

HEALTH INSURANCE ELECTION FOR MILITARY SERVICE PERSONNEL

To: Employee or Designated Representative:

Employee Name	Employee Social Security Number
This Form Must Be Signed and Returned to the Payroll Representative Listed Below Regardless of Your Election	

Section 40.05 (4g), Wis. Stat., provides additional months of state contribution toward health insurance premiums for certain military service personnel who receive a military leave of absence or are eligible for reemployment under Wis. Stat. § 321.64. To receive additional months of state contribution on the date of your activation, you must be:

- 1) insured under the State of Wisconsin Group Health Insurance plan and be receiving state contributions toward the premium, AND
- 2) a member of:
 - the Wisconsin National Guard,
 - a reserve component of the United States Armed Forces, or
 - be recalled to active duty (other than for training purposes) from inactive reserve status.

You or your designated representative may elect within 60 days after being activated to receive benefits resulting from this legislation and:

- Continue health insurance coverage indefinitely while on leave and establish pre-payment of premiums;
- Let your coverage lapse after being activated for military service due to non-payment of premium and reinstate coverage while on leave by filing a *Group Health Insurance Application/Change Form* (ET-2301);

OR

- Allow your coverage to lapse and reapply within 30 days of return to employment (provided employment resumes within 180 days after release from active military service).

Please check all appropriate box(es) and sign below. **All elections must be made within 60 days of activation.**

1. **I elect to continue State Group Health Insurance coverage.** I understand that if I continue coverage, I will receive my employer's share of any premium. I also understand that any employee share of the premium must be paid to my state agency to keep coverage in force.
2. **I elect not to continue State Group Health Insurance coverage.** I understand that by declining to continue coverage I do not receive my employer's share of the premium. I understand that by declining to continue coverage, I must return to active state employment in order to reenroll in State Group Health Insurance.
3. **I am terminating my State employment under § 321.64** and I elect to continue my health insurance coverage until I either return to work or active duty ceases.
4. **I let my State Group Health Insurance lapse effective _____ while on military leave and I elect to reinstate my coverage within 60 days of activation.** I elect to reinstate my health insurance to the health plan and coverage type that I was enrolled in at the time my State Group Health Insurance lapsed. I understand that coverage will be effective on the first of the month following my employer's receipt of the enclosed *Health Insurance Application/Change Form* (ET-2301) and that the employer's contribution will begin at that time. I understand that any employee share of the premium must be paid to my state agency to keep coverage in force.

Your election cannot go into effect unless this form is received by your employer within 60 days after you are activated. If you have any questions regarding your benefits under this legislation, please contact your payroll representative. Your payroll representative will return a photocopy of this form as an acknowledgment.

Date (MM/DD/CCYY)	Signature of Employee or Designated Representative	
Date (MM/DD/CCYY)	Signature of State Payroll Representative	EIN 69-036-0001-