Sick Leave Credit Re-enrollment Application

Wis. Stat. § 40.05 (4) (b)

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

See important sick leave credit re-enrollment information on the next page.

1. Information About You

Your name (first, middle, last, former/maiden)	ETF Member ID or SSN
Mailing Address (Street or P.O. box, city, state, ZIP code)	Birth date (MM/DD/CCYY)

☐ Check the box if this is a change of address.

2. Eligibility Reason (check one)

☐ I was a **state employee.** I wish to apply for state group health insurance coverage and use escrowed sick leave credits to pay the premiums.

or

☐ I am an eligible **survivor of a deceased state employee.** I wish to apply for state group health insurance coverage and use escrowed sick leave credits to pay the premiums.	Deceased Employee's Name (first, middle, last, former/maiden)
	Deceased Employee's ETF Member ID or SSN

3. Certification of Comparable Coverage (Required)

☐ I certify that the sick leave credits have been escrowed because all re-enrolling eligible participants (myself and/or all eligible dependents) have been continuously insured by health insurance coverage comparable to the coverage offered by the State Group Health Insurance Program.

Comparable Coverage Insurance Provider	Subscriber (Policy) No.	Group No.	Coverage End Date

4. Required Documentation

☐ I have enclosed a completed *Health Insurance Application/Change* (ET-2301) form. (This form is available at etf.wi.gov or by contacting ETF.

☐ I have enclosed a copy of my *Schedule of Benefits* and/or *Summary of Benefits and Coverage* from my previous health insurance provider.

☐ **(For Involuntary Loss of Coverage only)** I have enclosed the required loss of coverage letter.

5. Authorization

By signing this application, I attest that I have reviewed and understand the ***Important Sick Leave Credit Re-enrollment Information*** **provided**. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form. Accordingly, I hereby certify that the above information is true and correct, to the best of my knowledge and belief.

Signature (Required)	Date (MM/DD/CCYY)	Daytime Telephone Number
		( )

Make a copy for your records and return the original by mail or fax to ETF.

Sick Leave Credit Re-enrollment Application Information

Re-enrollment

You can only re-enroll for state health insurance coverage during the annual fall It's Your Choice open enrollment period unless you have an involuntary loss of your comparable non-state coverage. ***You must have maintained comparable coverage while your sick leave was escrowed and provide a schedule or summary of benefits when you apply to re-enroll.*** (See "Involuntary Loss of Coverage" below.)

The Department of Employee Trust Funds annually notifies annuitants, surviving spouses and dependents with escrowed sick leave credits of the fall enrollment period so that application materials can be obtained. If you do not receive notice and wish to re-enroll, contact ETF in early October. Application materials must be postmarked no later than the last day of the It's Your Choice open enrollment period.

You can re-enroll for coverage to be effective the first of any month in the following year. You can elect either single or family coverage and choose any plan in the state group health insurance program without waiting periods or exclusions for pre-existing conditions, if each person re-enrolling was covered by comparable coverage while the sick leave was escrowed. All re-enrolling participants must have had comparable non-state health insurance coverage continuously thought the escrow period. You must verify comparable coverage by submitting to ETF a copy of the *Schedule of Benefits* and/or *Summary of Benefits and Coverage* from your previous health insurance provider with this application. You must be re-enrolled before your comparable non-state coverage ceases.

Failure to re-enroll before your comparable non-state coverage ceases will result in the forfeiture of your sick leave credits. Once you have re-enrolled, you may escrow your credits again in the future if comparable non-state coverage becomes available to you. You can escrow and re-enroll no more than one time per year.

Important Medicare Information

Upon re-enrolling, ***you and/or your insured dependents must be enrolled for both portions of Medicare*** (Hospital Part A and Medical Part B), ***when first eligible***. This is required by state statute, as the program is designed to integrate with, rather than duplicate, Medicare benefits.

If your Medicare Parts A and B coverage are not effective on or before the first of the month in which you are required to be enrolled in Medicare, you may be liable for the claims Medicare would have paid.

It is your responsibility to notify us when other family members covered under your policy become eligible for Medicare or become covered under an employer group health plan as a result of active employment, and that policy is the primary payer for Parts A and B charges. This will ensure that your coverage and premium amount remain correct.

Involuntary Loss of Coverage

If your eligibility for your non-state comparable coverage is lost, you may re-enroll at that time in any plan in the State Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions. If your coverage was lost as the result of an event such as loss of employment or divorce, or your employer's contribution toward your premium ceases, coverage through ETF will be effective on the date your lost coverage terminated. Involuntary loss of coverage does not include voluntary cancelation or coverage lost due to fraud, misrepresentation or delinquent premium payments.

Your re-enrollment application must be received within 30 days of the date your non-state coverage ends. You must also send a letter from the employer or organization that was providing you with health insurance coverage as soon as possible, which states the:

- name of the organization formerly providing coverage,
- name of the insurance group,
- date coverage terminated, and
- reason eligibility for coverage was terminated.

Failure to notify ETF when you lose comparable coverage will result in the forfeiture of your sick leave credits.

You may contact ETF toll free at 1-877-533-5020 or 608-266-3285 (local Madison) to speak with a specialist regarding your retirement benefits.

Retain this page for your records

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)
The Wisconsin Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020
(TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020
（TTY：711）

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch: Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi: ☒☒☒☒न दें: य ☒☒ आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).