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## ***Correspondence Memorandum***

**Date:** October 23, 2015

**To:** Group Insurance Board

**From:** Deb Roemer, Director  
 Jim Guidry, Gina Fischer, Ann Suchomel, Policy Advisors

**Subject:** State and Local Income Continuation Insurance (ICI) plan language revisions

**Staff recommends the Group Insurance Board (Board) approve revisions to the State and Local ICI plan language with an effective date of January 1, 2016.**

### **Background and Discussion**

2015 Wisconsin Act 55 (Act 55) made changes to the ICI program. These changes require amendments to the ICI plan language. Additionally, staff have identified a number of edits, technical corrections and clarifications to the existing plan language for both the state and local ICI plans.

Act 55 made three specific changes (amendments in red) affecting the ICI program:

1. Change the definition of “eligible employee” by removing the requirement that an employee participate in the WRS for at least 6 months. Enrollment in the State ICI program is limited to eligible employees.

40.02 (25) (a) 1. Any participating state employee ~~who has been participating under the Wisconsin retirement system for a period of at least 6 months prior to attainment of age 70 not including any period of leave of absence without pay.~~

2. Change the initial coverage effective date from the 1<sup>st</sup> of the month following receipt of an application for coverage to the 1<sup>st</sup> day of the month that first occurs during the initial 30-day enrollment period. This change also extends the ICI program’s deferred enrollment period from 30 to 60 days.

Reviewed and approved by Matt Stohr, Administrator, Division of Retirement Services 	Electronically Signed 10/28/15
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Board	Mtg Date	Item #
GIB	11.17.15	7

40.61 (2) Except as provided in sub. (4), any eligible employee may become covered by income continuation insurance by electing coverage within 30 days of initial eligibility, to be effective as of the first day of the month ~~which begins on or after the date the application is received by the employer that first occurs during the 30-day period~~, or by electing coverage within ~~30~~ 60 days of initially becoming eligible for a higher level of employer contribution towards the premium cost to be effective as of the first day of the month following the date ~~the application is received by the employer of eligibility~~ for teachers employed by the university and effective as of the following April 1 for all other employees. Any employee who does not so elect at one of these times, or who subsequently cancels the insurance, may not thereafter become insured unless the employee furnishes evidence of insurability under the terms of the contract, or as otherwise provided by rule for employees under sub. (3), at the employee's own expense or obtains coverage subject to contractual waiting periods if contractual waiting periods are provided for by the contract or by rule for employees under sub. (3). An employee who furnishes satisfactory evidence of insurability under the terms of the contract shall become insured as of the first day of the month following the date of approval of evidence. The method to be used shall be determined by the group insurance board under sub. (1).

3. Assignment of ICI benefits for payment of child or family support obligations.

40.08 (1c) WITHHOLDING OF ANNUITY AND CERTAIN BENEFIT PAYMENTS. Notwithstanding sub. (1), any monthly annuity paid under s. 40.23, 40.24, 40.25 (1) or (2), or 40.63 and any benefit paid under s. 40.62 or duty disability payment paid under s. 40.65 is subject to s. 767.75. The board and any member or agent thereof and the department and any employee or agent thereof are immune from civil liability for any act or omission while performing official duties relating to withholding any ~~annuity~~ payment pursuant to s. 767.57.

In addition, disability program staff have identified plan language changes in both the state and local ICI plans that require additional clarity, reflect current procedures, make technical corrections and add administrative efficiencies.

Attachment A, accompanying this memo, details the specific changes to the ICI State and Local plans. The remainder of this memo will highlight the suggested changes to the ICI program.

Section 40.61 (3) Wis. Stat. authorizes the GIB to establish eligibility standards or contribution requirements for eligible local government employees and employers in the local ICI plan. Using this authority, staff generally try to recommend ICI plan provisions

consistent between the state and local plans, wherever possible, which also enhances administrative efficiencies. By way of this authority, we can recommend to the board changes to the local ICI plan for both items 2 and 3 above. However, removing the 6-month service requirement for initial eligibility as described in item 1 above, will require an administrative rule change before that provision can be implemented.

Attachment A items 1 – 6, 8, 11, 12, 19 and 24 are proposed for board approval in order to satisfy the statutory changes in Act 55. In order to maintain administrative efficiency and program consistency, the statutory effective date language “that first occurs during the 30 (or 60) day period” in §40.61(2) has been incorporated wherever feasible even though not specifically required by Act 55.

Attachment A items 13, 16, 17, 18, 23, 26, 32 - 34 represent technical corrections that reduce plan language redundancies, reflect current procedures, and eliminate incorrect or unnecessary plan language.

Attachment A items 7, 9, 10, 14, 15, 20 - 22, 25, 27 - 30, and 35 - 38 represent clarifications to ICI plan language. These clarifications represent policy decisions arising from employer and employee issues that have surfaced since the previous revision of the ICI plan language in May of 2013.

**Staff will be at the Board meeting to answer any questions.**

Attachment A: ICI Plan Changes Table

ICI Plan Changes  
October 18, 2015  
Effective January 1, 2016

Item	Article/Section	Proposed Change	Plan	Comments
1.	1.04 - "EMPLOYEE", when referring to the State Income Continuation Insurance Plan means a state EMPLOYEE who satisfies the definition of eligible EMPLOYEE set forth in § 40.02 (25) of the Wisconsin Statutes who has been participating under the Wisconsin Retirement System for a period of at least 6 months, not including any period of leave of absence without pay.	Amend 1.04 - "EMPLOYEE", when referring to the State Income Continuation Insurance Plan means a state EMPLOYEE who satisfies the definition of eligible EMPLOYEE set forth in § 40.02 (25) of the Wisconsin Statutes <del>who has been participating under the Wisconsin Retirement System for a period of at least 6 months, not including any period of leave of absence without pay.</del>	State	Elimination of 6-month eligibility requirement for coverage per §40.02 (25) (a) 1, as amended by 2015 Act 55.
2.	2.02 (2). Each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the employing state agency within thirty (30) calendar days after the initial date of eligibility as determined in accordance with § 40.02 (25) (a) 1 or 2, Wis. Stats. If an EMPLOYEE is employed at more than one employer or falls under a different ICI plan with a different elimination period, the EMPLOYEE must file a separate application for each position held.	Amend 2.02 (2). Each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the employing state agency within thirty (30) calendar days <del>after the initial date of eligibility as determined in accordance with</del> <u>of becoming an eligible EMPLOYEE under</u> § 40.02 (25) (a) 1 or 2, Wis. Stats. If an EMPLOYEE is employed at more than one employer or falls under a different ICI plan with a different elimination period, the EMPLOYEE must file a separate application for each position held.	State	Clarification of immediate eligibility for ICI coverage.

