

HOW TO JOIN THE WISCONSIN PUBLIC EMPLOYERS GROUP HEALTH INSURANCE PROGRAM FOR NON-WRS EMPLOYERS



**Department of Employee
Trust Funds
P.O. Box 7931
Madison, WI 53707-7931**

Submit materials or questions to:

Employer Services

Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

Fax: 608-266-5801

Toll-free phone: 1-877-533-5020

Local to Madison: (608) 266-3285

E-mail: etfhealthandins@etf.wi.gov

General Information

Local government employers that do not participate in the Wisconsin Retirement System (WRS) but have verified with ETF their status as an employer under Wis. Stat. 40.02 (28) (cited below) may choose to join the Wisconsin Public Employers (WPE) Group Health Insurance Program offered by the State of Wisconsin Group Insurance Board. In general, this program offers health insurance to employees who are not enrolled in the WRS.

Wis. Stat. 40.02 (28) reads, in pertinent part: “Employer” means ...any county, city, village, town, school district, other governmental unit or instrumentality of two or more units of government now existing or hereafter created within the state, any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, a local exposition district created under subch. II of ch. 229, and a long-term care district created under s. 46.2895, except as provided under ss. 40.51 (7) and 40.61 (3). “Employer” does not include a local cultural arts district created under subch. V of ch. 229. Each employer shall be a separate legal jurisdiction for OASDHI purposes.

For employers not covered by Wisconsin’s Section 218 agreement with the Social Security Administration, the employer will be required to provide documents to ETF that show the employer would qualify for the Section 218 Agreement.

Insurance for non-employees (for example, currently insured or future retirees) is limited to health insurance following termination of employment through COBRA continuation.

Health Insurance Plans

The WPE Group Health Insurance Program provides an employee a choice of coverage between two types of plans. They can select an alternate health plan from a list of health maintenance organizations (HMOs) and preferred provider organizations (PPOs) offering a uniform medical benefits package called “Uniform Benefits.” Or, employees can select the nationwide Standard PPO Plan. Uniform Benefits do not apply to the Standard PPO Plan except for the prescription drug coverage that is administered through the Pharmacy Benefit Manager (PBM). Refer to the *It’s Your Choice Decision* and *Reference* guides (ET-2128d and ET-2128r, respectively) and applicable addendums (ET-2158, ET-2168 or ET-2169) for more details.

Alternate Health Plans - Depending on the geographic location, an employee may choose from a variety of alternate health plans that can be selected based on cost, quality of service, and access to specific physicians or other health care providers. Alternate health plans provide comprehensive benefits at a lower cost than the Standard PPO in exchange for some health care provider limitations.

Standard PPO Plan - The self-insured Standard PPO provides medical benefits for covered services from any qualified health-care provider, but with differences in reimbursement depending on whether participants go to an in-network or out-of-network provider.

Employee Eligibility

Currently insured employees, including part-time employees, are eligible for group health insurance coverage if the employer elects to participate in the WPE Group Health Insurance Program.

If you have questions about whether an employee or group of employees are eligible for health insurance coverage, contact the Employer Communication Center toll free at 888-533-5020 or locally at 608-266-3285 before submitting materials to begin the underwriting process.

Each employer may decide whether married employees who work for the same employer may each select single or family coverage or if they are eligible only for family coverage through one of the spouses.

Coverage for Surviving Spouse and Dependents

This program follows federal COBRA and state (632.897 Wis. Stat.) continuation of coverage requirements. Surviving spouse and dependents will be eligible to continue under COBRA for up to a 36-month period.

State continuation may provide for a longer coverage period under certain circumstances. Any surviving spouse and their dependents who are eligible for Medicare Part A and B will be eligible for up to 18 months under state continuation.

Medicare Not Required for Employees

For those who are Medicare eligible but still actively employed, there is no requirement that they or any dependent enroll in Medicare. Premiums for active employee coverage do not decrease when a member enrolls in Medicare Parts A and/or B.

