

myETF Benefits – Employer – Termination of Coverage

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General Information

The application provides state and local employees that participate in health care benefits with a web-based application to view health insurance plan details and access reports.

Special Notes

- The individual accessing the system must obtain security clearance by submitting the Online Network for Employers Security Agreement, form ET-8928.
- The application requires your Web browser to have cookies enabled and JavaScript on.
- Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a *Continuation-Conversion Notice* (ET-2311) within 5 days of the qualifying event.
- In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the *It's Your Choice* period.
- For additional assistance, please call: 1-888-681-3952 and 608-264-7900.

Step-by-Step Instructions (Text Only)

- 1) Open the On line Network for Employers portal (a.k.a. ONE)
(<http://etfonline.wi.gov/etf/internet/employer/one.html>)
- 2) Click on the myETF Benefits link
- 3) Select the “myETF Benefits” link.
- 4) The “ETF Web Application Logon” screen will appear.
- 5) Type your User ID.
- 6) Press the “Tab” key.
- 7) Type your password.
- 8) Click “Log In”
- 9) Type your seven-digit Employer Number.
- 10) Click the “Submit” button.
- 11) The “myEmployer Info page” will appear, displaying the contact information on file with ETF.
- 12) Place the mouse pointer over the “Health” tab.
- 13) Move the mouse pointer over “Termination of Coverage” and click. The “Termination of Coverage” page will appear.
- 14) Enter the termination information on the screen.
 - a) NOTE: The event date cannot be in the future.
- 15) If you are terminating more than one employee, click the green plus sign to add another row and complete the fields for the next employee.
- 16) When all terminations are entered, click the “Submit” button. A confirmation page will appear.
- 17) Click “Confirm” to process the termination(s).
- 18) Click the “Log Off” tab to exit myETF Benefits.

Step-by-Step Instructions with Visuals



[home](#)

Employee Trust Funds (ETF) On-line Network for Employers (ONE)

Welcome to the Department of Employee Trust Funds On-line Network for Employers (ONE). This is a new and innovative way to retrieve historical data, keep employee information contributions and payment. ONE is an interactive Internet application that is easy and convenient to use.

Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at ETFOnLineHelp@etf.state.wi.us
Employer Communications Center (608) 264-7900

Account Maintenance

[WRS Employers - Reset Password](#)
Description: If it is no longer possible to log on, you can reset your password.

[Email Contact Information](#)
Description: Provides a view of current employer contact information and the ability to update information to ensure proper administration of ETF benefit programs.

[Security Agency](#)
Description: (608) 266-5801

Applications

[myETFBenefits](#)

[Previous Service and Benefit Inquiry](#)
Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculation (agencies only).

[WRS Account Update](#)
Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

Click here
to begin

[myETFBenefits](#)



Type your ETF User Id and password. Click "Login" to continue.

Benefits Admin

Administrator Log In

This application was developed by the Department of Employee Trust

Registered Users

If you are already a registered user, enter your user ID and password, then click the login button.

User ID:

Password:

Logon and Password Support (608) 264-8333 or email us at helpdesk@etf.state.wi.us.

Guidelines for Use:

- This system is designed to be viewed using the latest version of Microsoft Internet Explorer or Firefox.
- For the best viewing experience set your screen resolution to at least 1024 X 768.
- Some pages within this system require Adobe Acrobat Reader be installed on your computer in order to view PDF files.

This system is for authorized users only. System access is monitored. By using this system, you expressly consent to system monitoring. Evidence of unauthorized access will be provided to the appropriate law enforcement agencies for prosecution.



Type your Employer Number. Click "Submit" to continue.

Benefits Admin

Administrator Log In

This application was developed by the Department of Employee Trust

This Internet application is provided for use by employers to view their health insurance premium information by coverage month.

Please enter your Employer Number and press enter.

Employer No:

Logon and Password Support (608) 264-8333 or email us at helpdesk@etf.state.wi.us.

Guidelines for Use:

- This system is designed to be viewed using the latest version of Microsoft Internet Explorer or Firefox.
- For the best viewing experience set your screen resolution to at least 1024 X 768.
- Some pages within this system require Adobe Acrobat Reader be installed on your computer in order to view PDF files.

This system is for authorized users only. System access is monitored. By using this system, you expressly consent to system monitoring. Evidence of unauthorized access will be provided to the appropriate law enforcement agencies for prosecution.



Benefits Admin

Click on "Termination of Coverage".

Members Health Life Disability WRS Other Benefits Log Off

Inquiry
Member Enrollment

Employer: Termination of Coverage 0000-110

Employer Name: EMPLOYEE TRUST FUNDS, DEPT OF

Agent Contact

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Insurance Contact

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Retirement Contact

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Address Information

Address: 801 W BADGER RD
PO BOX 7931
MADISON, WI 53707-7931

Primary Email:

Note: if the contact or address information listed above is not correct for your employer please submit a *Designation of Agent Form, ET-1127* to correct the information.



myETF Benefits Admin

Health Insurance Termination of Coverage

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Log Off

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a *Continuation-Conversion Notice (ET-2311)* within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the *It's Your Choice* period.

Row	Member	SSN	Member ID	Qualifying Event Date	Received Date	End Date	Reason	Add/Remove Row
1		<input type="text"/> OR <input type="text"/>		<input type="text" value="04/30/2010"/>	<input type="text" value="04/30/2010"/>	<input type="text" value="4/30/2010"/>	<input type="text" value="Select One"/>	

Enter the employee information.

Click here to add multiple rows.

Submit Clear



myETFInfo

myMembers

Health

Life

Disability

My

Log Off

Click "Log Off" to exit myETF Benefits

Employer Number: 0001-110 Employer Name: EMPLOYEE TRUST FUNDS, DEPT OF

Agent Contact Insurance Contact

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Retirement Contact

Name: PERRY WHITE
Telephone: (608) 266 - 7387

Address Information

Address: 801 W BADGER RD
PO BOX 7931
MADISON, WI 53707-7931

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Note: if the contact or address information listed above is not correct for your employer please submit a *Designation of Agent Form, ET-1127* to correct the information