3.	2.02 (2). Subsequent to the EMPLOYER's effective date of participation, each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the EMPLOYER within thirty (30) calendar days after the initial date of eligibility as determined in § 40.02 (25), Wis. Stats. If an EMPLOYEE is employed at more than one employer or falls under a different elimination period, the EMPLOYEE must file a separate application for each position held.	Amend 2.02 (2) (Local Plan). Subsequent to the EMPLOYER's effective date of participation, each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the EMPLOYER within thirty (30) calendar days after <u>eligibility as determined in accordance with § ETF 50.10, Wis. Admin. Code. the initial date of eligibility as determined in § 40.02 (25), Wis. Stats.</u> If an EMPLOYEE is employed at more than one employer or falls under a different elimination period, the EMPLOYEE must file a separate application for each position held.	Local	Clarification of immediate eligibility for ICI coverage.
4.	2.02 (2) (a). An EMPLOYEE who meets the initial eligibility while on MILITARY LEAVE must submit an enrollment application for coverage to be received by the EMPLOYER within thirty (30) days after return to work from MILITARY LEAVE.	<del>Delete 2.02 (2) (a). <u>An EMPLOYEE who meets the initial eligibility while on MILITARY LEAVE must submit an enrollment application for coverage to be received by the EMPLOYER within thirty (30) days after return to work from MILITARY LEAVE.</u></del>	State/Local	Provision no longer necessary due to elimination of 6-month WRS requirement in Act 55. Local plan changes made to maintain plan consistency.
5.	2.02 (4). Coverage shall be effective the first day of the calendar month which begins on or after the date the application is received by the EMPLOYER. If the EMPLOYEE files the completed application prior to the initial date of eligibility as determined in accordance with § 40.02 (25) (a) 1 or 2, Wis. Stats., the coverage shall be	Amend 2.02 (4). <u>Pursuant to § 40.61 (2)</u> <del>C</del> coverage shall be effective the first day of the calendar month <u>that first occurs during the initial 30-day enrollment period if the employee files a timely application per 2.02 (2).</u> <del>which begins on or after the date the application is received by the EMPLOYER. If the EMPLOYEE files the completed application prior to the initial</del>	State	Change to effective date of coverage during initial coverage period pursuant to §40.61 (2), as amended by 2015 Act 55.

	effective the first day of the calendar month which begins on or after the date of eligibility.	<del>date of eligibility as determined in accordance with § 40.02 (25) (a) 1 or 2, Wis. Stats., the coverage shall be effective the first day of the calendar month which begins on or after the date of eligibility.</del>		
6.	2.02 (4). Coverage shall be effective the first day of the calendar month which begins on or after the date the application is received by the EMPLOYER. If the EMPLOYEE files the completed application prior to the initial date of eligibility as determined in accordance with § ETF 50.10, Wis. Admin. Code, the coverage shall be effective the first day of the calendar month which begins on or after the date of eligibility.	Amend 2.02 (4). <u>Pursuant to § 40.61 (2) coverage shall be effective the first day of the calendar month that first occurs during the initial 30-day enrollment period if the employee files a timely application per 2.02 (2).</u> <del>Coverage shall be effective the first day of the calendar month which begins on or after the date the application is received by the EMPLOYER . If the EMPLOYEE files the completed application prior to the initial date of eligibility as determined in accordance with § ETF 50.10, Wis. Admin. Code, the coverage shall be effective the first day of the calendar month which begins on or after the date of eligibility.</del>	Local	Change effective date of coverage during initial coverage period to maintain consistency between programs.
7.	2.03 (2) (a). The requirement of submitting evidence of insurability shall be waived for any EMPLOYEE who does not elect to be insured during the initial enrollment period, but who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state. The EMPLOYEE must complete the application form furnished by the DEPARTMENT and submit it to the	Amend 2.03 (2) (a). The requirement of submitting evidence of insurability shall be waived for any EMPLOYEE who does not elect to be insured during the initial enrollment period <u>or who previously cancelled ICI coverage</u> , but who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state. The EMPLOYEE must complete the application form furnished by the	State	Clarification that if a participant canceled coverage, they would be eligible for deferred coverage.