Employee and Employer Cost

Employers **may not** provide payments to employees in lieu of coverage under this health insurance program. Employer contributions toward health insurance coverage are limited to those described in Wis. Stat. 40.51 (7) and administrative code ETF 40.10. Under the law, participating employers potentially have three structures available for establishing employer contribution toward premium—the 88% Calculation Method which must also align with the 105% calculation, the three-Tiered Premium Structure and the 105% Formula Method that is only available to those groups identified in the law following passage of 2011 Wisconsin Act 10. Contributions can vary by employee groups. A group can be defined by start dates, full-time equivalency, coverage type (single or family), collective bargaining agreements and/or geographic location. Contact ETF with questions.

1. If employers use the 88% Calculation Method, it must align with the 105% calculation. The 88% and 105% rate tables ETF provides indicate the maximum employer share. If a health plan's premium is equal to or less than the employer's share, the employer pays the entire premium. The employer may adjust the employer contribution downward to require employees who select low-cost plans to pay some amount. The employer must apply the same adjusted contribution rate equally to all employees within the same group, regardless of the plan they select. The criteria for a local employer using either the 88% Calculation Method or the 105% Formula Method are as follows:
 - Participating employers are allowed to pay up to the 88% of the average premium cost of the qualified tier one health plans within the service area of the employer (i.e., the county).
 - In addition, the 105% of the low-cost qualified health plan contribution method still applies. This method allows the employer to contribute toward the premium for any eligible employee an amount between 50% and 105% of the least costly qualified health plan within the county of the employer.
 - The minimum employer premium contribution for all local employees cannot be less than 50% for employees who work 1,044 hours or more per year or less than 25% for employees who work fewer than 1,044 hours.
2. The three-tiered premium structure is also available for employers to use to establish the maximum employee contribution toward premium. Each year the Group Insurance Board and its consulting actuaries rank and assign each of the available health plans to one of three "tier" categories. An employee's premium contribution is determined by the tier ranking of the health plan he or she selects. The criteria for a local employer to implement tiering is as follows:
 - The employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier.
 - The employee's single or family premium contribution must be the same for all plans in a given tier.
 - A number of provisions affect the amount an employer may contribute toward the employee cost of health insurance. Wisconsin's 2011 Act 10 also requires that participating local employers not pay more than 88% of the average premium cost of the qualified tier one health plans. If a collective bargaining agreement is in effect, the terms of that agreement regarding group health insurance apply. In addition, by Administrative Code ETF 40.10, the employer may not pay more than 105% of the least costly qualified health plan within the employer's county.
 - The employer may not pay less than 50% of the premium for employees who work 1,044 hours or more per year or less than 25% of the premium for employees who work fewer than 1,044 hours per year.

3. All employees of participating local employers are subject to the 88% maximum contribution method except those listed below. For these, the 105% formula applies or a tiering structure that aligns with the 105% formula may be used.
 - Represented employees who are subject to a collective bargaining agreement that was in place before June 28, 2011.
 - Non-represented managerial law enforcement or managerial fire-fighting employees initially hired by a local employer before July 1, 2011. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.
 - Represented law enforcement or fire-fighting employees initially hired before July 1, 2011, and who on or after July 1, 2011, became a non-represented law enforcement or fire-fighting managerial employee. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.

In these cases, the 105% of the low-cost qualified health plan contribution method still applies.

Health plans must have providers in the geographic area serving the majority of the employees in order to be considered in the employers' contribution formula; however, this does not limit the employee's choice of plans. Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective network providers.

Note: The State Maintenance Plan (SMP) will be designated as the low-cost qualified health plan in those counties where other plans do not meet the minimum provider qualification requirements. In those counties, the 88% formula is based on SMP rates.

