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**The Wisconsin  
Public Employers  
Group Life  
Insurance Program**

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Department of Employee Trust Funds  
Wisconsin Retirement System  
P.O. Box 7931  
Madison, Wisconsin 53707-7931

ET-2101 (Rev 11/2017)

This Brochure is Your Certificate of Participation.

Read this brochure carefully. It provides a description of your group term life insurance protection and is your certificate of participation, provided that a valid enrollment form is on file with the Department of Employee Trust Funds and premiums are being paid. You are responsible for reviewing your payroll records and statements of fringe benefits regularly to be sure that premiums are being properly deducted. Discrepancies should be reported to your employer immediately. Coverage may lapse if the required premiums go unpaid for 60 days.

Whenever the insurance program is modified substantially, revised copies of this brochure will be made available. Keep this brochure in a safe place with your other important papers.

Every effort has been made to assure that the information in this booklet is accurate. In the event of conflicting information, state or federal statutes, state insurance contracts, and the policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed. In the event of any discrepancies between the policy and this booklet, the policy shall be followed.

**Please note that the most updated version of this booklet can be found online at <http://etf.wi.gov/publications.et2101.pdf>.**

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# 1

## INTRODUCTION

The Wisconsin Public Employers Group Life Insurance Program (the Program) is a benefit provided under the Wisconsin Retirement System and is available to employees of the State of Wisconsin and employees of participating Wisconsin local government employers. The Program is governed under Chapter 40 of the Wisconsin State Statutes, Wisconsin Administrative Code and the life insurance policy between the Wisconsin Group Insurance Board and Securian Financial Group, Inc. (Securian). The Wisconsin Group Insurance Board is the policyholder and is responsible for Program oversight. The Wisconsin Department of Employee Trust Funds (ETF) has overall responsibility for administration of the Program. Securian and its affiliate, Minnesota Life, underwrite and assist ETF with administration of the Program.

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## ELIGIBILITY

You may enroll if your employer participates in the Program, you are an eligible employee in accordance with Wisconsin Statutes 40.02(25)(a) or (c), whether full time or part time, and you are under age 70. You may enroll if you are included under a private pension plan with a participating local government employer.

Any blind employee qualifying under Wisconsin Statutes 40.02(25)(a)(3) is eligible.

Employees who reach age 70 before becoming eligible for coverage may be insured only under the Additional Plan if their employer offers the plan, if the employee provides evidence of insurability satisfactory to Securian.

Rehired annuitants who have continued coverage during retirement, who subsequently return to employment as a WRS participating employee in accordance with Wisconsin Statutes 40.02(46), may choose between retaining the annuitant coverage or enrolling for coverage as an eligible employee for the plans available through the employee's employer.

An employee who returns to work as an eligible employee with the same employer within 30 days after termination of employment or after a leave of absence without earnings, during which time coverage lapsed, is eligible to apply for the plans and amounts in effect prior to termination or leave of absence, except plans that have been cancelled by the employee.

## **3** **ENROLLMENT**

### **A. Enrollment When First Eligible**

If you are under age 70, you may obtain coverage by completing an application provided by your employer. Applications must be submitted within 30 days of hire.

### **B. Enrollment Upon Return from Leave of Absence**

If you return to employment after a leave of absence without earnings, during which time coverage lapsed, you may enroll without evidence of insurability for the plans of insurance in effect prior to your leave. You also may apply for any new coverage that your employer made available to all employees for the first time during your leave. You may not enroll in any plan which you previously declined or cancelled. Your application must be submitted within 30 days of your return to work.

### **C. Enrollment for Change in Employment Class**

A change in employment class or a change in appointment does not provide you with an open enrollment unless the change resulted from a termination of employment. However, if you have a change in employment class that requires your employer to provide you with 100% employer-paid coverage under its employment contract for an entire employment class, you will be eligible for an open enrollment only for the plans that are 100% employer paid. You will have 30 days to enroll from the date you became eligible for 100% employer paid coverage.

### **D. Enrollment Due to Family Status Change Event**

You may enroll in Basic coverage, or increase your employee coverage by one level, and enroll in one or two units of Spouse and Dependent coverage without evidence of insurability if application is made within 30 days of gaining a dependent as defined in ETF 10.01(2) due to one of the following:

1. the date of the employee's marriage or
2. the date of birth, adoption, placement for adoption, or award of legal guardianship of a dependent child.

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

## **E. Enrollment Under Evidence Of Insurability**

If you do not enroll for all available coverage within 30 days of first becoming eligible, or within 30 days of a family status change event, as described above, you may obtain coverage by providing Securian, with satisfactory evidence of insurability. The Evidence of Insurability Application form (ET-2305) must be received by Securian prior to your 70th birthday for the Basic and Supplemental Plans of insurance. However, the Evidence of Insurability Application may be received by Securian at any age for the Additional Plan.

Employees who become an eligible employee at age 70 or later are not eligible for the Basic or Supplemental Plans. They are eligible to apply for the Additional Plan but are required to provide evidence of insurability.

The Evidence of Insurability Application form is available from your employer and on ETF's internet site at <http://etf/wi/gov>. You and your employer will receive written notice when the coverage becomes effective or if it is denied. Securian may contest payment of any benefit for up to two years after coverage begins.

## **F. Effective Date of Insurance**

Your insurance becomes effective, if you are an eligible employee and have filed an application in accordance with the enrollment provisions described above, on the first day of the month following 30 days from the date of hire, the first day of the month following 30 days from return from an approved leave of absence, or the first day of the month following 30 days from the date of the qualifying family status change event, whichever is applicable.

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.

