



Termination Checklist For Retiring State Employees

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Note that this checklist only applies to your state employees terminating due to retirement.

Please be sure to have the employee contact the Department of Employee Trust Funds 1-877-533-5020 (toll free) or 608-266-3285 (local Madison) to make a retirement appointment.

Employer Information
Employer ETF ID

Employee Information	
Name	
ETF ID	Termination date (MM/CC/YYYY)

Complete this checklist before your employee retires:

Wisconsin Retirement System

Contact STAR to process the termination to ETF. If you are not a STAR-user, process a *P001 Termination- Employment or Retirement* transaction on the WRS Account Update Application found on the [One Site](#). Refer to the [WRS Guide to Retirement \(ET-4133\)](#) for additional information.

**State Health Insurance
Coverage End Date: _____**

Plan: _____(health plan)

Single Family

For state employees to continue coverage, your retirement benefit effective date must be within 30 days after you terminate employment. Your health insurance coverage will automatically continue as a retiree with ETF. If the employee does not want coverage to continue during retirement, they must submit a [Health Insurance Application/Change \(ET-2301\)](#) form or letter to ETF to cancel health insurance.

Employers should refer to the [State Agency Health Insurance Administration \(ET-1118\)](#) manual for more information.

Sick Leave

Eligible employees may convert unused sick leave credits to pay post-termination state group health insurance premiums. If the employee is insured under the state group health insurance and begins receiving a retirement benefit immediately after retiring from the job, the health insurance program continues and health insurance premiums are *automatically* deducted from sick leave credits until those credits are exhausted.

Employees can save their sick leave credits for use at a later date by *escrowing* sick leave credits if they have health insurance coverage through another source that is comparable to the It's Your Choice Access Health Plan or It's Your Choice Medicare Plus plan coverage.

Refer to the [Sick Leave Credit Conversion Program \(ET-4132\)](#) brochure for more information.

Life Insurance

Coverage Paid Thru: _____

- Basic 100% Supplemental Additional 1 Additional 2 Additional 3
 Spouse & Dependent Unit I Units I and II

If the employee begins a Wisconsin Retirement System annuity within 31 days after coverage terminates, insurance automatically continues and premiums will be deducted from the employee's annuity.

If the employee does not begin an annuity, they must file a [Group Life Insurance Continuation Application \(ET-2154\)](#) with ETF within thirty-one days of the date coverage terminates. Securian will bill the employee directly for premiums.

Income Continuation Insurance (ICI)

Coverage Paid Thru: _____

An employee's ICI coverage ends upon retirement from state service. Employers should refer to the [Income Continuation Insurance Administration Manual \(ET-1119\)](#) for more information.

Deferred Compensation

You may contact WDC at 1-877-457-9327 to discuss your options for the withdrawal of the employee's account.

TASC – Employee Reimbursement Accounts

- Health Care Flexible Spending Account (HCFSA)

Coverage End Date: _____

- Limited Purpose Flexible Spending Account (LPFSA)

Coverage End Date: _____

- Dependent Day Care Flexible Spending Account (DCFSA)

Coverage End Date: _____

- Parking Account

Coverage End Date: _____

- Transit Account

Coverage End Date: _____

Upon retirement, an employee's TASC Card will be deactivated and reimbursement requests must be submitted online through your online TASC account or via paper. Participants have until March 30th, the last day of the run-out period, to submit reimbursement request(s) or resolve any outstanding claims for expenses incurred during the coverage period. For additional benefit account information, please see the resources available on the State of Wisconsin TASC Landing page at [TASC Online/ETF Employee](#). Additional questions should be directed to TASC Customer Care at 1-844-786-3947 or 1-608-316-2408.

TASC – Health Savings Account (HSA)

Upon retirement, an employee's HSA contribution from both payroll deduction and employer contribution will cease. However, members will continue to have access to their Health Savings Account after retirement. A \$3.00 per month service fee will be assessed beginning the first of the month following retirement. This fee will automatically be deducted from the member's HSA account balance until the account is closed due to a zero balance.

For additional benefit account information, see the resources located on the State of Wisconsin TASC Landing page at [TASC Online/ETF Employee](#). Additional questions should be directed to TASC Customer Care at 1-844-786-3947 or 1-608-316-2408.

EPIC Benefits+ (through 12/31/2018 only)

Coverage End Date: _____

With Vision Without Vision One Party Two Party Three or more

This major medical, dental and vision care coverage may be continued as a retiree, provided the *Continuation Form* (E11472-9705) is returned to The Epic Insurance Company within 30 days of your termination date. Questions may be directed to EPIC, 6801 South Towne Dr, P.O. Box 8430, Madison, WI 53708-8430, or at 608-223-2100 x6716 or 1-800-520-5750 x6716 (toll free).

EPIC Dental Wisconsin (through 12/31/2018 only)

Coverage End Date: _____

PPO Plan Select Plan
 Employee Employee & 1 Employee & 2+

EPIC Dental Wisconsin coverage may be continued for up to 36 months at group rates, if the *Continuation Conversion Form* (E13000-1202) is submitted within 30 days of the date of employment termination to EPIC, P.O. Box 8430, Madison, WI 53708-8430. Questions should be directed to EPIC, at 608-223-2100 or 1-800-520-5750 (toll free).

Accidental Death & Dismemberment (AD&D)

Coverage Paid Thru: _____

Single Family 3 times 5 times General Protective

An employee's Accidental Death and Dismemberment Insurance coverage terminates at the end of the month the employee retires from state service or on the last day of the month for which the retiree has paid premiums. *There is no conversion or continuation of the policy after retirement.*

VSP Vision Care

Coverage Paid Thru: _____

Employee Employee & Spouse Employee & Children Employee & Family

A retiree's VSP coverage will continue until canceled. The VSP premiums will be taken directly out of the retiree's annuity payments. If a retiree does not have VSP at retirement and would like VSP coverage, the retiree can enroll during annual It's Your Choice open enrollment period. For information regarding VSP Vision Care benefits, visit vsp.com/go/stateofwiemployees, or call 1-800-400-4569.

Anthem DentalBlue

Coverage Paid Thru: _____

A retiring employee may continue coverage by filling out the employer provided DentalBlue continuation form. A retiree has 60 days from the date they were notified of continuation rights, or the date that their coverage as an active employee ends, whichever is later, to submit the continuation form.

Annual Leave

Depending on the employee's request in their termination letter, all earned and unused paid leave (excluding sick leave) can either be paid in a lump sum or keep the retiree in pay status until depleted. Overdrawn (used, but not earned) leave will be deducted from the retiree's final paycheck dated Final Check Date.

Total leave hours	
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Rate of pay	\$
Total owed	\$

Employers and employees should contact ETF with any questions. Visit etf.wi.gov for ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings and other online resources. Members should contact ETF for a retirement appointment and application before they retire.

Signature	
This signature acknowledges that the employer and employees have reviewed this checklist before the employee's last day due to retirement, and that everything applicable to this employee has been completed as noted above.	
Employee Signature	Date (MM/CC/YYYY)
Employer Signature	Date (MM/CC/YYYY)