For health plan premium rates, refer to the *It's Your Choice Decision Guide* (ET-2128d), or applicable addendums for the *Coinsurance* (ET-2168), *Deductible* (ET-2158) or *High Deductible Health Plan* (ET-2169) program options. Premiums change annually on January 1.

Employer contributions must begin no later than the first of the month following the employee's completion of six months of qualified employment (see Enrollment Periods for New Employees in this booklet) with the present employer or at an earlier date, if mutually agreed upon by the employer and employee. Beginning January 1, 2014, in order to avoid penalties that may be assessed if coverage is found to be 'unaffordable' under federal health care reform, you may want employer contributions to begin no later than the first of the month preceding the employee's completion of 90 days of qualified employment.

How to Join

A Wisconsin Public Employer that meets the requirements of Wis. Stat. 40.02 (28) may enter the WPE Group Health Insurance Program at the beginning of any quarter, following group underwriting.

Underwriting will determine whether the group may join at the rates published in the *It's Your Choice* booklet (ET-2128) or addendums (ET-2158, ET-2168 or ET-2169), or whether the group must pay an additional per contract per month surcharge added to the published rates, as determined by the Group Insurance Board's actuary, for an average of 24 months. The surcharge will be applied if the group's risk is determined to be detrimental to the existing pool. Per the contract, the surcharge cannot be appealed.

Once ETF receives all the required information, the underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1 or October 1. A blank checklist detailing the information required for submittal is included in this booklet. The *Large Group Underwriting Checklist* for groups with 51 or more active employees appears on pages 11 and 12. The *Small Group Underwriting Checklist* for groups of 50 or fewer active employees appears on page 13.

An employer may enroll its participants in the Traditional HMO (Program Option P02), the Coinsurance HMO (P06), the Deductible HMO (P04) or High Deductible Health Plan (PO7) Option. Each of these program options also offers employees the choice of a Standard PPO Plan. There are differing levels of deductible and coinsurance in these PPOs to align with the cost savings of the applicable Alternate Plan or HMO option. An employer may elect to provide Traditional and other options separately to collective bargaining units as approved by ETF. See the following chart, addendums (ET-2158, ET-2168 and ET-2169) or the *It's Your Choice Reference and Decision* guides (ET-2128r and ET-2128d) for more details.

**Wisconsin Public Employees
Non-Medicare Benefits
Program Options Effective January 1, 2015**



NON-MEDICARE BENEFITS		Program Option 2	Program Option 4	Program Option 6	Program Option 7
		'Traditional'	'Deductible'	'Coinsurance'	'High Deductible - HDHP'
UNIFORM BENEFITS	(For HMOs and some PPOs: benefits described for services at plan providers only)	Traditional Uniform Benefits (No deductible or coinsurance.)	\$500 Single / \$1,000 Family deductible except as required by federal law. After deductible is met, Uniform Benefits apply	90%/10% coinsurance to \$500 Single / \$1,000 Family out-of-pocket limit, except as required by federal law. After coinsurance is met, Uniform Benefits apply	\$1,500 Single / \$3,000 Family deductible and 90%/10% coinsurance (most services) to \$2,500 Single / \$5,000 Family out-of-pocket limit, applies to allowable medical, prescription drug and applicable dental services except as required by federal law. After coinsurance is met, Uniform Benefits apply.
	Freedom of Choice type Benefit:	Standard PPO	Standard PPO	Standard PPO	Standard PPO HDHP
STANDARD PPO BENEFITS	Deductible (Unless otherwise noted, it is an overall deductible)	<i>In-Network:</i> \$100 Single / \$200 Family <i>Out-of-Network:</i> \$500 Single / \$1,000 Family	<i>In-Network:</i> \$500 Single / \$1000 Family <i>Out-of-Network:</i> \$1,000 Single / \$2,000 Family	<i>In-Network:</i> \$250 Single / \$500 Family <i>Out-of-Network:</i> \$500 Single / \$1,000 Family	<i>For allowable medical, dental (if available) and prescription drug claims:</i> <i>In-Network:</i> \$1,700 Single / \$3,400 Family <i>Out-of-Network:</i> \$2,000 Single / \$4,000 Family
	Coinsurance	<i>In-Network:</i> 100% / 0% <i>Out-of-Network:</i> 80% / 20%	<i>In-Network:</i> 80% / 20% <i>Out-of-Network:</i> 70% / 30%	<i>In-Network:</i> 90% / 10% <i>Out-of-Network:</i> 70% / 30%	<i>In-Network:</i> 90% / 10% <i>Out-of-Network:</i> 70% / 30%
	Annual out-of-pocket limit (Includes deductible & coinsurance)	<i>In-Network:</i> \$100 Single / \$200 Family <i>Out-of-Network:</i> \$2,000 Single / \$4,000 Family	<i>In-Network:</i> \$2,000 Single / \$4,000 Family <i>Out-of-Network:</i> \$4,000 Single / \$8,000 Family	<i>In-Network:</i> \$1,000 Single / \$2,000 Family <i>Out-of-Network:</i> \$2,000 Single / \$4,000 Family	<i>For allowable medical, dental (if available) and prescription drug claims:</i> <i>In-Network:</i> \$3,500 Single / \$7,000 Family <i>Out-of-Network:</i> \$3,800 Single / \$7,600 Family