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

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## ***AMOUNT OF LIFE INSURANCE DURING ACTIVE EMPLOYMENT***

When you first become insured through your current employer, your amount of insurance is an estimate determined by your employer. The estimate is based on the employer's projection of your earnings for the next twelve months rounded to the next higher \$1,000 if not already an even \$1,000. On the January 1 that immediately follows the date you became insured, the amount of

insurance is based on the higher of the estimated earnings or the actual earnings in the previous calendar year. On each January 1 thereafter your insurance amount will be based on your highest prior calendar year's actual earnings with your current employer.

“Earnings” means the total salary or wages paid to you by your employer during the previous calendar year. This includes deferred compensation, tax shelter arrangements and allowances provided for you in lieu of money. For employers that provide employees a private pension plan, “earnings” has the same meaning as above and are reported by your employer to Securian.

Each local government employer is a separate employer and the State of Wisconsin is considered one employer for life insurance purposes.

If your earnings increase above the current level of coverage, your insurance coverage will increase January 1 of the following year. If your earnings decrease, your insurance coverage will not decrease unless you request a reduction of insurance in writing or unless your calendar year earnings after one full year of employment are less than the coverage amount that was based on the prior year's estimate.

### **Basic Plan**

Except as provided above, under the Basic Plan you will have insurance equal to the earnings paid to you by your employer during the previous calendar year rounded to the next higher \$1,000.

If you are employed when you reach age 70, your premiums will be discontinued and the amount of your Basic insurance will be adjusted as shown in the Continuing Coverage Table in Section 14. The adjustments shown in the Continuing Coverage Table do not apply to employees under age 70.

When the governing body of an employer adopts a resolution to participate in the Program and makes insurance available for the first time to its employees, eligible employees who are age 70 and older on the effective date of the Basic Plan, will receive an amount of insurance equal to the final reduced amount provided in the Continuing Coverage Table in Section 14.

### **Supplemental Plan**

You must have Basic coverage and your employer must participate in the Supplemental Plan to be eligible for the Supplemental Plan. This plan provides life insurance coverage in addition to the Basic Plan at one times your previous year's earnings, rounded to the next higher \$1,000. If you are employed when you reach age 70, your premiums will stop and your Supplemental insurance coverage will terminate.

If you have continued the Supplemental Plan following termination of employment or retirement, coverage will end at age 65.



## **Additional Plan**

You must have Basic coverage and your employer must participate in the Additional Plan to be eligible for the Additional Plan. This plan provides life insurance in addition to the Basic Plan at up to three times your prior year's earnings. If you are employed when you reach age 70, your coverage will continue until you terminate employment, cancel coverage or stop paying premiums, whichever is earliest. If you have continued the Additional Plan following termination of employment or retirement, coverage will end at age 65.

When the governing body of an employer adopts a resolution to participate in the Additional Plan and makes it available for the first time to all its employees, eligible employees who are age 70 and older on the effective date of the Additional Plan are required to provide evidence of insurability satisfactory to Securian, if they wish to enroll in the Additional Plan.

The Additional Plan does not include waiver of premium or accidental death and dismemberment benefits for insureds who are age 70 and older.

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## **COST OF INSURANCE**

### **Cost To You**

Your monthly premiums are determined as of April 1 of each year if you are a state employee and as of July 1 of each year if you are a local government employee, based on your age on that date and your amount of insurance. The monthly rates for Basic, Supplemental and Additional insurance are available from your employer, ETF or Securian. Rates could change annually. You can also find current premium rates (ET-2164) on ETF's Internet site at <http://etf.wi.gov>.

Premiums are due for each month during which your group coverage is in force beginning on the first day of the month following 30 days from the date of hire. When an insured retiree turns age 65 no premiums will be deducted from the insured's annuity. If you are between age 65 and age 69 when you retire, your last premium is due for the month in which you retire.

### **Cost To Your Employer**

#### ***Basic Plan***

If you are a state employee, your employer pays an additional 65.25 percent of the employee Basic premium. If you are a local government employee whose employer has chosen to provide continued post-retirement coverage at the 50 percent-of-Basic level, your employer pays an additional 40 percent of the employee Basic premium. All



other employers pay an additional 20 percent of the employee Basic premium. This provides post-retirement coverage at the 25 percent-of-Basic level. The employer’s cost is authorized by the Group Insurance Board and is subject to change.

***Supplemental Plan***

If you are a state employee, your employer pays an additional 37.25 percent of the employee Supplemental rate. No employer contribution is required of local government employers.

***Additional and Spouse and Dependent Plans***

No employer contribution is required. Employees pay the full cost of coverage.

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***ACCIDENTAL DEATH, DISMEMBERMENT  
AND LOSS OF USE INSURANCE***

**A. Benefits**

The amount of Accidental Death, Dismemberment, and Loss of Use (AD&D) coverage is equal to the total amount of your insurance under the Basic, Supplemental and Additional coverages. This amount of coverage is also referred to as the “Principal Sum.” Payment of benefits under the Accidental Death, Dismemberment and Loss of Use coverage is in addition to any payment under the Basic, Supplemental and Additional coverages. If you suffer more than one of the losses listed below in Coverages A and B because of any one accident, payment will be made only for the loss for which the largest amount is payable, but not more than the Principal Sum. If you receive payment for a loss under this policy and later incur another loss, payment will be made for that loss regardless of any previous loss. However, under no circumstances will more than one payment be made for the loss or loss of use of the same limb(s), or part thereof, or member(s).

This coverage continues while your insurance is in force and you are:

- employed and under age 70, or
- retired and under age 65, or
- on a disability waiver of premium.