	EMPLOYER.	DEPARTMENT and submit it to the EMPLOYER.		
8.	<p>2.03 (2) (b). A deferred coverage application from a UW Faculty EMPLOYEE must be received by the EMPLOYER within thirty (30) days after completing one (1) year of state service. Coverage shall be effective the first of the month which occurs on or following the EMPLOYER's receipt of the application.</p> <p>2.03 (2) (c). A deferred coverage application from any other EMPLOYEE shall be received by the EMPLOYER on or before January 30 following the year in which the basis for the change in state contribution occurs. If January 30 falls on a weekend day the application shall be due by the next business day. Coverage shall be effective April 1.</p> <p>2.03 (2) (d). Any EMPLOYEE, who has a sick leave balance of more than 1040 hours at the end of the calendar year, may be insured by filing an application with the EMPLOYER by January 30 during the 60-day enrollment period for an April 1 effective date. If January 30 falls on a weekend day the application shall be due by the next business day.</p>	<p>Amend 2.03 (2) (b). A deferred coverage application from a UW Faculty EMPLOYEE must be received by the EMPLOYER within <del>thirty (30)</del> <u>sixty (60)</u> days after completing one (1) year of state service. Coverage shall be effective the first of the month which occurs on or following <del>the EMPLOYER's receipt of the application</del> <u>the completion of one (1) year of state service.</u></p> <p>Amend 2.03 (2) (c). A deferred coverage application from any other EMPLOYEE shall be received by the EMPLOYER <del>on or before January 30</del> <u>within 60 days of becoming eligible following the year in which the basis</u> for the change in state contribution <del>occurs.</del> If <del>January 30</del> <u>the 60-day enrollment period ends falls</u> on a weekend day the application shall be due by the next business day. Coverage shall be effective April 1.</p> <p>Amend 2.03 (2) (d). Any EMPLOYEE, who has a sick leave balance of more than 1040 hours at the end of the calendar year, may be insured by filing an application with the EMPLOYER <del>by January 30</del> <u>during the 60-day enrollment period</u> for an April 1 effective date. If <del>January 30</del> <u>the 60-day enrollment period ends falls</u> on a weekend day the application shall be due by the next</p>	State	Increase to deferred coverage election period pursuant to §40.61 (2), as amended by 2015 Act 55.

	<p>2.03 (2) (f). An EMPLOYEE who accumulates sick leave while on MILITARY LEAVE, who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state, must submit an enrollment application for coverage to be received by the EMPLOYER within thirty (30) days after return to work from MILITARY LEAVE. Coverage shall be effective on the first day of the month that begins after the date the application is received by the EMPLOYER.</p>	<p>business day.</p> <p>Amend 2.03 (2) (f). An EMPLOYEE who accumulates sick leave while on MILITARY LEAVE, who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state, must submit an enrollment application for coverage to be received by the EMPLOYER within <del>thirty (30)</del> <u>sixty (60)</u> days after return to work from MILITARY LEAVE. Coverage shall be effective on the first day of the month that <del>begins after the date the application is received by the EMPLOYER</del> <u>first occurs during the 60-day enrollment period but no earlier than April 1<sup>st</sup> of the year in which the EMPLOYEE becomes eligible.</u></p>		
9.	<p>2.03 (2) (g). An EMPLOYEE, who is eligible for deferred coverage, and whose annual salary, as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE during any subsequent ICI deferred coverage enrollment period. An EMPLOYEE, who has standard ICI coverage and receives a salary increase or promotion during the year that causes their annual salary to be greater than \$64,000, is eligible to enroll for SUPPLEMENTAL COVERAGE during any subsequent SUPPLEMENTAL ICI deferred coverage enrollment.</p>	<p>Amend 2.03 (2) (g). An EMPLOYEE, who is eligible for deferred coverage, and whose annual salary, as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE during any subsequent ICI deferred coverage enrollment period. An EMPLOYEE, who has standard ICI coverage and receives a salary increase or promotion during the year that causes their annual salary to be greater than \$64,000, <u>or an EMPLOYEE who was eligible for, but did not initially elect SUPPLEMENTAL COVERAGE</u>, is eligible to enroll for SUPPLEMENTAL COVERAGE during any subsequent</p>	State	Clarifies that employees remain eligible to enroll in supplemental coverage during deferred coverage enrollment period if they don't elect coverage when initially eligible.



		SUPPLEMENTAL ICI deferred coverage enrollment.		
10.	2.03 (2) (h). SUPPLEMENTAL COVERAGE is discontinued if the annual salary amount falls below \$64,000.00. An EMPLOYEE who has lost SUPPLEMENTAL COVERAGE due to salary reduction may re-apply during any subsequent deferred coverage enrollment period for SUPPLEMENTAL COVERAGE under this section if their annual salary, as determined under § 2.11 exceeds \$64,000.00.	Amend 2.03 (2) (h). SUPPLEMENTAL COVERAGE is discontinued <u>as of February 1<sup>st</sup></u> if the annual salary amount <u>falls is</u> below \$64,000.00 <u>at the time of the annual premium review under 2.11 (2) (b).</u> An EMPLOYEE who has lost SUPPLEMENTAL COVERAGE due to salary reduction may re-apply during any subsequent deferred coverage enrollment period for SUPPLEMENTAL COVERAGE under this section if their annual salary, as determined under § 2.11 exceeds \$64,000.00.	State	Clarifies that supplemental coverage is in effect until annual salary amount is updated at time of annual premium review.
11.	2.03 (2) (i). Eligible EMPLOYEES on LEAVE OF ABSENCE during the deferred coverage enrollment period have 30 days from their return to work to apply for standard coverage and/or for SUPPLEMENTAL COVERAGE. EMPLOYEES currently receiving ICI benefits may enroll in SUPPLEMENTAL COVERAGE when they return to work and are no longer receiving ICI benefits.	Amend 2.03 (2) (i). Eligible EMPLOYEES on LEAVE OF ABSENCE during the deferred coverage enrollment period have <u>30 60</u> days from their return to work to apply for standard coverage and/or for SUPPLEMENTAL COVERAGE <u>to be effective the first day of the month that first occurs during the 60-day enrollment period, but no earlier than April 1<sup>st</sup> of the year in which the EMPLOYEE becomes eligible.</u> EMPLOYEES currently receiving ICI benefits may enroll in SUPPLEMENTAL COVERAGE when they return to work and are no longer receiving ICI benefits. <u>EMPLOYEES wishing to enroll in SUPPLEMENTAL COVERAGE must submit an enrollment application within 60 days after termination of ICI benefits.</u>	State	Increase to deferred coverage election period pursuant to §40.61 (2), as amended by 2015 Act 55. Incorporates effective date language in Act 55 for administrative efficiency.