Employer premiums are structured using either the “88% Calculation Method aligned with the 105% calculation” or the “3 Tiered Premium Structure” described on pages 2 and 3.

Minimum Participation Requirements

Large employers (with 51 or more eligible participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are all employees who are currently actively employed. Small employers (50 or fewer participants) must meet the following enrollment levels. The program has adopted the minimum participation standards outlined in WI Administrative Code INS 8.46 (2). If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a “waive” and is deducted from the group of “Eligible Employees” by the Office of Commissioner of Insurance (OCI):

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of their annualized gross earnings

Note: Employees who decline initial coverage for any other reason remain in the count of “Eligible Employees.”

The Group Insurance Board has adopted the OCI mandates regarding minimum enrollment after removing “waives” from the Group Size Count:

Group Size	Minimum Enrollment
1	1
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

Note: An employer may *only* deduct the allowable “waives” from the overall group when the initial group size of employees that participate is 50 or fewer.

Following underwriting, the public employer will be notified what surcharge will be applied, if any. The employer may then elect to join the WPE Group Health Insurance Program by filing a resolution 90 days prior to the effective date. Blank resolution forms are included at: [Resolution for Inclusion Under WPE Group Health Insurance \(ET-1324\)](#). Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

Public Employer	Corresponding Governing Body
County	County Board
City	Common Council
Village	Village Board
Other Political Subdivisions	Governing Board

Following underwriting, and 90 days after receipt of a resolution at ETF and an *Online Network For Employers Security Agreement (ET-8928)*, coverage will be effective on the first day of the quarter, unless the next quarter start date is specified.

Mail resolution and security agreement to:

Department of Employee Trust Funds
 Division of Retirement Services, Employer Services
 P.O. Box 7931
 Madison, WI 53707-7931

After the resolution is filed, there will be an initial enrollment period. During this period the minimum participation level must be met, based on the number of WRS eligible employees electing coverage under this program, or the resolution will be rejected. Applications filed during the initial enrollment period **must be received by ETF at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.**

Please note that if you wish to retain a second group health plan for one or more of your bargaining units, use the special resolution at: [Resolution for Inclusion Under Second Group Health Plan \(ET-1325\)](#). See pages 7 and 8 for more information.

Signing Up for ETF E-mail Updates for Local Employer Bulletins: Group Health Insurance

Once a resolution is filed to join the WPE Group Health Insurance Program, the employer agent is required to sign up for *ETF E-mail Updates*. ETF delivers *Local Employer Bulletins*, *Group Health Insurance* and other employer announcements, **exclusively** through ETF E-mail Updates. ETF E-mail Updates is an automated system that uses e-mail to notify interested parties about specific topics when new information is posted to

ETF's website. When either a new *Employer Bulletin* or an employer announcement is available at etf.wi.gov, subscribers will receive an e-mail with a link to it. There is no charge to subscribe to this service.