## Coverage A – Loss Of Life, Limb Or Sight

<b>Loss</b>	<b>Benefit Payment</b>
Life	Principal sum
Two or more members	Principal sum
One member	One-half of principal sum
Thumb and index finger on same hand	One-fourth of principal sum

“Member” means hand, foot or eye. Loss of hand or foot means actual severance through or above the wrist or ankle joint. Loss of sight means the entire and irrecoverable loss of sight. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal (close to the palm of the hand) joint. Above the wrist and metacarpophalangeal joints means towards the elbow; above the ankle joint means towards the knee.

Benefits for loss of life will be paid to your beneficiary. Benefits for any other loss will be paid to you.

## Coverage B – Permanent And Total Loss Of Use

<b>Loss</b>	<b>Benefit Payment</b>
Each hand or foot from wrist or ankle	One-fourth of principal sum
Each arm or leg from shoulder or hip.	One-half of principal sum

Permanent and total loss of use means the permanent and total loss of the ability to function because of incurable paralysis or stiffening. The requirements of your occupation or profession are not considered when determining your right to this benefit. Permanent and total loss of use of arm or leg means the permanent and total loss of use to the entire arm or leg, including loss of use of the attached hand or foot.

### **B. Requirements**

For payment of AD&D benefits under Coverages A and B, your injury and loss must:

1. Result from a bodily injury which was unintended, unexpected and unforeseen, as shown by a visible contusion or wound on the exterior of the body (except in the case of drowning).
2. Be suffered through external, violent and accidental means.
3. Be the direct result of that injury.
4. Be independent of all other causes.
5. Occur within one year of the date of the accident.
6. Occur while your coverage is in force.

### **C. Limitations**

In no event will the AD&D benefit be paid where the loss is caused directly or indirectly by, results from, or there is contribution from, any of the following:

1. Self-inflicted injury or self-destruction, whether sane or insane.
2. Suicide or attempted suicide, whether sane or insane.
3. Participation in or attempt to commit a crime, assault, or felony.
4. Bodily or mental infirmity, illness or disease.
5. The use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage.
6. Motor vehicle collision or accident where the employee is the operator of the motor vehicle and the employee's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto.
7. Infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.
8. Medical or surgical treatment or diagnostic procedures or any resulting complications.
9. Travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier, or except for an employee who is a pilot, crew member or passenger on an aircraft owned, operated or leased by a state or local government employer and being used for business of that employer.
10. War or any act of war, whether declared or undeclared.

### **D. Notice And Proof Of Injury**

A claim form for Accidental Dismemberment Total and Permanent Loss of Use or Loss of Sight should be requested directly from Securian.

This form or written notice of an injury on which a claim may be based, must be given to Securian within 30 days after the accident causing the loss unless it is shown not to have been reasonably possible to give such notice prior to the date it is presented. Instructions for filing a proof of loss will accompany the claim form. Securian may require a claimant to be examined at the Securian's expense while a claim is pending.

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## **Spouse And Dependent Coverage**

### **Definitions**

“Spouse” means your lawful husband or wife.

“Dependent” means your children, including natural children, stepchildren, adopted children, legal wards and children in adoptive placement under Wis. Stats. §48.837(1). Children are eligible from live birth (stillborn and unborn children are not eligible) to the attainment of age 26. A child who is age 26 or older is also eligible if he or she is incapable of self-support because of a physical or mental disability which is expected to be of a long-continued and indefinite duration.

### **Eligibility**

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

### **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 30 days after:

1. The date the employee first qualifies with that employer as an eligible employee under Wisconsin Statutes 40.02(25)(a) or (c) provided the employee enrolls in the Basic Plan; or
2. One of the following changes:
  - a. The date of the employee’s marriage,
  - b. 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 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.

## **Evidence of Insurability for Spouse and Dependent**

Evidence of insurability is required if you enroll or increase coverage after the enrollment period ends, as described above.

If you cancel your coverage because you no longer have an eligible spouse or dependent, you may re-enroll without evidence of insurability within 30 days of a qualifying family status change event.

## **Effective Date of Insurance**

If an eligible employee enrolls for Spouse and Dependent coverage on an application in accordance with the enrollment provisions in this section, the effective date of insurance shall be the first day of the month following 30 days from the date of hire, the first day of the month following 30 days from return from an approved leave of absence, or the first day of the month following 30 days from the date of the qualifying family status change event, whichever is applicable.

For a spouse 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.

## **Amount of Coverage**

If you meet eligibility requirements, you may apply for one or two units of Spouse and Dependent term life insurance. You may not elect more than two units of coverage even if you are employed by more than one participating employer. However, you and your spouse may both elect Spouse and Dependent coverage if both employers offer it. 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

## **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 you have to insure. Contact ETF, your employer, or Securian for current premium information. You can also find current premium information on the *Life Insurance Rates* form (ET-2164) on ETF's Internet site at <http://etf.wi.gov>.

## **Coverage During Disability**

If you become disabled as explained in Section 9, "Disability Waiver of Premium Benefit," you can continue Spouse and Dependent life insurance coverage until age 65 without premium payments, as long as your disability continues and you continue to be covered under the Basic Plan.

## **Coverage During An Approved Leave Of Absence, Layoff, Or While Appealing A Discharge**

Spouse and Dependent coverage may be continued during any approved leave of absence or layoff subject to the conditions specified in Section 10, "Coverage During Leave of Absence", or while employee is appealing a dismissal, subject to the conditions specified in Section 11, "While Appealing A Dismissal".

## **Conversion To An Individual Policy**

When coverage on your insured spouse or dependent child terminates, he or she may convert to an individual policy. The application for conversion and first premium payment must be received by Securian within 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 your death, your spouse and dependent(s) will have 90 days from the date of your death to convert. Spouse and Dependent coverage must have been in effect for the entire six-month period preceding termination of coverage. You may obtain the conversion application (ET-2306) from your employer, ETF, Securian, or ETF's Internet site at <http://etf.wi.gov>. Completed applications for conversion should be sent to Securian.

