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| ETF logo | **New Employee Benefit Checklist** | Wisconsin Departmentof Employee Trust FundsPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549[etf.wi.gov](file:///%5C%5Caccounts.wistate.us%5Cetf%5Cfiles%5Cprod%5CCommunications%5COfficeOfCommunications%5CPublications-R%5CET-templates%5CTemplates%5CETF_Forms%5Cetf.wi.gov) |

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| Employee name:      | Employee ETF ID:      |

Use this form to determine eligibility, distribute forms, and provide due dates to a new employee for all ETF-administered benefits. Keep this completed copy for your records. ETF does not need a copy.

# Step 1: Determine WRS EligibilityUse Chapter 3 of the [*WRS Administration Manual* (ET-1127)](https://etf.wi.gov/resource/wisconsin-retirement-system-administration-manual) and the *Previous Service and Benefit Inquiry* application on the [ETF Web Applications for Employers](https://etf.wi.gov/employers/wisconsin-retirement-system/etf-web-applications-employers) to determine WRS eligibility.

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| **Criteria** | **Yes** | **No** | **Additional Information** |
| Does the employee have previous WRS service? | [ ]  | [ ]  |  |
| Is the employee a WRS annuitant?Did the annuitant meet a 75-day break in service?If yes, is the employee’s last termination date *on or after July 2, 2013*?Complete the *Employer* section of the[*Rehired Annuitant Form* (ET-2319)](https://etf.wi.gov/resource/rehired-annuitant) | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ]  | If a rehired annuitant with a termination date on or after July 2, 2013 meets eligibility under new eligibility rules, they must be enrolled.Complete the ET-2319 for all rehired annuitants, regardless of eligibility. See the *Employment of Annuitants* information in Chapter 15 of the [*WRS Administration Manual* (ET-1127)](https://etf.wi.gov/resource/wisconsin-retirement-system-administration-manual). |
| Does the new employee have any WRS-participating employment before July 1, 2011?If yes, did the new employee take a lump-sum benefit? | [x] [ ]  | [x] [ ]  | If yes, evaluate employee under old eligibility rules. If no, use new rules.If yes, evaluate employee under new eligibility rules. |
| Is the employee WRS eligible? | [ ]  | [ ]  |  |

# Step 2: Eligible Employee Only — Provide WRS Benefit Information and Submit EnrollmentEmployers may either print or provide links to the forms [online](https://etf.wi.gov/publications) or order hard copies [here](https://trust.etf.wi.gov/ETFMailWeb/etf/internet/formorder/ETFEmployerOrderForm.jsp).

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| WRS Information | Additional Information |
| [*Your Benefit Handbook* (ET-2119) brochure](https://etf.wi.gov/resource/your-benefit-handbook) | [ ]  |  |
| [*Election to Participation in the Variable Trust Fund* (ET-2356)](https://etf.wi.gov/resource/election-participate-variable-trust-fund) form | [ ]  | If electing participation, employee sends directly to ETF. |
| [*Additional Contributions* (ET-2123) brochure](https://etf.wi.gov/resource/additional-contributions) | [ ]  |  |
| [*Beneficiary Designation* (ET-2320) form](https://etf.wi.gov/resource/beneficiary-designation) | [ ]  | Employee sends directly to ETF. |
| [[*Rehired Annuitant Form* (ET-2319)](https://etf.wi.gov/resource/rehired-annuitant) form](https://etf.wi.gov/resource/beneficiary-designation)\*\**Rehired annuitants only* | [ ]  | Have the employee complete and sign the Employee section and return to the employer. The employer will send to ETF. |
| [ ]  Employer: Use the [*ETF Web Applications for Employers*](https://etf.wi.gov/employers/wisconsin-retirement-system/etf-web-applications-employers)*: WRS Account Update* to enroll the employee using transaction code P060 – WRS Enrollment. |

**Step 3: Eligible Employee Only — Provide ETF-Administered Insurance and Optional Benefit Information**
If the employer participates in the ETF-administered benefit program(s), track dates and materials to distribute below. Employers may either print or provide links to the forms online at etf.wi.gov or order hard copies [here](https://trust.etf.wi.gov/ETFMailWeb/etf/internet/formorder/ETFEmployerOrderForm.jsp).

The employee must submit all applications to employer within 30 days of hire date.

[ ]  Check here if the employer does not participate in any ETF-administered insurance benefits

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| **Benefit Program** | **Date Provided to Employee** | **Application Due Date** |
| **Wisconsin Public Employers (WPE) Group Life Insurance*** [*Life Insurance Application* (ET-2304)](https://etf.wi.gov/resource/life-insurance-applicationcancellationrefusal) form
* [*The Wisconsin Public Employers Group Life Insurance Program* (ET-2101)](https://etf.wi.gov/resource/wisconsin-public-employers-group-life-insurance-program) brochure

[ ]  **Employer:** Complete *Employer* sectionand return to ETF when complete. | Dateor N/A[ ]  | Dateor N/A[ ]  |
| **Group Health Insurance*** [*Group Health Insurance Application/Change* (ET-2301)](https://etf.wi.gov/publications/et2301) form **or** online enrollment information
* [*It’s Your Choice Decision Guide*](https://etf.wi.gov/publications?keywords=Decision%20Guide&field_et_number_value_1=&field_audience_target_id=All) (select correct program option)

[ ]  **Employer:** Verify enrollment is complete.  | Dateor N/A[ ]  | Dateor N/A[ ]  |
| **Income Continuation Insurance****State:** [*Enrollment/Application — State* (ET-2307)](https://etf.wi.gov/resource/income-continuation-insurance-application-state) form [*Income Continuation Insurance—State* (ET-2106](https://etf.wi.gov/resource/income-continuation-insurance-state)) brochure**Local:** [*Enrollment/Application — Local* (ET-2366)](https://etf.wi.gov/resource/income-continuation-insurance-application-local-employee) [*Income Continuation Insurance — Local* (ET-2129](https://etf.wi.gov/resource/income-continuation-insurance-local)) brochure[ ]  **Employer:** Complete *Employer* sectionand return to ETF when complete. | Dateor N/A[ ]  | Dateor N/A[ ]  |
| **Supplemental Insurance Benefit Plans**See It’s Your Choice information, available online at [etf.wi.gov](https://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. | Dateor N/A[ ]  | Dateor N/A[ ]  |
| **Wisconsin Deferred Compensation*** Information available at [http://www.wdc457.org](http://www.wdc457.org/) or 1-877-457-9327
* Enrollment information (Your employees will need a Plan Enrollment Code to enroll online. Download a Plan Enrollment Code flier to share with your employees by [logging in here](https://plan.empower-retirement.com/static/PlanEmpower/welcome.html), clicking *Participants* on the left hand side and selecting *Employee forms*.)
 | Dateor N/A[ ]  | Dateor N/A[ ]  |
| **State Agencies Only: Employee Reimbursement Accounts*** Benefits information
* Enrollment information
 | Dateor N/A[ ]  | Dateor N/A[ ]  |

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| **Signature of Acknowledgement** |
| The employer representative signature confirms information and forms were supplied and due dates were identified for all ETF-administered benefits offered by the employer.  |
| Employer representative signature      | Date (MM/DD/YYYY)      |
| The employee acknowledgment signature confirms receipt of materials and recognition of due dates. |
| Employee acknowledgment signature      | Date (MM/DD/YYYY)      |