All employer agents must follow the steps outlined below even if currently subscribed to ETF E-mail Updates. The topics agents will subscribe to are employer specific and allow for more extensive communication from ETF.

Though we encourage all employer agents to subscribe through the process below, **we also suggest that your organization subscribe a shared, general e-mail address that may be accessed by others when an employer agent is unavailable.** It is the employer agent's responsibility to maintain a working e-mail address in the ETF E-mail Updates system.

How to Subscribe:

1. TYPE <http://etf.wi.gov/employer-updates.htm> into your Internet browser.
2. Click on an Employer Bulletin link that represents a program your organization offers.
3. Enter your e-mail address and click the Submit button.
4. On the Success screen click on Subscriber Preferences.
5. Select the Questions tab. This question will verify that your organization has fulfilled its responsibility by subscribing to the ETF E-mail Update system.
6. Select the organization you work with from the drop down menu.
7. Click Submit.

Local Employers: Repeat steps 1 through 3 above, selecting the Local Employer Bulletin for each ETF-administered program your organization offers. You cannot sign up for all bulletins at one time. Return to hyperlink <http://etf.wi.gov/employer-updates.htm> as these topics **do not** appear in the Quick Subscribe page.

Prevent Emails From Delivery to SPAM Folder:

Add etfwi@public.govdelivery.com to your email address book to prevent *Employer Bulletins* from ending up in a SPAM folder. If you use a spam filter, add etfwi@public.govdelivery.com to the whitelist.

If you have questions, please call the Employer Communication Center: 1-877-533-5020 or locally at 608-266-3285.

Initial Enrollment Opportunity for Current Active Employees

At the time of initial enrollment, employees may select any of the health plans offered by the group health insurance program. There are no limitations on coverage of pre-existing conditions for eligible employees. In the following situations, however, employees are limited to enrollment in the Standard PPO Plan, if:

- the employer did not provide health insurance coverage to its employees prior to joining this program;
- the employee is not insured under the employer's current health insurance program or under another group health insurance plan administered by ETF at the time the resolution to participate is filed and wishes to enroll for coverage under this program;
- the employee is insured for single coverage and wishes to enroll for family coverage; or
- the employee is hired after the approval by the employer of the Resolution of Inclusion and before the effective date.

Note: Currently uninsured employees must be appointed to work at least 1200 hours (2/3 time) and for at least one year to be eligible to enroll under the Standard PPO Plan.

The employee may select a different health plan during the next It's Your Choice Open Enrollment period that occurs after their effective date of coverage.

Any person who is part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

It's Your Choice Open Enrollment

It's Your Choice Open Enrollment represents an opportunity for **employees** to change health plans, switch

from single to family coverage, change from family to single or to newly elect coverage. This option is only available once each year (usually in October), with the coverage to be effective January 1 of the following year. During this enrollment period, insured and uninsured employees may elect any health plan offered without incurring waiting periods or submitting evidence of insurability.

Late Enrollment

Employees choosing not to enroll when initially eligible and who do not have a qualifying event are limited to enrollment during the It's Your Choice Open Enrollment period.

Other Enrollment Opportunities

Refer to the It's Your Choice Frequently Asked Questions online at:

http://etf.wi.gov/members/IYC2015/IYC_Local_faq.html.

Enrollment Periods for New Employees

Once an employer is effective in this program, any newly hired employee appointed to work at least 1,200 hours and for at least one year may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium. The employer premium contribution must begin no later than the first of the seventh month following the employee's hire date. Beginning January 1, 2014, in order to avoid penalties that may be assessed if coverage is found to be 'unaffordable' under federal health care reform, you may want employer contributions to begin no later than the first of the month preceding the employee's completion of 90 days of qualified employment.