## **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 Section 13, "Termination of Employee's Insurance," or reaches age 70; or

3. For an individual whose premiums are waived under the section entitled Section 9, "Disability Waiver of Premium Benefit," the date the individual reaches age 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 Wisconsin Statutes 40.02(25); or
6. For a spouse, the date a divorce decree is entered; or
7. Ninety days after the death of the employee; or
8. For a dependent other than one described in (10) below, upon reaching age 26; or
9. 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
10. The date this coverage is terminated.

Insurance coverage shall be considered lapsed if an employee who is receiving earnings fails to make required premium payments during a consecutive 60-day period, commencing with the first day for which premiums have not been paid, except where the employer has elected to pay the entire premium for all its employees. Cancellation under this provision shall not preclude the employee from obtaining life insurance coverage after the 60 days have elapsed, if premiums were omitted as a result of employer payroll deduction error and all past due premiums are paid.

### **Cancellation Of Coverage**

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

### **Beneficiary**

You (the employee) are the beneficiary in the event of the death of your spouse or dependent. In the case of simultaneous deaths of you and your spouse or dependent child, payment will be made to your estate.



## Payment Of Benefits At Death

Upon the death of an insured spouse or dependent, contact your employer's payroll and benefits office to report the death. They will assist you in completing the proper form for reporting the death of the insured and will submit it to Securian.

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## *BENEFITS PAYABLE DURING YOUR LIFETIME*

### Living Benefits

If you are an insured person, employee, annuitant, spouse, or dependent, you may apply to receive all or part of the value of your life insurance coverage while still living, provided you are diagnosed with a terminal condition caused by illness or injury and have a life expectancy of 12 months or less.

The benefit amount must be equal to an amount provided under a plan of insurance or a multiple of plans. You may request a Living Benefit more than once, provided you have not exhausted all your coverage. In no event are you allowed to claim more benefits than the amount for which you are insured. Any value remaining at death will be paid to your beneficiary(ies), or to you if the coverage is the Spouse and Dependent Plan. **Living Benefits may be taxable to the recipient as regular income in the year of payment.**

The amount of life insurance eligible for a living benefit payment shall be the total amount of insurance in force on the life of the insured on the date Securian receives the application for a living benefit payment.

An eligible insured may request the payment of a living benefit by completing the Application for Living Benefits form (ET-2322). The insured's life insurance must be in force and all required premiums must have been fully paid. Medical evidence will be requested by Securian after you file the application. Securian's determination regarding the applicant's eligibility for the living benefit is final.

The request for a living benefit must be voluntary. A living benefit is not intended to cause the insured to involuntarily reduce the death proceeds ultimately payable to the named beneficiary. Therefore:

1. If the insured is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, the insured is not eligible for this benefit.
2. If the insured is required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement, the insured is not eligible for this benefit.

Upon receipt of satisfactory evidence of the insured's qualifying condition as defined in this section, Securian will pay the living benefit to the insured subject to Wisconsin Statutes 40.08 (9) and (9m) and applicable ETF Wisconsin Administrative Code. If the insured dies, any remaining life insurance that remains in force will be paid to the insured's beneficiary.

For more information about Living Benefits, contact ETF for a Living Benefits brochure (ET-2327) or contact Securian for an Application for Living Benefits form (ET-2323). Information can also be found on ETF's website at <http://etf.wi.gov>.

### **Conversion To Pay Health or Long-Term Care Insurance Premiums**

If you have health or long-term care insurance through ETF and your life insurance has been reduced to its final amount, you may elect to use the present value of your life insurance to pay premiums for your health or long-term care insurance. **Note:** Long term care coverage through ETF is available to state employees only. To be eligible, you must be at your final insurance reduction age as shown in the Continuing Coverage Table in Section 14. If you are a state employee you must also exhaust your accumulated sick leave before converting your life insurance to pay for health insurance premiums through the conversion program.

In exchange for payment of health or long-term care insurance premiums, you give up the death benefit that would otherwise be payable to your beneficiaries. You also give up the difference between the face value and present value of your life insurance coverage. The election is permanent and cannot be withdrawn.

Contact ETF to receive a brochure (ET-2325) about the program. You may also obtain one on ETF's Internet site at <http://etf.wi.gov>. If you are eligible for conversion now, or will be eligible within the next 12 months, you may request an application (ET-2324). You will receive an estimate of the amount available to you under the conversion program along with your application form.

## **9**

### ***DISABILITY WAIVER OF PREMIUM BENEFIT***

This benefit provides for continued coverage without further payment of premiums for an employee who becomes totally disabled while insured under this policy and prior to attaining age 70.

## **Definition of Disability**

An insured employee must be totally disabled if, as a result of bodily injury or disease, he or she is wholly prevented from performing any work or engaging in any occupation for remuneration or profit and is likely to remain so disabled for an indefinite period of time. The employee is required to submit medical evidence acceptable to Securian showing the date that total disability began or was diagnosed and that the employee is totally disabled from any gainful occupation and is likely to remain disabled for an indefinite period.

An employee shall also be deemed to be disabled for the purposes of this policy if the employee has qualified for a disability annuity under Wis. Stats. §40.63 or an LTDI benefit under ETF 50.50, Wisconsin Administrative Code, for as long as the insured qualifies for a disability annuity or LTDI benefit. Further proof of disability shall not be required while the insured qualifies for LTDI or disability annuity benefits.

An employee is ineligible for a waiver of premium if employment was terminated for reasons other than disability.

## **Filing a Disability Waiver of Premium Claim**

A claim for waiver of premium must be submitted to Securian on a form provided by ETF within 36 calendar months after the last day for which earnings are paid. Insured employees who are on a leave of absence are eligible to submit a claim if they become disabled as defined in this section during the leave of absence and insurance is in force.