12.	2.22 ASSIGNMENT OF BENEFITS. Benefits payable under this Plan are non-assignable.	Amend 2.22 ASSIGNMENT OF BENEFITS. Benefits payable under this Plan <del>are non-assignable</del> <u>may be assigned to fulfill child or family support obligations pursuant to s. 40.08 (1c).</u>	State/Local	2015 Act 55 amended §40.08 (1c) subjecting ICI benefits to assignment for child or family support obligations.
13.	2.015 (1). The governing body of an EMPLOYER shall adopt a resolution for coverage under this Plan in the form prescribed by the DEPARTMENT. The effective date of coverage shall be the first of the calendar month which begins on or after ninety (90) days following receipt by the DEPARTMENT of the resolution, unless the resolution specifies a later effective date. Coverage shall always be effective on the first day of a calendar month. The EMPLOYER shall transmit all enrollment applications so they are received by the DEPARTMENT thirty (30) days prior to the effective date. If those applications represent less than 65% of all eligible EMPLOYEES, the resolution shall become void, unless the EMPLOYER is granted a temporary waiver of the 65% participation requirement by the DEPARTMENT. The waiver may be extended by the DEPARTMENT, if deemed appropriate and necessary.	Amend 2.015 (1). The governing body of an EMPLOYER shall adopt a resolution for coverage under this Plan in the form prescribed by the DEPARTMENT. The effective date of coverage shall be the first <u>day</u> of the calendar month which begins on or after ninety (90) days following receipt by the DEPARTMENT of the resolution, unless the resolution specifies a later effective date. <del>Coverage shall always be effective on the first day of a calendar month.</del> The EMPLOYER shall transmit all enrollment applications so they are received by the DEPARTMENT thirty (30) days prior to the effective date. If those applications represent less than 65% of all eligible EMPLOYEES, the resolution shall become void, unless the EMPLOYER is granted a temporary waiver of the 65% participation requirement by the DEPARTMENT. The waiver may be extended by the DEPARTMENT, if deemed appropriate and necessary.	Local	Eliminate repetitive language.
14.	2.03 (1) and (1) (a). EVIDENCE OF INSURABILITY. Any EMPLOYEE, who	Amend 2.03 (1) and (1) (a). EVIDENCE OF INSURABILITY. Any EMPLOYEE,	State/Local	Clarifies reenrollment eligibility for employees who previously

	<p>does not elect to be covered during the initial enrollment period, or desires at a later date to change to a shorter elimination period, may complete an application of evidence of insurability furnished by the DEPARTMENT. An application of evidence of insurability, completed more than thirty (30) days prior to the date the DEPARTMENT receives it, will be rejected. The EMPLOYEE shall be required to complete a new application. The evidence of insurability application shall be reviewed by the CONTRACTOR subject to the health underwriting standards approved for the program by the BOARD.</p> <p>(a) An EMPLOYEE, who is approved for coverage under evidence of insurability, and whose annual salary as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE.</p>	<p>who does not elect to be covered during the initial enrollment period <u>or who previously cancelled ICI coverage</u>, or <u>an EMPLOYEE who</u> desires at a later date to change to a shorter elimination period, may complete an application of evidence of insurability furnished by the DEPARTMENT. An application of evidence of insurability, completed more than thirty (30) days prior to the date the DEPARTMENT receives it, will be rejected. The EMPLOYEE shall be required to complete a new application. The evidence of insurability application shall be reviewed by the CONTRACTOR subject to the health underwriting standards approved for the program by the BOARD.</p> <p>(a) An EMPLOYEE, who is approved for coverage under evidence of insurability, and whose annual salary as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE. <u>However, an EMPLOYEE who already has standard coverage cannot enroll in SUPPLEMENTAL COVERAGE through evidence of insurability, but may apply during the SUPPLEMENTAL COVERAGE open enrollment period.</u></p>		<p>cancelled coverage.</p> <p>Clarifies that supplemental coverage is not available through evidence of insurability for employees enrolled in standard ICI coverage.</p>
15.	2.03 (4) (a). An insured EMPLOYEE who transfers employment from one	Amend 2.03 (4) (a). An insured EMPLOYEE who transfers employment	State	Remove requirement for certain transfer employees to

	state agency to another within thirty (30) days, must file an enrollment application with the new agency within thirty (30) days of hire to prevent coverage from lapsing. The insured EMPLOYEE, under this provision, whose annual salary as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE by giving written notice as indicated in (3).	from one state agency to another <u>under a different payroll center, within thirty (30) days</u> , must file an enrollment application with the new agency within thirty (30) days of hire to prevent coverage from lapsing. <del>The insured EMPLOYEE, under this provision, whose annual salary as determined under § 2.11 exceeds \$64,000.00 may also apply for SUPPLEMENTAL COVERAGE by giving written notice as indicated in (3).</del>		reapply for coverage. Reflects new payroll processes implemented by state STAR project.
16.	N/A	<p><u>Create 2.03 (4). SUPPLEMENTAL COVERAGE ANNUAL OPEN ENROLLMENT</u></p> <p><u>(a). The SUPPLEMENTAL COVERAGE annual open enrollment period begins on January 1 of each year and lasts for a period of 60 days.</u></p> <p><u>(b). An EMPLOYEE, who has standard ICI coverage and receives a salary increase or promotion during the year that causes their annual salary to be greater than \$64,000, or an EMPLOYEE who was eligible for, but did not initially elect SUPPLEMENTAL COVERAGE, is eligible to enroll for SUPPLEMENTAL COVERAGE during any subsequent SUPPLEMENTAL COVERAGE open enrollment period.</u></p> <p><u>(c) A SUPPLEMENTAL COVERAGE open enrollment application shall be received by the EMPLOYER on or before the end of the</u></p>	Local	Place supplemental coverage annual enrollment provisions in plan language.

