



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

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

October 31, 2023

Re: Member Name
ETF ID: xxxx-xxxx

Subscriber Name
Address 1
Address 2
City, St ZIP

Dear Subscriber,

The Department of Employee Trust Funds was notified that your dental insurance coverage was terminated on Month DD, YYYY. \$x,xxx.xx of dental claims were paid after your coverage ended. Due to state law (Wis. Stat. §40.08 (4)), you must repay this amount to ETF.

The next page details the claims that you must repay. Your options for repayment are:

1. Repay the dental claims costs by personal check, money order or online at etf.wi.gov/my-info/pay-my-invoice. You will receive an invoice shortly after this letter with payment options and instructions.
2. Select a monthly deduction or make a monthly payment arrangement through ETF's collections unit until the dental claim costs are paid in full.

If you do not make any payment within 30 days of this letter, and you currently receive a monthly benefit, ETF will automatically deduct monthly payments from your benefit payments to recover the overpayment.

Any unpaid balance after 180 days from the date of the invoice will accrue interest at the rate of 6.8% per year. Please note, this is the current assumed interest rate and is subject to change. If you do not make a payment or are untimely with payments, ETF may pursue other recovery options.

Please see the next page to review overpaid claims information, as well as contact information for questions you may have regarding these claims. For questions or to discuss repayment options, please contact ETF's Collections Unit at 1-877-533-5020 or email overpayments@etf.gov.

Sincerely,

Department of Employee Trust Funds
1-877-533-5020 • etf.wi.gov

Overpaid Claims Information

HIPPA law restricts what kind of health care, prescription, or dental care information ETF can provide to you. If you need more detailed information about the overpaid dental claims, please contact Delta Dental of Wisconsin:

- Web: www.deltadentalwi.com/state-of-wi
- Email: etfcustomerservice@deltadentalwi.com
- Phone: 1-844-337-8383

Any unpaid balance after 180 days from the date of the invoice will accrue interest at the rate of 6.8% per year. Please note, this is the current assumed interest rate and is subject to change. You may wish to talk to your tax advisor to determine any tax implications your repayment of claims may have for you.

Claim number	Amount