



Termination Checklist For 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 **not** due to retirement.

Employer Information	
Employer Name/ETF ID	

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

Complete this checklist before your employee's last day:

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 [Wisconsin Retirement System Administration Manual \(ET-1127\) Chapter 9](#) for additional information.

State Health Insurance

Coverage End Date: _____

Plan: _____ (health plan)

Single Family

For state 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 or your payroll center's human resources program that sends information to ETF.

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

Sick Leave

An employer must certify accumulated and supplemental sick leave credits through the online Accumulated Sick Leave System (AcSL) for all *eligible* employees.

Is the employee of minimum retirement age?

Yes, the employer is responsible for submitting the certified sick leave through AcSL. The employee is responsible for submitting the [Sick Leave Credit Escrow \(ET-4305\)](#).

No, the employer should offer COBRA. However, if the employee has *at least 20 years of WRS-creditable service*, it is essential and the responsibility of the employer to submit the certified sick leave through AcSL.

Refer to the [State Agency Health Insurance Administration Manual \(ET-1118\) Chapter 12](#) and the [Sick Leave Credit Conversion Program \(ET-4132\)](#) brochure for more information.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

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.

Note: Sections D and E of the [Continuation-Conversion Notice \(ET-2311\)](#) form.

Life Insurance

Coverage Paid Thru: _____

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

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

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

Income Continuation Insurance (ICI)

Coverage Paid Thru: _____

An employee's ICI coverage ends upon termination from state service. Refer to the [Income Continuation Insurance Administration Manual \(ET-1119\)](#) Chapter 6 for more information.

Deferred Compensation

Employee's may contact WDC at 1-877-457-9327 to discuss and ask any questions regarding their 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 termination, 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 of the following year, 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 termination, 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

For state employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must complete all appropriate information for all *eligible* employees on the bottom of the *Continuation Form* (E11472-9705) within 5 days of notification of the termination. The form must include the date the form was sent and the eligibility termination date.

Refer to the [State of Wisconsin Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for more information.

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

Coverage End Date: _____

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

For state employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must complete all appropriate information for all *eligible* employees on the bottom of the *Continuation Form* (E11472-9705) within 5 days of notification of the termination. The form must include the date the form was sent and the eligibility termination date.

Refer to the [State of Wisconsin Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for more information.

Zurich North America 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 terminates from state service or on the last day of the month for which the employee has paid premiums. *There is no conversion or continuation of the policy after termination.*

VSP Vision Care

Coverage Paid Thru: _____

Employee Employee & Spouse Employee & Children Employee & Family

For state employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must complete all appropriate information for all *eligible* employees on the bottom of the *Continuation Form* (E11472-9705) within 5 days of notification of the termination. The form must include the date the form was sent and the eligibility termination date. Refer to the [State of Wisconsin Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for more information.

Anthem DentalBlue (through 12/31/2018 only)

Coverage Paid Thru: _____

- Dentacare HMO Preferred PPO Supplemental Plan
 Employee Employee & 1 Employee & 2 +

For state employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must complete all appropriate information for all *eligible* employees on the bottom of the *Continuation Form* (E11472-9705) within 5 days of notification of the termination. The form must include the date the form was sent and the eligibility termination date.

Refer to the [State of Wisconsin Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for more information.

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.

Signature	
This signature acknowledges that the employer and employee has reviewed this checklist before the employee's last day due to termination of employment, 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)