		<p><u>SUPPLEMENTAL COVERAGE annual open enrollment period. If the end of the SUPPLEMENTAL COVERAGE annual open enrollment period falls on a weekend day, the application shall be due by the next business day. Coverage shall be effective April 1.</u></p> <p><u>(d) SUPPLEMENTAL COVERAGE is discontinued as of April 1st if the annual salary amount is below \$64,000.00 at the time of the annual premium review under 2.11 (2) (b). An EMPLOYEE who has lost SUPPLEMENTAL COVERAGE due to salary reduction may re-apply during any subsequent open enrollment period for SUPPLEMENTAL COVERAGE under this section if their annual salary, as determined under § 2.11 exceeds \$64,000.00.</u></p> <p><u>(e) Eligible EMPLOYEES on LEAVE OF ABSENCE during the SUPPLEMENTAL COVERAGE open enrollment period have 30 days from their return to work to apply for SUPPLEMENTAL COVERAGE. EMPLOYEES currently receiving ICI benefits may enroll in SUPPLEMENTAL COVERAGE, if eligible, when they return to work and are no longer receiving ICI benefits.</u></p>		
17.	2.05 (4). The first three (3) months of authorized leave qualify for EMPLOYER	Amend 2.05 (4). The first three (3) months of authorized leave qualify for	State	Revising incorrect language.

	<p>contribution. For subsequent months, the EMPLOYEE must pay the gross premium including the amount normally considered state contribution. The gross premium shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated at the rate-category which was in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment (February 1) or if there has been a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).</p>	<p>EMPLOYER contribution. For subsequent months, the EMPLOYEE must pay the gross premium including the amount normally considered state contribution. The gross premium shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated <u>at using</u> the <u>same rate-premium</u> category which was in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment (February 1) or if there has been a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).</p>		
18.	<p>2.05 (4). The gross premium shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated at the rate category which was in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment (March 1) or if there has been a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).</p>	<p>Amend 2.05 (4). The gross premium shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated <u>at using</u> the <u>rate-category same elimination period</u> which was in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment (<u>March-April 1</u>) or if there has been a permanent change in the EMPLOYEE's percentage of</p>	Local	Revising incorrect language.

		appointment (whichever is earlier).		
19.	2.05 (5). Any insured EMPLOYEE who allows coverage to lapse during a period of unauthorized or authorized leave, or MILITARY LEAVE by not authorizing or making advance premium payments under sub. (2) or (3) may reinstate coverage with the same elimination period and without furnishing medical evidence of insurability by submitting an application to the EMPLOYER within thirty (30) days following the return to active employment or return to active employment after MILITARY LEAVE. Coverage shall be effective on the first day of the month that begins on or after the date the application is received by the EMPLOYER. Premium shall resume in the same amount as before unless there has been an annual premium or salary adjustment in the interim.	Amend 2.05 (5). Any insured EMPLOYEE who allows coverage to lapse during a period of unauthorized or authorized leave, or MILITARY LEAVE by not authorizing or making advance premium payments under sub. (2) or (3) may reinstate coverage with the same <u>premium category or</u> elimination period and without furnishing medical evidence of insurability by submitting an application to the EMPLOYER within thirty (30) days following the return to active employment or return to active employment after MILITARY LEAVE. Coverage shall be effective on the first day of the month that <del>begins on or after the date the application is received by the EMPLOYER</del> <u>first occurs during the 30-day enrollment period.</u> Premium shall resume in the same amount as before unless there has been an annual premium or salary adjustment in the interim.	State/Local	Insert missing language and changes effective date language to match the language in 40.62 (1)
20.	2.06. Waiver of Premiums. A CLAIMANT who is TOTALLY DISABLED shall pay no premiums for the coverage period which is the first of the month which occurs on or following the date initial payment of ICI benefits become payable or upon termination of employment, whichever occurs first. The	Amend 2.06. Waiver of Premiums. A CLAIMANT who is TOTALLY DISABLED shall pay no premiums for the coverage period which is the first of the month which occurs on or following the date <del>initial payment of ICI benefits become payable</del> <u>ICI benefits are first payable</u> or upon termination of employment,	State/Local	Clarifies effective dates for ICI premium waiver.

	waiver of premiums shall continue through the last day of the month in which the EMPLOYEE's LEAVE OF ABSENCE ends pursuant to §40.02 (40) Wis. Stat. The EMPLOYER shall not pay the EMPLOYER contribution of premium for same period as the CLAIMANT's waiver period.	whichever occurs first. The waiver of premiums shall continue through the last day of the month in which the EMPLOYEE's LEAVE OF ABSENCE ends pursuant to §40.02 (40) Wis. Stat. <u>or ICI benefits are terminated, whichever is later.</u> The EMPLOYER shall not pay the EMPLOYER contribution of premium for same period as the CLAIMANT's waiver period.		
21.	2.07 (1). The insurance coverage of an EMPLOYEE who is not TOTALLY DISABLED shall immediately terminate on the date the EMPLOYEE resigns, is dismissed, terminates, retires, turns age 70, or dies, whichever occurs first. When coverage lapses under § 2.05 (5), coverage terminates the end of the month through which premiums were paid. A full month's premium is required for any month or portion of a month for which earnings are paid.	Amend 2.07 (1). The insurance coverage of an EMPLOYEE who is not TOTALLY DISABLED shall immediately terminate on the date the EMPLOYEE resigns, is dismissed, terminates, retires, turns age 70, or dies, whichever occurs first. <u>A former EMPLOYEE can file a claim after their coverage termination date if their PHYSICIAN indicates they were TOTALLY DISABLED prior to resigning, being dismissed, terminating, retiring or turning age 70.</u> When coverage lapses under § 2.05 (5), coverage terminates the end of the month through which premiums were paid. A full month's premium is required for any month or portion of a month for which earnings are paid.  <u>Create 2.07 (1) (a). An EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, is still eligible for benefits,</u>	State/Local	Clarifies that coverage is in effect for former employees if disability occurred during their employment.