If the claim is approved, the effective date of the premium waiver will be the first of the month following the date the disability began, or the date the employee is no longer receiving earnings or other earned income from any gainful occupation, whichever is later.

An insured employee will be granted a waiver of premium only if he or she becomes totally disabled as defined above while coverage is in force at the time the disability commences and prior to age 70. Coverage must have been in force continuously from the date of onset of the disability to the date the waiver of premium is approved.

The employer must continue to remit premiums for employer-paid coverage and the employee must continue to remit premium payments for all amounts of employee-paid coverage until Securian approves the claim. Premiums that were paid after the effective date of the premium waiver will be refunded. The insurance shall remain in force while the premiums are waived. Insurance shall continue during the continuance of disability even if the person insured ceases to be an employee of a participating employer.

Except for those who qualified for a disability annuity or LTDI benefit as described above, the employee shall submit proof of disability to Securian at Securian's request. Securian shall also have the right and opportunity to have medical examiners designated

by Securian examine the employee when and as often as it may reasonably require during the employee's disability, but not more than once each year after insurance has been extended under this section.

### **Amount of Insurance**

During the period of disability in which premiums are waived, the amount of insurance shall be the same as the amount of insurance at the date of onset of the disability. If an employee's insurance is continued in force under this section, any Spouse and Dependent life insurance shall also continue in force without payment of premium.

For purposes of determining the amount of post-retirement coverage, it shall be assumed that a person insured under a waiver or premium retires upon attainment of age 65. The amount of Basic Insurance shall then be reduced according to the "Continuing Coverage Table" in section 14 entitled "Maintaining Coverage After You Terminate Employment" and in accordance with Wis. Stats. §40.72(2) and (3). All other insurance will terminate upon the date the insured reaches age 65 if it has not already terminated or been cancelled.

If the insured dies while waiver of premium is In effect and while remaining continuously disabled, then upon due proof of death, Securian will pay the amount of insurance in force to the beneficiary.

### **Termination of a Disability Waiver of Premium Benefit**

If the insured employee is receiving an LTDI benefit as provided under ETF 50.50, Wisconsin Administrative Code or a disability annuity benefit as provided under Wis. Stats. §40.63, premiums shall be waived for all insurance under this section until the date the insured's LTDI benefit is terminated, or disability annuity is terminated, unless the insured submits proof of disability to Securian.

However, if the insured employee attains age 65 while receiving an LTDI benefit or disability annuity benefit, the waiver of premium ends and the insured may qualify to be covered as provided in Section 14, "Maintaining Coverage After You Terminate Employment".

If the insured is not receiving an LTD benefit or disability annuity benefit, then premiums shall be waived for all insurance under this section until the earliest of:

1. The date the insured is able to return to gainful occupation; or
2. 60 days after a request by Securian for an examination or proof of disability if the insured refuses to be examined as required above or fails to furnish proof of continued total disability, unless it can be shown conclusively not to have been reasonably possible to undergo such examination or to provide such proof and Securian's request for an examination or proof is complied with as soon as reasonably possible; or
3. The end of the month in which the employee's insurance reduces in accordance with the Program. If eligible, the insured may then be covered under the Basic insurance as provided under the Continuing Coverage Table in Section 14, "Maintaining Coverage After You Terminate Employment."

If the extension of insurance without payment of premiums under this section is terminated because disability ceases, the employee shall be entitled to the rights and benefits under the section entitled "Conversion Privilege," together with insurance protection during the 31-day period allowed for conversion as if employment had then terminated, unless during that period the insured returns to work, continues to be on an approved leave of absence or qualifies for continuation of insurance as provided in Wis. Stats. §40.72(4).

## 10 *COVERAGE DURING LEAVE OF ABSENCE*

An insured employee may continue insurance coverage during any approved unpaid leave of absence for up to 36 months. Insurance coverage may be continued beyond 36 months if the approved leave is a union service leave as provided under Wisconsin Statutes Chapter 40.

In order to continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence. Premium contributions must be paid in advance and each payment must be received by the employer at least 31 days prior to the end of the period for which premiums had previously been paid.

The amount of insurance for an employee on an approved unpaid leave of absence shall be the same as that in effect immediately preceding the approved unpaid leave of absence. Initial coverage or increased coverage will not be available during the unpaid leave of absence. Premium may increase due to changes in the employee's age or premium rates during the unpaid leave of absence.

Insurance will lapse for employees who do not wish to continue insurance in force or who do not make arrangements to pay premiums during an unpaid leave of absence.

An employee who returns from a leave of absence, during which time coverage lapsed, as an eligible employee will have 30 days to apply for the plans and amounts in effect prior to the leave of absence except those plans that were cancelled.

## 11

### WHILE APPEALING A DISMISSAL

You may continue your coverage after being involuntarily discharged from your employment if you:

1. Exercise a right of appeal of your removal or discharge within 30 days after it occurs; and
2. Pay premiums to your employer during the appeal process. The first premium payment must be made within 31 days of the date of the removal or discharge, and must include both the employee's and employer's share of the premium for a three-month period. You must continue to pay both parts of the premium in quarterly payments, which are due within 31 days of the last date for which premiums have been paid.

If your appeal is successful, your employer will refund the payments you made for the employer's share of the premium. If the appeal determination is adverse to you, coverage will terminate on the last day of the month in which the determination becomes final. Any premiums you paid for coverage after that date will be refunded to you.

## 12

### CANCELLATION

You may cancel your coverage at any time by submitting a *Life Insurance Application/Cancellation/Refusal* form (ET-2304) to your employer. Coverage will cease at the end of the month **following the month** in which your employer receives your application to cancel. You may cancel one plan and keep the others, but if you cancel your Basic coverage, all other coverages are automatically canceled.

