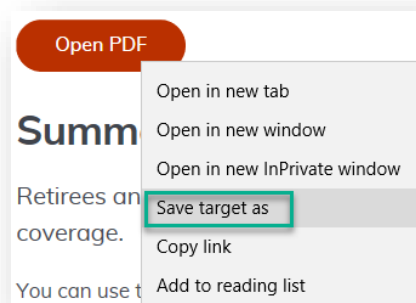# Fillable PDF Forms and Submission through Box using Microsoft Edge
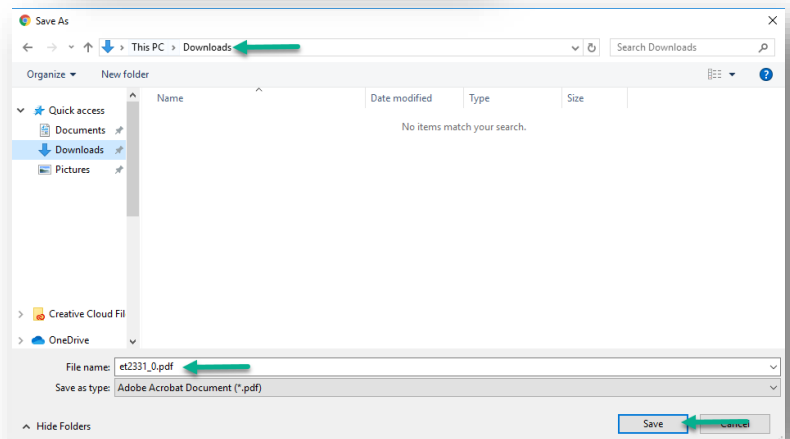
1. Adobe Acrobat Reader is required to fill in and submit this form electronically. If you do not have Adobe Acrobat Reader, you can still print, fill out, sign and send the form via mail or fax.

2. If you do not have Adobe Acrobat Reader, and would like to, you can get adobe reader for free at get.adobe.com/reader.

Note: ETF is unable to assist with Adobe Acrobat Reader technical or compatibility issues. If you need assistance, please visit Adobe's help site at:
https://helpx.adobe.com/support/reader.html.

3. Right click the PDF file
4. Choose "Save target as…"

5. Save the file – choose the location on your computer where you would like to save the document.
6. Verify the file name and location so you can easily find the file after saving it.

7. After saving the document, you will see a bar at the bottom of the screen with your downloaded file.
8. Choose Open to open the file with Adobe Acrobat Adobe Reader.

9. The saved file will open in your default PDF program (ex: Adobe Reader).

**Health Insurance Application/Change
For Retirees & COBRA Continuants**

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

There are certain times throughout the year when you may enroll in health insurance or change your coverage. Visit etf.wi.gov/benefits-by-employer to learn more about choices available to you and see instructions on how to enroll. **Return this completed form to ETF.** Please print clearly. Please read the terms and conditions on page 7.

1. Applicant Information *Only the subscriber applying for coverage/making a change should complete this form.*

Name *First*	M.I.	*Last*	ETF ID or SSN
Former/Maiden (if applicable)		Telephone ( )	Email

10. Fill in the applicable sections of your form.

11. Sign and date the form by typing the date and your name in the signature field.

12. Save the form.

13. To submit your form to ETF, click:

Submit your completed health application securely here.

14. This will take you to Box. Box is a secure and confidential way to send your information to ETF. You don't need an account with Box to submit forms with this link.

15. Fill out the required fields in box. We ask for basic contact information in case the form is not readable when we view it. Please note there can be no hyphens or dashes in the Telephone number field. Then click select files or drag and drop your file.

ET-2331 Health Insurance Application Submission

Please fill out the following fields. To upload your document, you can either drag it into the upload section or select your file.

Full Name *

Enter your first and last name.

First Last

Telephone Number *

Telephone Number (Without hyphens or dashes)
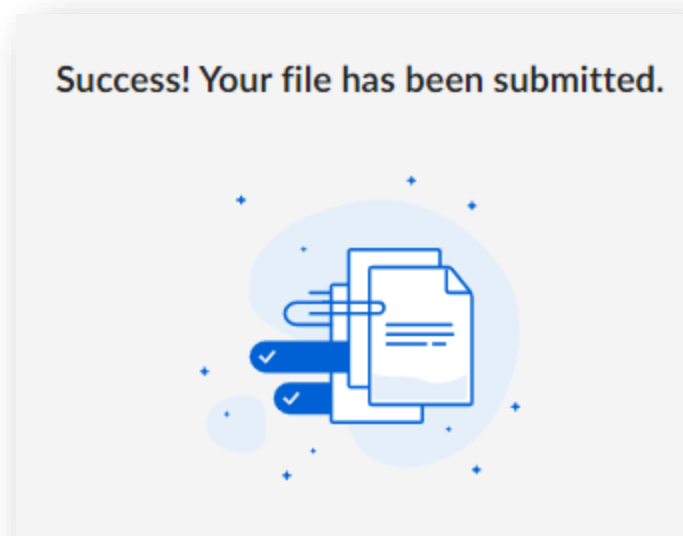
5555555555

Email address *

sample@yahoo.com

Upload files *

Drag and drop files

Select Files

Submit

Note: If you are having difficulty finding your document, check your Download folder.

16. Once submitted successfully, you will receive the following message:

Success! Your file has been submitted.

17. At this point you may close your browser as your form has been successfully submitted.

Note: There is no follow-up email confirmation. It will take a few days to be imaged into your records, at which point ETF staff will be able to view your application. Application processing may take several weeks. You will receive confirmation once it has been processed.