		<u>with the first date of disability being the EMPLOYEE's termination date.</u>		
22.	2.09 (1). The gross monthly premiums as shown in Table I, IV and IV-A shall be based on the earnings level, accumulated sick leave, and appropriate elimination period. Limited-term EMPLOYEES are eligible for ICI coverage under premium category 1 only.	Amend 2.09 (1). The gross monthly premiums as shown in Table I, IV and IV-A shall be based on the earnings level, accumulated sick leave, and appropriate elimination period. Limited-term EMPLOYEES, <u>who are not concurrently appointed to a permanent state position</u> , are eligible for ICI coverage under premium category 1 only.	State	Clarifying language for employees in both permanent and LTE positions.
23.	<p>2.09 (3) (State). Each EMPLOYER shall remit to the DEPARTMENT all the necessary forms and premium payments by the 20th of the month for the previous month's coverage.</p> <p>2.09 (4) (State). Late payments shall be subject to interest charges pursuant to §40.06, Wis. Stats.</p> <p>2.09 (3) (Local). Each participating EMPLOYER shall remit to the DEPARTMENT all the necessary forms and premium payments by the 20th day of the month for the following month of coverage.</p> <p>2.09 (4) (Local). Late payments shall be subject to interest charges pursuant to § 40.06, Wis. Stats.</p>	<p><del>2.09 (3) (State). Each EMPLOYER shall remit to the DEPARTMENT all the necessary forms and premium payments by the 20th of the month for the previous month's coverage.</del></p> <p><del>2.09 (4) (State). Late payments shall be subject to interest charges pursuant to §40.06, Wis. Stats.</del></p> <p><del>2.09 (3) (Local). Each participating EMPLOYER shall remit to the DEPARTMENT all the necessary forms and premium payments by the 20th day of the month for the following month of coverage.</del></p> <p><del>2.09 (4) (Local). Late payments shall be subject to interest charges pursuant to § 40.06, Wis. Stats.</del></p>	State/Local	Delete unnecessary provisions. Remittance instructions addressed in statute.

24.	2.09 (5). The annual premium adjustment shall be determined effective March 1 <sup>st</sup> of each year.	Amend and renumber 2.09 (5).2.09 (3) The annual premium adjustment shall be determined effective <del>March</del> <u>April</u> 1 <sup>st</sup> of each year.	Local	Change date to coincide with State plan effective date.
25	2.10 (6). Pursuant to § 40.05 (5) an EMPLOYEE eligible for an EMPLOYER contribution in premium category 4, 5, or 6 shall continue to be eligible for an EMPLOYER contribution of that same premium category until the EMPLOYEE is eligible for a higher level even if, as a result of disability or illness, the accumulated sick leave is subsequently reduced. An EMPLOYEE eligible for premium category 3 will not remain eligible for an EMPLOYER contribution if their accumulated sick leave falls below the number of hours required to be eligible for premium category three.	Amend 2.10 (6). Pursuant to § 40.05 (5) an EMPLOYEE eligible for an EMPLOYER contribution in premium category 4, 5, or 6 shall continue to be eligible for an EMPLOYER contribution of that same premium category until the EMPLOYEE is eligible for a higher level even if, as a result of disability or illness, the accumulated sick leave is subsequently reduced. <u>This includes an EMPLOYEE whose employment was previously terminated, but has been rehired and is still within their sick leave restoration period pursuant to § ER 18.03 (5), Wis. Admin. Code.</u> An EMPLOYEE eligible for premium category 3 will not remain eligible for an EMPLOYER contribution if their accumulated sick leave falls below the number of hours required to be eligible for premium category three.	State	Clarifies that rehired employees with restored sick leave balances can enroll in ICI coverage at their previous premium category if they were enrolled in a permanent category at the time of their previous termination.
26	2.11 (2) (a). If the EMPLOYEE is newly hired or if there is a permanent change in the EMPLOYEE's percentage of appointment, the EMPLOYER shall estimate the base salary earnings to be received during the ensuing twelve (12) months rounded to the next higher	Amend 2.11 (2) (a). If the EMPLOYEE is newly hired or if there is a permanent change in the EMPLOYEE's percentage of appointment, the EMPLOYER shall estimate the base salary earnings to be received during the ensuing twelve (12) months rounded to the next higher	State/Local	Revising incorrect language.

	thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings until coverage has been in effect for a full calendar year.	thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings until <del>coverage has been in effect for a</del> <u>the employee has worked for one</u> full calendar year.		
<b>27</b>	N/A  N/A  2.11 (2) (b) (Local). Annual changes in contributions towards premiums shall be effective for coverage beginning March of each calendar year.	Create 2.11 (2) (b). <u>If an EMPLOYEE has a permanent change in percentage of appointment and the new estimated annual salary amount is less than \$64,000, the SUPPLEMENTAL COVERAGE is discontinued as of the first of the month following the change in percentage of appointment.</u>  Renumber 2.11 (2) (b) to <u>2.11 (2) (c) (State)</u> .  Amend and Renumber 2.11 (2) (b) to <u>2.11 (2) (c) (Local)</u> . Annual changes in contributions towards premiums shall be effective for coverage beginning <del>March</del> <u>April 1</u> of each calendar year.	State/Local	Clarifies that a percentage change in appointment can change supplemental coverage.
<b>28</b>	N/A	Create 2.13 (2) (a). <u>The first date of disability for an EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, shall be the EMPLOYEE's termination date.</u>	State/Local	Clarifies date of disability for employees who are medically terminated.
<b>29</b>	2.135 (2). This maximum limitation will not apply in those cases where a	Amend 2.135 (2). <del>This maximum limitation will not apply in those cases</del>	State	Clarifies that sick leave exhaustion is not required for

