



# Income Continuation Insurance (ICI) Employer Statement

Wis. Stat. § 40.61 and 40.62

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

## Employee Information

Name \_\_\_\_\_

ETF ID \_\_\_\_\_ SSN XXX-XX-\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Occupation (title) \_\_\_\_\_  
 Seasonal/Academic year  
 Permanent  Project  LTE  Per diem

Last day worked (MM/DD/YYYY) \_\_\_\_\_ Last day paid (MM/DD/YYYY) \_\_\_\_\_ Premiums are paid through (MM/DD/YYYY) \_\_\_\_\_

See the *Employer Instructions* on Page 2 to determine which salary to use for the average monthly salary calculation. Check the appropriate box to the right:  
 Previous calendar year salary  
 Projected salary  
 New hire  
 Change in appointment  
 Change in hourly rate (higher than previous calendar year salary)  
 Salary used for prior disability/authorized unpaid leave (higher than previous calendar year salary)

Average monthly salary \$ \_\_\_\_\_  
 Full time  Part time Part Time Percent \_\_\_\_\_%  
Has claimant elected supplemental ICI coverage?  Yes  No

**Premium category/Elimination period**  
Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_ Current year: \_\_\_\_\_  
Premium category: \_\_\_\_\_ Premium category: \_\_\_\_\_ Premium category: \_\_\_\_\_ Premium category: \_\_\_\_\_  
Elimination period: \_\_\_\_\_ Elimination period: \_\_\_\_\_ Elimination period: \_\_\_\_\_ Elimination period: \_\_\_\_\_

**Worker's Compensation**  
Claim filed?  Yes  No  Denied  Pending  
Weekly compensation amount \$ \_\_\_\_\_  
Effective date: \_\_\_\_\_  
Paid through: \_\_\_\_\_

## State employers only complete this section

Total sick leave shown to hundredths of an hour (2 decimal places)  
Accumulated hours: \_\_\_\_\_ Earned hours: \_\_\_\_\_ Total hours: \_\_\_\_\_  
Date sick leave is exhausted (MM/DD/YYYY): \_\_\_\_\_

Claimant has elected to:  
 Use a maximum of 130 days of sick leave  
 Bank all sick leave after (MM/DD/YYYY): \_\_\_\_\_  
Division: \_\_\_\_\_  
Central payroll code number: \_\_\_\_\_

## Locals employers only complete this section

Percentage of premium paid by employer in prior years:  
Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_ Current year: \_\_\_\_\_  
%: \_\_\_\_\_ %: \_\_\_\_\_ %: \_\_\_\_\_ %: \_\_\_\_\_

## Employer Information (All employers complete this section)

Employer email address \_\_\_\_\_ Employer telephone ( ) \_\_\_\_\_

I understand Wis. Stat. § 943.395 provides penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Authorized employer signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

TPA use only: Date sent to employer: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Sent by: \_\_\_\_\_



## Employer Instructions

The employee named on the Page 1 is applying for an ICI benefit. Please return the completed form to the Department of Employee Trust Funds promptly. Benefits cannot be computed until this form is received and processed. The completed form can be emailed to [ETFWEB@etf.wi.gov](mailto:ETFWEB@etf.wi.gov). If you are unable to email it, please fax or send it by mail to ETF. *No ICI benefits are payable to your employee until the completed form (and required medical) is received and processed.*

After completion, please make a copy of this form for your records for future reference. Continue to collect premiums for eligible employees until you receive written notice of approval of the claim. Note that no premiums can be accepted after employment is terminated. When completing the form, also note:

- *Last day paid* is the most recent date for which the employee was paid earnings. **This date is not the date of the employee's last check.**
- State *and* local employers: report the last day paid for any vacation, holiday or compensatory time paid after the elimination period.
- Local employers only: report last day paid for any sick leave paid *in addition to* any vacation, holiday or compensatory time paid after the elimination period.
- *Average monthly salary* is used to determine benefits as of the date of the disability, and uses either:
  - Previous calendar year salary: round to the next higher thousand and divide by 12, or
  - If there is a new hire or a permanent change in appointment, estimate the projected base salary (including add-ons for certain educational degrees, certifications, licenses or credentials) to be received during the ensuing 12 months. Round to the next higher thousand and divide by 12.

**Note:** If your employee falls under one of the 2 scenarios below, please calculate average monthly salary as indicated:

- A. If the employee has received a permanent change in the hourly rate (and is not a new hire or did not have a change in appointment), use the higher of the options below, round to the next higher thousand and divide by 12:
  - previous calendar year salary, *or*
  - projected salary.
- B. If the employee returns after a period of disability/authorized unpaid leave, then goes out on a new disability, use the higher of the options below, round to the next higher thousand and divide by 12:
  - previous calendar year salary, *or*
  - the same salary as the prior disability/authorized unpaid leave.
- **State** employers: report the accumulated sick leave hours as of the employee's last day worked, plus any additional sick leave earned while continuing in pay status. Report sick leave in hours and hundredths of hours (2 decimal places), **not minutes**.
  - For most **state** employees who work a standard Monday - Friday work week, sick leave is not utilized on paid legal holidays and thus extends the date sick leave is exhausted.
  - An ICI claimant who has applied for a Wisconsin Retirement System disability, long term disability insurance (LTDI) benefit or duty disability benefit may convert (bank) sick leave to pay for health insurance premiums and begin ICI benefits at an earlier date.
    - Determine, with the employee, the date through which sick leave is to be used. If the permanent disability is not approved, the date through which sick leave was used will need to be adjusted.
    - Attach written documentation to the form, which verifies the employee's decision to bank sick leave after a specified date.