Annuitants who wish to cancel coverage should contact ETF to obtain a *Life Insurance Application/Cancellation/Refusal* form (ET-2304). The form is also available on ETF's Internet site at <http://etf.wi.gov>.

If you cancel your coverage you will not be able to reinstate your coverage. To reenroll you will need to provide evidence of insurability.

# 13

## *TERMINATION OF YOUR INSURANCE*

Your insurance will terminate on the earliest of the following dates:

1. The last day of the calendar month in which you terminate employment with the state or a participating local government employer if this occurs before you become entitled to a disability waiver of premium benefit as provided under Section 9 or before you qualify for continuation of insurance as a retiree as provided in Section 14.
2. Thirty days after the date of expiration of an authorized leave of absence for the period permitted in Section 10 of this booklet.
3. The last day of the calendar month following the month in which you file a cancellation of insurance with your employer, or ETF, if you are an annuitant.
4. The date to which your premiums are paid if you fail to pay the required premiums within 30 days of such date while you are on unpaid leave as provided in Section 10, or while your coverage has continued as provided in Section 14.
5. The date to which premiums are paid for continuing coverage provided in Section 14 after you have again become employed by a participating employer and enroll for coverage as an eligible employee.
6. Your 70th birthday for the Supplemental and Spouse and Dependent Plans.
7. The effective date of termination of the group policy by your employer.

Insurance coverage shall be considered lapsed if you fail to make the required premium payments during a 60-day period which begins on the day following the last day for which premiums were paid.

Unless cancelled or terminated as provided above, Supplemental and Additional Plans shall automatically terminate on the date the retired employee attains age 65.

Accidental Death, Dismemberment and Loss of Use coverage will automatically terminate when an insured employee terminates employment or attains age 70, whichever is earlier. For insureds who retire prior to age 65, coverage will automatically terminate at age 65.



# 14

## MAINTAINING COVERAGE AFTER YOU TERMINATE EMPLOYMENT

### A. Continuation Of Group Coverage

You may continue your group life insurance after terminating employment, provided you meet the following requirements:

1. Your WRS coverage began before January 1, 1990, or you have been covered by the group life insurance plan in five calendar years beginning January 1, 1990; and
2. You qualify under one of the following situations:
  - a. You are receiving an immediate WRS annuity or meet all of the requirements for receiving an immediate WRS annuity except the filing of an application; or
  - b. The sum of the years of your creditable service in the WRS on January 1, 1990 plus your years of group life insurance coverage after 1989 equals 20 years; or
  - c. You have 20 years of service on payroll with your last employer.

If you begin a WRS annuity within 31 days after your coverage terminates, your insurance will be continued for you automatically. Premiums will be deducted from your annuity. If you do not begin an annuity, you must file a *Continuation Application* (ET-2154) with ETF within 31 days of the date coverage terminates. Securian will bill you directly for your premiums.

If you participate in your employer's private pension plan, you may continue your group insurance after terminating employment provided you have 20 years of service with your last employer.

#### ***If You Terminate Before Age 65***

The amount of your insurance will be the same as prior to termination or retirement. Premiums are calculated in the same manner as before and will automatically be deducted from your retirement annuity check, or you will be billed directly by Securian.

The Basic insurance will continue after age 65 without cost to you, subject to the Continuing Coverage Table below. However, the Accidental Death, Dismemberment and Loss of Use coverage as well as any Supplemental and Additional insurance coverage will terminate at age 65. Spouse & Dependent coverage will terminate at the end of the month that your employment ends.

#### ***If You Terminate At Age 65 Or Later***

Your Basic insurance coverage will continue in a reduced amount for life, without cost to you, if you retire at age 65 or later.

The amount of Basic insurance is shown on the Continuing Coverage Table below. Your Supplemental, Spouse & Dependent, and Accidental Death, Dismemberment and Loss of Use coverages will

terminate at the end of the month in which you retire, or attain age 70, whichever is earlier. Your Additional insurance will terminate when you terminate employment, cancel coverage, or stop paying premiums, whichever is earliest.

**Continuing Coverage Table**

Age	Percent of Basic Coverage Continuing
Before age 65	100%
While age 65	75%
While age 66	50%
While age 67 and after	25%*

*\* Applies only to employees of local government employers. Local government employers may, however, elect a continuation of 50 percent of the Basic coverage if they agree to make the increased employer contributions. State employee coverage continues at the 50 percent rate from age 66 and after.*

**B. Conversion To An Individual Policy**

If your insurance is terminated under (1) or (2) of Section 13, “Termination Of Your Insurance,” and you are not eligible to continue group coverage, you may apply for an individual policy with Securian. However, you must have been insured for the entire six months preceding termination of coverage.

No evidence of insurability is required if the following terms are met:

1. You apply for individual coverage that is less than or equal to the amount of group insurance coverage you had.
2. You apply for the individual policy on a form provided by Securian and pay the first premium within 31 days after your group insurance coverage terminates.

Any spouse or dependent who is insured continuously for the entire six months preceding termination of coverage may apply to convert coverage to an individual policy with Securian. The individual policy will be issued without evidence of insurability subject to the terms of this section. When termination of coverage is due to the death of the insured employee, written application and payment of the first premium must be received by Securian within 90 days of the employee’s death.

Insurance under the individual policy shall become effective at the end of the 31-day period during which application for the individual insurance may be made, provided the above terms are met. If the insured dies during that 31-day period, Securian will pay your beneficiary the maximum amount of insurance for which the individual policy could have been issued, regardless of whether or not you actually applied for conversion or paid the first premium.