	CLAIMANT is determined to be eligible for disability benefits under § 40.63, Wis. Stats., § ETF 50.40, Wis. Admin. Code and § 40.65, Wis. Stats. Sick leave credits converted to pay health insurance premiums no longer qualify as earnings and will not be taken into consideration in determining the elimination period.	<del>where a CLAIMANT</del> <u>If it is determined that a CLAIMANT is to be eligible for disability benefits under § 40.63, Wis. Stats., § ETF 50.40, Wis. Admin. Code and or § 40.65, Wis. Stats., they will not be required to exhaust their accumulated sick leave as indicated in (1).</u> Sick leave credits converted to pay health insurance premiums no longer qualify as earnings and will not be taken into consideration in determining the elimination period. <u>If the CLAIMANT is not subsequently approved for one of these benefits, sick leave exhaustion as indicated in (1) will apply.</u>		employees eligible and approved for a disability annuity, LTDI, or duty disability.
30	N/A	Create 2.135 (3). <u>If an EMPLOYEE has terminated all WRS employment, and, therefore, no longer has use of accumulated sick leave, the previous sick leave balance will not be taken into consideration when determining the elimination period. The sick leave exhaust date will be considered to be the same as the EMPLOYEE's termination date.</u>	State	Clarifies that if sick leave is not available to terminated employees they are not required to exhaust sick leave.
31	2.15 (2) (b). Any EMPLOYER liability law, including the amount of § 40.65 Duty Disability payments. The offset for § 40.65 will be the gross amount of the benefit, prior to offsets, on the § 40.65 effective date. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter	Amend 2.15 (2) (b). Any EMPLOYER liability law, including the amount of § 40.65 Duty Disability payments. The offset for § 40.65 will be the gross amount of the benefit, prior to offsets, on the § 40.65 effective date. <u>The offsets to the gross §40.65 benefit include, but are not limited to, offsets for PPD and PTD</u>	State/Local	Specifies that 2.15 (2) (b) includes the original gross amount of any §40.65 annuity awards and that future changes in the amount of the award will not alter the amount of the offset.

	the amount originally established as an offset with the exception of computation correction errors.	<u>payments, notwithstanding the provisions of par. (a).</u> Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the exception of computation correction errors.		
32	Amend 2.15 (2) (e) Any WRS disability or retirement plan. WRS periodic disability and retirement payments and lump sum payments will be offset at the equivalent straight life monthly annuity amount using the DEPARTMENT's current actuarial tables. The reduction for the WRS retirement plan will be based on the straight life annuity amount. A CLAIMANT eligible for either a § 40.63, Wis. Stats., benefit or a § ETF 50.40, Wis. Admin. Code, benefit may choose the benefit they preferred.	Amend 2.15 (2) (e) Any WRS disability or retirement plan. WRS periodic disability and retirement payments and lump sum payments will be offset at the equivalent straight life monthly annuity amount using the DEPARTMENT's current actuarial tables. The reduction for the WRS retirement plan will be based on the straight life annuity amount. A CLAIMANT eligible for either a § 40.63, Wis. Stats., benefit or a § ETF 50.40, Wis. Admin. Code, benefit may choose the benefit they preferred.	State/Local	Correct language.
33	2.15 (2) (e) 1. Benefits will be reduced by all applicable WRS benefits. If the claimant elects to receive benefits based on the spouse's account in lieu of the CLAIMANT's own account, the ICI benefit will be reduced by the amount received by the CLAIMANT. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation	Amend 2.15 (2) (e) 1. Benefits will be reduced by all applicable WRS benefits. <del>If the claimant elects to receive benefits based on the spouse's account in lieu of the CLAIMANT's own account, the ICI benefit will be reduced by the amount received by the CLAIMANT.</del> Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation	State/Local	Deleted provision not applicable to WRS benefits, only to SSDI.

	correction errors, late reported earnings, and adjusted Long-Term Disability Insurance (LTDI) benefits due to retirement or separation benefit offsets	correction errors, late reported earnings, and adjusted Long-Term Disability Insurance (LTDI) benefits due to retirement or separation benefit offsets		
34	2.15 (2) (e) 2. If an EMPLOYEE was receiving disability benefits continuously from the WRS prior to becoming insured, and subsequently becomes TOTALLY DISABLED while insured under this Plan, the disability benefits will be offset only if the amount received from the other program is increased as a result of the subsequent disability and only by the amount of the increase.	<p>Delete 2.15 (2) (e) 2. <del>If an EMPLOYEE was receiving disability benefits continuously from the WRS prior to becoming insured, and subsequently becomes TOTALLY DISABLED while insured under this Plan, the disability benefits will be offset only if the amount received from the other program is increased as a result of the subsequent disability and only by the amount of the increase.</del></p> <p>Renumber 2.15 (2) (e) 3 to <u>2.15 (2) (e) 2.</u></p>	State/Local	Delete entire provision. Not applicable to WRS benefits.
35	2.15 (2) (g). Earnings means the gross amount of wages and salary received from any employment, whether or not it is Wisconsin Retirement System covered employment, for personal service rendered on or after the disability effective date, including any amount which would have been available for payment to the CLAIMANT except for the CLAIMANT's election that part or all of the amount be used for other purposes. The gross amount shall be determined prior to deductions for taxes, insurance premiums, retirement contributions, charitable contributions,	Amend 2.15 (2) (g). Earnings, <u>which</u> means the gross amount of wages and salary received from any employment, whether or not it is Wisconsin Retirement System covered employment, for personal service rendered on or after the disability effective date, including any amount which would have been available for payment to the CLAIMANT except for the CLAIMANT's election that part or all of the amount be used for other purposes. The gross amount shall be determined prior to deductions for taxes, insurance premiums, retirement contributions, charitable contributions,	State/Local	Clarifies ambiguous language and that "employer" refers to WRS employers as defined in s. 1.05 of the plan language.

