

Sample Monthly Premium Report Group Income Continuation Insurance (ET-1629)

DEPARTMENT OF EMPLOYEE TRUST FUNDS
Division of Trust Finance & Employer Services
P.O. Box 7931
Madison, WI 53707-79031

**MONTHLY PREMIUM REPORT
GROUP INCOME CONTINUATION INSURANCE**

(Local Government Employers—Wis. Stat. § 40.61 (3))

A	Employer Name: 1	Employer Identification Number: 2	Coverage Month/Year: 3
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ICI Premiums						
Waiting Period	No. of Employees	Employee Premium	Employer Premium	Subtotal	Adjustments	Total by Elimination Period
30 Days	1	2	3	4	5	6
60 Days						
90 Days						
120 Days						
180 Days						
				Subtotal A – Total ICI Premiums		7

Supplemental ICI Premiums					
Waiting Period	No. of Employees	Employee Premium	Adjustments	Total by Elimination Period	Subtotal B – Total Supplemental ICI Premiums
30 Days	1	2	3	4	5
60 Days					
90 Days					
120 Days					
180 Days					
				Subtotal B – Total Supplemental Premiums	5
				Total Amount Remitted (Subtotal A + Subtotal B)	6

D	Date (MM/DD/YYYY): 1	Prepared By: 2	Telephone Number: () 3
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ET-1629 (REV 01/2005)

501 Online Payments

Employers can pay ICI premiums online. To pay ICI premiums online, employers must have a completed *Online Network for Employers Security Agreement* (ET-8928) on file with ETF.

For employers currently authorized to pay health insurance invoices online, you may also be authorized to submit ICI payments online. No additional form is needed. Employers not participating in the ETF administered Group Health Insurance Program must complete the *Online Network for Employers Security Agreement* and check the 'ICI Premium Payment' box. The Security Agreement can be found on ETF's Internet site at <http://etf.wi.gov/publications/et8928.pdf>.

Note: Before submitting the ICI payment online, it is recommended that employers complete the *Monthly Premium Report Group Income Continuation Insurance - Local* (ET-1629) and retain it for their records.

To make your ICI premium payment:

1. Go to <http://etfonline.wi.gov/one.html>.
2. Scroll to the 'Applications' category and select 'myETF Benefits' and log in.
3. Follow the on-screen directions and your contact information will be displayed.
4. Move your cursor over to the Disability tab where there will be two drop-down options: 'Disability' and 'ICI'. Click on the 'ICI' option.
5. The ICI payment process is similar to the Group Health Insurance payment process. The initial screen prompts you to complete the contract counts (i.e., the number of employees), total premium and employee-paid portions categorized by regular and supplemental ICI. (All boxes need to have a number in them. For zero, please enter "0", not "0.00".)

Note: During a premium holiday, only the contract counts need to be completed, for both regular ICI and supplemental ICI. Do not include dollar amounts.

6. After entering all of the above, click on the calculate button. The premium due amount will be calculated and displayed. Verify all figures on the screen for accuracy and correct as necessary.
7. Click on 'Make Payment' to be taken to the US Bank website where you will be prompted to enter your bank information and select the payment date.
8. You may continue to enter your bank information or opt to register by choosing a user ID and password specifically authorized for accessing the US Bank website. You will receive a confirmation number once completed.

Note: Following submission of the *Online Network for Employers Security Agreement*, it is critical that employers retain the information sent to them confirming their access to the Online Network for Employers (ONE) site. The confirmation includes a PIN, which must be presented when contacting ETF with access questions.

502 Due Date

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* (ET-1629) form and premium check must be sent to ETF at the following address:

PO Box 78761
Milwaukee, WI 53278-0761.

Monthly Premium Reports and remittances (including online payments) are due in the ETF lockbox on the 24th day of the calendar month preceding the month of coverage or on the first working day after the 24th when the 24th falls on a day in which state offices are closed (Wis. Admin. Code ETF 10.63).

503 Late Reporting Interest Charge

Interest is assessed at the rate of 0.04% of the total premium amount due for each day from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is \$3.

504 Permanent Change in Percentage of Appointment

A permanent change in an ICI covered employee's percentage of appointment may result in the need for a premium adjustment. The premium adjustment must be made within 30 days of the change in percentage of appointment.

If the premium adjustment is not made within this 30-day period, payment of the additional premium—or refund of overpaid premium — must be made retroactive to the month of the change.

Premiums are adjusted as of the first of the month on or after the effective date of the permanent appointment change. If premiums have already been paid based on the earnings in effect prior to the change, an adjustment must be made on the *Monthly Premium Report Group Income Continuation Insurance* (ET-1629) form during the following payroll period to reflect the change in salary for the effective coverage month. (Refer to step 8 of subchapter 500.)

Example: The effective date of change of the new percentage of appointment is the first of October. The employee selected the 30-day elimination period.

- Prior to October 1, employee earnings at 50% time = \$833.33 per month.
- New appointment effective October 1, employee earnings at 100% time = \$1,666.67 per month.

ICI premiums for October coverage were paid one month in advance of the effective date of the change. Premiums paid in October for November coverage must reflect the increase between the old and the new premium, plus the new premium for November coverage as follows:

• New premium for November coverage	\$12.50
• Old premium	<u>- \$6.25</u>
• October Adjustment	\$6.25 increase

October's premium adjustment of \$6.25 must appear in the 'Premium Adjustment' section of the *Monthly Premium Report Group Income Continuation Insurance* form due at ETF on October 24. Indicate the Social Security Number of the employee whose premium is being adjusted, the month being adjusted, and the amount of the adjustment in the proper Elimination Period row of the report. The form contains space for six adjustments. Indicate any additional adjustments on the back of the form.