Coverage becomes effective the first of the month following the employer's receipt of the completed application.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents include the employee's spouse, domestic partner and unmarried children up to age 26 as required by law. See the *It's Your Choice: Reference Guide* (ET-2128) for a complete definition of dependent.

Continuation (COBRA)

The option to continue group health insurance coverage, as permitted by state or federal law, at group rates will be available to:

1. Employees and covered dependents for 18 months if the employee ceases to be eligible for group coverage because of termination of employment (including retirement) or transfer into non-eligible employment.
2. Employees and covered dependents for 36 months, if the employee ceases to be eligible for group coverage because of layoff.
3. The spouse of an insured employee for 36 months who loses coverage due to divorce.
4. Dependent children for 36 months who lose dependent status.
5. Dependents for 36 months who lose coverage due to the employee's death.

Conversion

The opportunity to convert to non-group health insurance coverage at **non-group rates** is available to any person eligible for continuation of coverage and any person who has exhausted their 18, 29 or 36 months of continuation of coverage. Conversion is not available at the time of retirement or for retirees following COBRA continuation. Conversion is available from all plans, provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

Alternatively, individuals may want to explore options under the federal Marketplace.

Retaining a Second Group Health Insurance Plan

Employers wishing to join the WPE Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units or that portion of employees that are the result of a municipality's division or merger may do so only under the following provisions:

1. **Overall Participation.** It must be demonstrated to the satisfaction of the Group Insurance Board that

excluding such a subgroup will not be detrimental to this program. Regardless, the minimum participation level must be met. This is based on the number of **all** your eligible employees.

2. **Standard PPO vs. Alternate Health Plans.** If less than 50% of the employees enrolling in this program elect the Standard PPO coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other Standard PPO participants in this group health insurance program. The maximum increase in the PSC would be \$10 per month.
3. **Contract.** A newly participating employer must agree to continue participation in the WPE Group Health Insurance Program for a minimum of three years.

Termination of Participation

Participation in the Group Health Insurance Program is optional. The program permits an employer to withdraw from the program at the end of any calendar year if a [Resolution to Withdraw from the Wisconsin Public Employers Group Health Insurance Program \(ET-1318\)](#) is received by ETF by the preceding October 15 to be effective at the end of the calendar year.

Employers whose participation falls below the established participation requirements will be informed by ETF of their status. Following an employer's withdrawal from the program, any participant who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This includes any employee or dependent of an employee who is on continuation coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the WPE Group Health Insurance Program cannot reapply for participation in the program for three years.

Failure to execute the withdrawal resolution by October 15 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program due to the employer's failure to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

More Information

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds
Division of Retirement Services, Employer Services
Employer Communication Center
P. O. Box 7931
Madison, WI 53707-7931
Phone: (608) 266-3285
Toll free: (877) 533-5020
Email: etfhealthandins@etf.wi.gov
Fax: (608) 266-5801
Internet site: etf.wi.gov

Resolution for Inclusion Forms

[Resolution for Inclusion Under WPE Group Health Insurance \(ET-1324\)](#)

[Resolution for Inclusion Under Second Group Health Plan \(ET-1325\)](#)

**Wisconsin Public Employers, Non-WRS
Large Group Underwriting Checklist/Questionnaire**
(For groups with 51 or more eligible active employees.)