	<p>etc.</p> <p>Earnings also include any payment or award for lost wages or lost earnings regardless of whether treated as earnings for purposes of the Wisconsin Retirement System under § 40.02 (22), Wis. Stats., or § ETF 20, Wis. Admin. Code, and regardless of whether received from the employer or a third party, including a third party subrogation or an insurer.</p> <p>Earnings for personal services rendered also include the net profit of any business enterprise owned, controlled or conducted by the individual, in addition to any salary, wages or other compensation drawn from such a business.</p> <p>Earnings will be offset as of the date of payment for the gross amount paid.</p> <p><i>(Paragraph applicable to State Plan only).</i> Unless the CLAIMANT has returned to work with the prior EMPLOYER, payments for vacation, sabbatical, holiday time, and compensatory time paid after the elimination period will be offset at 100%.</p>	<p>etc.</p> <p>Earnings also include any payment or award for lost wages or lost earnings regardless of whether treated as earnings for purposes of the Wisconsin Retirement System under § 40.02 (22), Wis. Stats., or § ETF 20, Wis. Admin. Code, and regardless of whether received from the <del>employer</del> <u>EMPLOYER</u> or a third party, including a third party subrogation or an insurer.</p> <p>Earnings for personal services rendered also include the net profit of any business enterprise owned, controlled or conducted by the individual, in addition to any salary, wages or other compensation drawn from such a business.</p> <p>Earnings will be offset as of the date of payment for the gross amount paid.</p> <p><i>(Paragraph applicable to State Plan only).</i> Unless the CLAIMANT has returned to work with the prior EMPLOYER, payments for vacation, sabbatical, holiday time, and compensatory time paid <del>after the elimination period</del> <u>to the CLAIMANT after the date the ICI benefit first becomes payable,</u> will be offset at 100%.</p>		<p>Clarifies that additional payments for leave balances received after ICI benefits had begun are offset at 100%.</p>
<p><b>36</b></p>	<p>2.15 (3). Notwithstanding delays in</p>	<p>Amend 2.15 (3). Notwithstanding delays</p>	<p>State/Local</p>	<p>Clarifies that retroactive benefit payments made after</p>

	benefit payments from sources listed under sub. (2), ICI benefits may be made and adjusted, retroactively if necessary, when benefit payments from other sources are actually made or become known to the DEPARTMENT or CONTRACTOR. Any overpayments created due to retroactive approval of sources listed under sub. (2) must be repaid by the CLAIMANT or the CLAIMANT's representative or estate.	in benefit payments from sources listed under sub. (2), ICI benefits may be made and adjusted, retroactively if necessary, when benefit payments from other sources are actually made <u>to the CLAIMANT</u> or become known to the DEPARTMENT or CONTRACTOR. Any overpayments created due to retroactive approval of sources listed under sub. (2) must be repaid by the CLAIMANT or the CLAIMANT's representative or estate. <u>Any retroactive benefits paid to an estate or beneficiary after the CLAIMANT's death are not offsetable.</u>		an employee has died are not offsets.
37	2.165 (1) (a). If the EMPLOYEE is newly hired the EMPLOYER shall estimate the base salary earnings to be received during the ensuing twelve (12) months-rounded to the next higher thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings until coverage has been in effect for a full calendar year.  2.165 (1) (b). A new projection shall be made when there is a permanent change in the EMPLOYEE's percentage	Amend 2.165 (1) (a). If the EMPLOYEE <del>is was</del> newly hired <u>or had a permanent change in percentage of appointment that is not accurately reflected in the previous year's earnings, the EMPLOYER shall estimate the estimated</u> base salary earnings <u>that was used to determine the most recent premiums will be to be received during the ensuing twelve (12) months</u> -rounded to the next higher thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings <u>for the determination of benefits</u> .  Delete 2.165 (1) (b). <del>A new projection shall be made when there is a permanent change in the EMPLOYEE's percentage</del>	State/Local	Clarifies when estimated earnings are used for benefit determination purposes. Combines language for efficiency.



	<p>of appointment. Projections shall be made based on the new rate of pay.</p> <p>2.165 (1) (c) If the EMPLOYEE has a permanent change in their rate of pay AND has no change in their percentage appointment, then a new projection may be made based on the new rate of pay OR 2.165 (1) whichever is higher.</p>	<p><del>of appointment. Projections shall be made based on the new rate of pay.</del></p> <p>Amend and renumber 2.165 (1) (c) to 2.165 (1) (b). If the EMPLOYEE has <u>had</u> a permanent change in their rate of pay <del>AND-but</del> has <u>had</u> no change in their percentage <u>of</u> appointment, then <u>the average monthly earnings shall be based on either</u> a new projection <del>may be made based on using</del> the new rate of pay OR 2.165 (1) whichever is higher.</p> <p>Renumber 2.165 (1) (d) to <u>2.165 (1) (c)</u></p>		
38	<p>2.21 (2). An ICI claim (either claim form ET-5352 received by the DEPARTMENT or through telephone initiation with the CONTRACTOR) must be completed by the CLAIMANT or the CLAIMANT's representative. In no event will a paper or telephone claim be approved if received more than twelve (12) months from the last day paid as determined by the CONTRACTOR. In no event will benefits be payable for the period which is more than ninety (90) days prior to the date the DEPARTMENT receives the paper claim or the CONTRACTOR receives the telephone claim. A claim may be submitted up to thirty (30) days prior to the last day worked; however, no benefits will be payable until after the last day worked based on the first date</p>	<p>Amend 2.21 (2). An ICI claim (either claim form ET-5352 received by the DEPARTMENT or through telephone initiation with the CONTRACTOR) must be completed by the CLAIMANT or the CLAIMANT's representative. In no event will a paper or telephone claim be approved if received more than twelve (12) months from the last day paid as determined by the CONTRACTOR. In no event will benefits be payable for the period which is more than ninety (90) days prior to the date the DEPARTMENT receives the paper claim or the CONTRACTOR receives the telephone claim. A claim may be submitted up to thirty (30) days prior to the last day worked <u>in cases of scheduled surgery or impending childbirth</u>; however, no</p>	State/Local	Clarifies when an ICI claim may be filed prior to the last day worked.

	of disability determined by the CONTRACTOR and subject to the CLAIMANT's elimination period.	benefits will be payable until after the last day worked based on the first date of disability determined by the CONTRACTOR and subject to the CLAIMANT's elimination period.		
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