The individual policy is a type currently issued by Securian but cannot be term insurance. This policy will not include a Waiver of Premium or Accidental Death and Dismemberment benefit. Application forms for this conversion (ET-2306) are available from your employer, on ETF's internet site at <http://etf.wi.gov>, or Securian. Failure to obtain an application for conversion does not extend the conversion period.

## 15 BENEFICIARY

Beneficiaries shall be determined in accordance with Wisconsin Statutes §40.02(8) and §40.74. You may designate a beneficiary or change your beneficiary at any time by completing a form provided by ETF. Separate *Beneficiary Designation* forms (ET-2320) may be filed for WRS retirement and life insurance benefits. Benefits will be paid according to the last *Beneficiary Designation* on file with ETF at the time of your death. It is important to keep a copy of your *Beneficiary Designation* form and review it periodically. It is your responsibility to maintain a current and accurate *Beneficiary Designation* on file with ETF. If you do not designate a beneficiary or if the designated beneficiaries are not living at the time of your death, the sequence of beneficiaries will be as follows:

1. Surviving spouse or surviving domestic partner. ("Domestic Partner" means a person who meets the definition of domestic partner in Wis. Stats. §40.02(21d) and for whom the employee has submitted an Affidavit for Domestic Partnership form (ET-2371) with the Department of Employee Trust Funds before September 23, 2017.)
2. Children of the deceased participant, employee, or annuitant, in equal shares, with the share of any deceased child payable to the issue of the child or, if there is no surviving issue of a deceased child, to the other eligible children in this group or, if deceased, their issue.
3. Parent, in equal shares if both survive.
4. Brother and sister in equal shares, and the issue of any deceased brother or sister. No payment may be made to a person included in any group if there is a living person in a preceding group.
5. Estate.

Contact ETF to obtain a *Beneficiary Designation* form (ET-2320). A *Beneficiary Designation* form can also be found on ETF's Internet site, at <http://etf.wi.gov>.

See Section 7 for beneficiary information for Spouse and Dependent coverage.

## 16

### *PAYMENT OF THE BENEFIT AT DEATH*

Notify ETF at the time of an insured member's death. That information will be forwarded to Securian so that the appropriate claim forms can be sent. Securian will send claim forms to the beneficiary(ies) and will request a death certificate and other documents Securian deems necessary to consider a claim for payment. Benefits will be paid as shown under Section 15.

## 17

### *HOW YOUR BENEFITS ARE TAXED*

#### **Group Term Life Insurance**

Under section 79 of the Internal Revenue Code, if the total value of your group life insurance provided through your employer(s) exceeds \$50,000, you may be liable for income tax on "imputed income." The imputed income should be reported by your employer on your W-2 and is equal to:

the total "uniform premium" set by the IRS for all group term life insurance in excess of \$50,000, which is provided through your employer(s),

*minus*

the total premiums for all group life insurance coverage that you paid with after-tax dollars (i.e., not through a tax-sheltered or cafeteria plan).

#### **Death Benefits**

Death benefits paid by your life insurance are not taxable by the State of Wisconsin. For federal tax purposes, you should consult with a tax advisor.

Life insurance proceeds that you receive as a result of the death of your spouse or dependent are not taxable to you and are not included in the deceased person's estate.

For more information about tax treatment of group term life insurance and death benefits, please consult with a tax professional.

# 18

## FREQUENTLY ASKED QUESTIONS ABOUT YOUR GROUP LIFE INSURANCE

### *How much coverage is available?*

**State employees** may apply for insurance coverage on their own lives from the plans below. The maximum amount of insurance is 5 times their prior year earnings. For **local government employees**, the insurance coverage available depends on which plans the employer offers.

- The Basic Plan = 1 times earnings.
- The Supplemental Plan = 1 times earnings.
- The Additional Plan = 1, 2, or 3 times earnings.

Employees may also apply for 1 or 2 units of coverage for their spouse and dependents, if your employer offers Spouse and Dependent coverage. Each unit provides \$10,000 of coverage for a spouse and \$5,000 for each dependent child.

**All employees** (both state and local government) must elect Basic coverage in order to elect Supplemental, Additional, or Spouse and Dependent coverage. Coverage on the life of an employee includes Accidental Death, Dismemberment and Loss of Use benefit.

### *How are earnings determined?*

Earnings are your wages and salary paid to you by your employer who participates in this life insurance program as provided in Wis. Stats. §40.02(22). For employees covered by a private pension plan, earnings means taxable compensation as reported to the Internal Revenue Service.

### *What are the requirements for coverage to be in effect?*

There are two requirements for coverage to be in effect: 1) a valid application must be on file with the Department of Employee Trust Funds; and 2) premiums must be paid when due.

### *What coverage do I have?*

If you are an eligible insured employee, your employer can tell you what coverage you have. You are responsible for checking your payroll deductions and statements of benefits to be sure that appropriate premiums are being deducted, because coverage lapses after 60 days if premiums are not paid. Inactive or retired employees may contact the Department of Employee Trust Funds (ETF) with questions regarding coverage or premiums.

### *How can I add more coverage?*

If you do not enroll for all available coverage when you were eligible, you can apply for any of the remaining coverage offered by your employer by submitting an evidence of insurability form. You must be an eligible employee in order to apply for insurance and for insurance to take effect.

### *Does the policy build cash value?*

This is term insurance that does not accumulate cash value. Persons with terminal medical conditions may qualify for Living Benefits. Retired employees who have an ETF-sponsored health insurance plan may convert the value of their life insurance coverage to pay premiums for health insurance. Retired state employees may also convert the value of their life insurance coverage to pay for ETF-sponsored long-term care insurance. See Section 8.

### *Can I increase coverage if I have a family status change?*

You may enroll for Basic coverage, increase your coverage by one level, or enroll in one or two units of Spouse & Dependent coverage (subject to the plans that are made available by your employer) if you have a qualifying family status change due to marriage, or birth, adoption, placement for adoption, or award of legal guardianship of a dependent child. See the Enrollment Section of this booklet for more information.

