



# Termination Checklist For Local 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

If the employee is retiring, 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 terminates:

**Wisconsin Retirement System**

Process a termination transaction on the [WRS Account Update](#) application found on the [One Site](#). Refer to the [Wisconsin Retirement System Administration Manual \(ET-1127\)](#) Chapter 9 for more information.

For employees who are retiring, process a *P001 Termination- Employment or Retirement* transaction and refer them to the [WRS Guide to Retirement \(ET-4133\)](#) brochure for additional information.

**Wisconsin Public Employers Group Health Insurance (if applicable)**

**Coverage End Date:** \_\_\_\_\_

Plan: \_\_\_\_\_(health plan)     Single     Family

For employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must enter the termination in [myETF Benefits](#) application. Employers should refer to the [Local Health Insurance Manual \(ET-1144\)](#) for more information.

**Consolidated Omnibus Budget Reconciliation Act (COBRA) - Termination *not* due to retirement:** Within five days of being notified of the termination, the employer is responsible for notifying the employee and qualified beneficiaries of their right to continue group coverage or convert to individual coverage by providing a [Continuation-Conversion Notice \(ET-2311\)](#) form (with the employer sections completed) and the [Health Insurance Application/Change \(ET-2301\)](#) form.

**Employer Verification of Health Insurance Coverage - Termination *due* to retirement:** Health insurance coverage automatically continues for covered employees upon retirement. If the retiring employee does **not** wish to continue coverage, *ETF must receive that notification in writing with the member's signature PRIOR to their active coverage ending.* The employer must complete and submit to ETF the [Verification of Health Insurance Coverage and Local Employer Paid Annuitant Transfer Report \(ET-4814\)](#), signed by both the employer and employee indicating whether the employee elects to continue or cancel health coverage.

**Life Insurance (if applicable)**

**Coverage Paid Thru:** \_\_\_\_\_

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

For employees terminating employment, coverage ends the last day of the calendar month in which employment terminates. *Eligible* employees may have options for continuing or converting life insurance coverage.

If the termination is due to retirement and the employee begins a WRS annuity within 31 days after coverage terminates, insurance automatically continues. Premiums will be deducted from the employee's annuity.

Refer to [The Wisconsin Public Employers Group Life Insurance Program Administration Manual](#) (ET-1117) Chapter 15 for more information.

**Income Continuation Insurance (ICI) (if applicable)**

**Coverage Paid Thru:** \_\_\_\_\_

ICI coverage terminates on the date an employee resigns, terminates, is dismissed, or retires. When coverage ends, a full month's premium is required for any month or portion of a month in which earnings are paid. Refer to the [Income Continuation Insurance Administration Manual \(ET-1119\)](#) Chapter 6 for more information.

**Deferred Compensation (if applicable)**

Employee's may contact WDC at 1-877-457-9327 to discuss and ask any questions regarding their account.

Employers and employees should contact ETF with any questions. Visit [etf.wi.gov](http://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 employee has reviewed this checklist before the employee's last day due to termination or 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)