



# New Employee Benefit Checklist

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](http://etf.wi.gov)

Employee name:	Employee ETF ID:
----------------	------------------

## Determine Wisconsin Retirement System Eligibility for New Employee

1. Perform a previous service check by going to the Previous Service and Benefit Inquiry screen on the ONE Site. Contact ETF with any questions.

WRS service:

Local: \_\_\_\_\_ years \_\_\_\_\_ months

State: \_\_\_\_\_ years \_\_\_\_\_ months

2. Is the employee a rehired annuitant?  Yes  No  
If yes, you must complete a [Rehired Annuitant Form \(ET-2319\)](#).  Completed  
See the Employment of Annuitants information in Chapter 15 of the [WRS Administration Manual \(ET-1127\)](#).

3. Does the new employee have any WRS-participating employment before July 1, 2011?  Yes  No  
If no, evaluate employee under new eligibility rules.

If yes, did the new employee previously take a separation benefit?  Yes  No

If yes, evaluate employee under new eligibility rules.

If no, evaluate employee under old eligibility rules.

See WRS Eligibility Determination information in Chapter 3 of the [WRS Administration Manual \(ET-1127\)](#).

4. Is the new employee WRS eligible?  Yes  No  
If employee is WRS eligible, provide employee with Chapter 3 of the applicable benefits application information.

## Provide WRS information to the new employee (available from ETF or online at [etf.wi.gov](http://etf.wi.gov)).

- [Your Benefit Handbook \(ET-2119\)](#) brochure
- [Election to Participation in the Variable Trust Fund \(ET-2356\)](#) form
- [Additional Contributions \(ET-2123\)](#) brochure

## Select the benefit program(s) below, and on the next page, that you currently offer:

1. **Wisconsin Public Employers Group Life Insurance** (Employee must submit application to employer within 30 days of hire date)

WPE Group Life Insurance information

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

2. **Group Health Insurance** (Employee must submit application to employer within 30 days of hire date)

Provide It's Your Choice information ([etf.wi.gov](http://etf.wi.gov))

Provide online enrollment information (or [Health Insurance Change/Application \(ET-2301\)](#))

Date provided application to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date



# New Employee Benefit Checklist

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](http://etf.wi.gov)

**3. Income Continuation Insurance** (Employee must submit application to employer within 30 days of hire date)

[Income Continuation Insurance - Local \(ET-2129\)](#) brochure

[Income Continuation Insurance - State \(ET-2106\)](#) brochure

[Enrollment/Application – State \(ET-2307\)](#)

Date provided application to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

[Enrollment/Application – Local \(ET-2366\)](#)

Date provided application to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

**4. Wisconsin Deferred Compensation** (1-877-457-9327) - [www.wdc457.org](http://www.wdc457.org)

Information available at <http://www.wdc457.org>

Enrollment information

Provided \_\_\_\_\_ Returned \_\_\_\_\_

**5. Employee Reimbursement Accounts** (State Only)

Benefits information

Enrollment information

Date provided application to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

**6. Supplemental Benefits Insurance Plans**

See It's Your Choice information, available online at [etf.wi.gov](http://etf.wi.gov) for more information on Supplemental Benefits (such as long-term care, dental and vision) that you may need to provide for your employees.

**Signature of Acknowledgement**

The payroll representative signature represents confirmation that information was presented, due dates identified and appropriate information and forms supplied for all ETF-administered benefits offered by the employer.

Keep this completed copy for your records.

Payroll representative signature

Date (MM/DD/YYYY)

The employee acknowledgment signature represents receipt of materials and recognition of due dates.

Employee acknowledgment signature

Date (MM/DD/YYYY)