### *What if I take a leave of absence without pay from my job?*

You may continue your coverage during an approved leave of absence by paying premiums to your employer in advance. Otherwise, coverage will lapse and you will only be eligible to reapply for coverage if and when you return to work. Upon return to work, you may enroll without evidence of insurability for the plans you had prior to your leave, if you apply within 30 days of your return to work.

Leave of absence means the same as “leave of absence” as prescribed in Wis. Stats. §40.02(40) but excluding the group health insurance portion of the definition. This also includes temporary layoffs as defined under the applicable collective bargaining agreement or Wisconsin Administrative Code.

### *What are my options for reinstating coverage or reenrolling in coverage that I cancelled?*

If you cancel your coverage, you will not be able to reinstate or reenroll without evidence of insurability. There are no exceptions.

*What if I become disabled?*

If you go on unpaid medical leave or terminate employment due to a disability which is total and permanent or of unknown duration, you may file a claim to continue your coverage without making premium payments. Contact your employer to obtain more information about submitting a *Request for Disability Premium Waiver* form (ET-5306).

*Can I keep this insurance if I change jobs or retire?*

If you move to a different participating Wisconsin public employer, you will be eligible to enroll for coverage at your new job. If you meet certain service requirements, you may keep your group coverage after you retire or terminate employment. For purposes of this life insurance program, termination of employment means the same as prescribed under ETF 10.08 (2) and (3). Most coverage terminates when you reach age 65 (or age 70 if you are still working), but a reduced amount of Basic coverage will continue for your lifetime if you meet the service requirements.

Even if you do not meet the requirements to continue group coverage, you will be eligible to convert your coverage to an individual policy with Securian, if you are insured for the six full months before group coverage ends. Coverage for your spouse or dependent child can also be converted.

*What is an example of the insurance coverage?*

Previous calendar year earnings = \$53,200

	<b>Coverage</b>	<b>Coverage Doubles In Case of Accidental Death</b>
Basic Plan coverage for the current year	\$54,000	\$108,000
Supplemental Plan	\$54,000	\$108,000
Additional Plan - Unit 1	\$54,000	\$108,000
Additional Plan - Unit 2	\$54,000	\$108,000
Additional Plan - Unit 3	\$54,000	\$108,000
<b>TOTAL COVERAGE</b>	<b>\$270,000</b>	<b>\$540,000</b>



### *How is the insurance premium calculated?*

Premiums for coverage are set annually by the Group Insurance Board and are based on your age. Contact ETF, your employer or Securian for current premium rates. Rates (ET-2164) may also be found on ETF's Internet site at <http://etf.wi.gov>.

**Note:**

- The cost of Spouse and Dependent coverage is a dollar amount for each unit of coverage, regardless of the age or number of family members you have to insure.
- Your employer contributes premium for the Basic Plan, and in some cases, the Supplemental Plan.
- No premiums are required for retired employees over age 65.

**Example:** A state employee is age 36 and earned \$53,200 last year. She is enrolled for Basic, Supplemental and 3 units of Additional coverage, plus two units of Spouse and Dependent coverage. Her coverage is  $\$54,000 \times 5 = \$270,000$ .

***Her monthly premium is:***

Basic	54	x	\$0.04*	=	\$2.16
Supplemental	54	x	0.04	=	2.16
Additional – Unit 1	54	x	0.06	=	3.24
Additional – Unit 2	54	x	0.06	=	3.24
Additional – Unit 3	54	x	0.06	=	3.24
Spouse and Dependent					5.00
<hr/>					
Total Employee Premium					\$19.04

***Her employer pays:***

Basic	65.25%**	x	\$2.16	=	\$1.41
Supplemental	37.25%	x	2.16	=	0.80
<hr/>					
Total Employer Premium					\$2.21

\*Premium rates used in the example are for illustrative purposes only and may not be actual.

\*\*The percentage of the employer contribution used in the example is for illustrative purposes only and may not be actual. See section 5 for more information about the employer's cost.

*When will the policy pay benefits?*

Death benefits for Basic, Supplemental and Additional Plans are payable to your beneficiary upon your death if coverage is in force on the date of death.

Death benefits from the Spouse and Dependent Plan are payable to you upon the death of the person insured under the Spouse and Dependent Plan.

Accidental Death, Dismemberment and Loss of Use benefits apply to the Basic, Supplemental and Additional Plans during employment. They are payable upon your death or covered accident. Some exclusions may apply. See Section 6 for more information.

For benefits payable during your lifetime, including Living Benefits, see Section 8 for more information.

You or your beneficiary must file a claim with Securian to claim any benefits under the Program and the claim must be approved by Securian before payment is made.

# Contact ETF

## **etf.wi.gov**



Find ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings and other online resources. Stay connected with:

✉ ETF E-Mail Updates

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**1-877-533-5020**

**608-266-3285 (local Madison)**

7:00 a.m. to 5:00 p.m. (CST), Monday-Friday



Benefit specialists are available to answer questions.

Wisconsin Relay: 711

**P.O. Box 7931**

**Madison, WI 53707-7931**



Write ETF or return forms.



## **CONTACTING SECURIAN**

### **WRITE TO:**

Securian Financial Group, Inc.  
P.O. Box 259708  
Madison, WI 53725-9708

### **VISIT:**

2920 Marketplace Dr., Suite 201  
Fitchburg, WI 53719-5306

### **CALL:**

866-295-8690 (toll-free)

### **FAX:**

608-277-8665

### **OFFICE HOURS:**

7:30 a.m. - 4:00 p.m., Mon. - Fri.  
*(except holidays)*