All Information must be sent to Employer Services at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Road, Madison, WI 53713-2526
Fax (608) 266-5801

- Check made out to WPS Health Insurance for cost of Underwriting for \$1,000.
- Check made out to Segal Consulting for cost of Underwriting for \$1,400.
- Employer Questionnaire checklist from ET-1156 (this form).
- Group Name: _____.
- Employer Identification Number (EIN) _____.
- Federal Employer Identification Number (FEIN) _____.
- Group Contact (name) _____.
- Group Contact phone _____ Fax _____.
- Email Address _____.
- Group Physical Address: _____

_____.
- County Location of Employer: _____.
- Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
- Number of *all* employees on payroll including part time and seasonal: _____.
- Number of employees eligible to participate in the WPE Group Health Insurance Program, including part time and seasonal: _____.
- US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): # _____.
- What is your anticipated employer contribution?: _____.
- What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
- Current insurance carrier & years enrolled: _____.
- Most recent State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names. This report can be sent by secure email to etfhealthandins@etf.wi.gov or mailed with this checklist.
- Send electronic census data by secure email to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist. Your census data will be for all eligible employees (noting those employees who are in their probationary period), former employees receiving COBRA benefits (include COBRA end date) and employees waiving coverage under the current benefit plan. Census data should include:
 - The employee by name, employee number, or numeric assigned number
 - Date of birth or age
 - Sex
 - Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family, employee/spouse/children) preferable. At a minimum EE and F.
 - Zip code of the employee's address

Continued on next page.

- **For current self-funded groups and insured groups with experience data, send by secure email to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist:**
 - Twenty-four months (month by month, 12 months minimum) of claims data
 - Enrollment data (month by month summary of enrollment by single, limited family, family)
 - Benefit plans in force for each year of rate history
 - Employer contribution
 - High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **Note: Claims data cannot include name, Social Security number, or any information that would identify the individual.**
 - Current rates by benefit plan. For self-funded groups, current COBRA/funding rates and/or current specific stop loss, aggregate stop loss, and administrative fees and aggregate factors by plan.

- **For insured groups with carriers who do not provide experience data, send by secure e-mail to etfhealthandins@etf.wi.gov or on disc that is mailed with this checklist*:**
 - 3 years of rate history and renewal calculations, including renewal rates
 - Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
 - Benefit plans in force for each year of rate history
 - High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **Note: Claims data cannot include name, Social Security number, or any information that would identify the individual.**

* Note: Groups that consist of 51 to 100 active employees may have to request this information, in writing, from their current plan. If it is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.

**Wisconsin Public Employers, Non-WRS
Small Group Underwriting Checklist/Questionnaire**
(For groups with 1-50 eligible active employees.)

All Information must be sent to Employer Services at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 266-5801

- Check made out to ETF for a portion of the cost of Underwriting for \$250.
 - Employer Questionnaire checklist from ET-1156 (this form).
 - Group Name: _____.
 - Employer Identification Number (EIN) _____.
 - Federal Employer Identification Number (FEIN) _____.
 - Group Contact (name) _____.
 - Group Contact phone _____ Fax _____.
 - Email Address _____.
 - Group Physical Address: _____

_____.
 - County Location of Employer: _____.
 - Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
 - Number of *all* employees on payroll including part time and seasonal: _____.
 - Number of employees eligible to participate the WPE Group Health Insurance Program, including seasonal: _____.
 - US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #_____.
 - What is your anticipated employer contribution?: _____.
 - What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
 - Current insurance carrier and years enrolled with current carrier: _____
_____.
 - Small Employer Uniform Employee Application for Group Health Insurance (OCI 26-501) completed by each eligible employee. The application is available online at <http://www.oci.wi.gov/ociforms/26-501.pdf>
 1. Those applying for coverage must complete sections I through IV and VI, VII and X.
 2. Those waiving coverage must complete sections I and V only.
- Due to private health insurance information, completed Uniform Employee Applications must be inserted in sealed envelopes marked as Confidential with the employee's name and returned to the employer.***
When **all** Uniform Employee Applications are received, the employer will submit them in their individually sealed envelopes with all other required documents, 120 days prior to the effective date selected.
- State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names.
 - Recent health insurance carrier bill listing all covered employees.
 - Provide a copy of the carrier's current benefits and rates.

Note: If this information is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 1-800-947-3529; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 1-800-833-7813).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 1-800-947-3529)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 1-800-947-3529)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).