



ET-4814: Local Employer Verification of Health Insurance Coverage

Employer Services, Dept. of Employee Trust Funds







Learning Objectives

1. Define the ET-4814
2. Recognize the events that trigger
3. Identify the major sections
4. Describe the overall process

What is ET-4814?

- Local Employer Verification of Health Insurance Coverage
- Used for Employer premium contributions for retirees/survivors

		Local Employer Verification of Health Insurance Coverage		<small>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</small>	
<small>See instructions on page 2 for help. Please print clearly. Employer should complete prior to termination. Submit completed form to ETF, send a copy to the employee/survivor, and save a copy for your records.</small>					
Part A: Employer Verification of Health Insurance Coverage					
Employee/Survivor name		Employee/Survivor ETF ID			
Employee's health plan					
Current monthly premium (does not take Medicare eligibility into account) \$		Coverage type <input type="checkbox"/> Single <input type="checkbox"/> Family			
Termination date (MM/DD/YYYY)					
Will premiums be paid by the employer after termination/retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the employer must complete and submit part C of this form at least two months prior to the date when the employer contribution for premiums will end. Note: To qualify as a local employer paid annuitant, the employer must pay a portion of the total premium due.					
Employer		Employer Number 69-036-			
Signature of employer representative		Telephone, including area code		Date (MM/DD/YYYY)	
Part B: Employee or Survivor Information					
Your health insurance will automatically continue in retirement if you take an immediate annuity. An immediate annuity starts within 30 days of your retirement date. If the employer indicates they will not pay for premiums post-retirement in Part A, the health premiums will be either deducted from your monthly annuity payment or your insurance carrier will directly bill you for your premiums if your annuity isn't big enough.					
<input type="checkbox"/> I want to cancel my health insurance on _____ (MM/DD/YYYY)					
Any cancellation requests received later than 60 days after your retirement date will be effective the first of the month after ETF receives them. You may only re-enroll during the annual open enrollment period if your former employer continues to participate in the Wisconsin Public Employers Group Health Insurance Program and you met the eligibility requirements at termination. Note: If you would like to make any changes to your coverage, submit a <i>Group Health Insurance Application/Change for Retirees & COBRA Continuant</i> (ET-2331) to ETF.					
Employee/Survivor name (first, middle initial, last)					
Signature of employee/survivor				Date (MM/DD/YYYY)	
Part C: Transfer Report (Local paid annuitant no longer receiving employer contributions.)					
Employee name		Employee last 4 digits of SSN or ETF ID			
Employer name		Date employer contributions end (MM/DD/YYYY)			
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Why is the ET-4814 Important?

- ETF: Needs to know how to invoice coverage
- Employer: Needs to tell ETF how to invoice coverage
- Retiree/Survivor: Needs to know any premium contributions
 - Active Employees get Employer premium contribution
 - No obligation for retirees/survivors



When to Submit ET-4814?

- Local MRA Employee Terminates
- Local Active Employee Dies
- Local Retiree Dies
- Local Employer premium contribution stops





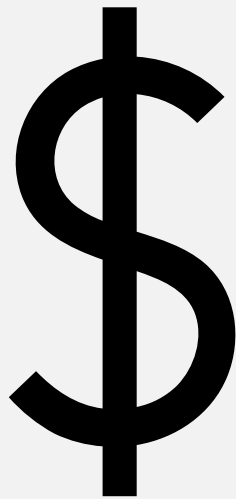
What are the Major Sections?

- Part A: Employer Verification of Health Insurance Coverage
- Part B: Employee or Survivor Information
- Part C: Transfer Report
- Instructions and Additional Information



What is Part A?

- Employer premium contributions for retirees/survivors
- Always completed and signed
- Employer must communicate contribution amount and length





What is Part B?


- Employee/Survivor only fills out to cancel coverage
- Health Insurance continues automatically
- 60-day window



What is Part C?

- When employer contributions will stop in two months
- Part C filled out on original ET-4814

Part C: Transfer Report (Local paid annuitant no longer receiving employer contributions.)	
Employee name	Employee last 4 digits of SSN or ETF ID
Employer name	Date employer contributions end (MM/DD/YYYY)

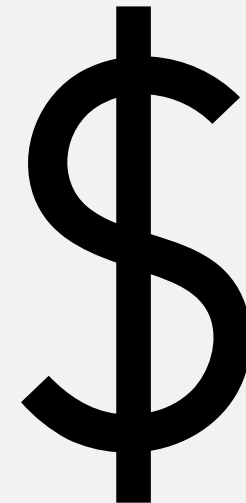
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What are Instructions/ Additional Info?

- Instructions for Employer, Employees, and Survivors
- Contains Medicare note:
 - Retirees must enroll in Medicare
 - Lower premium





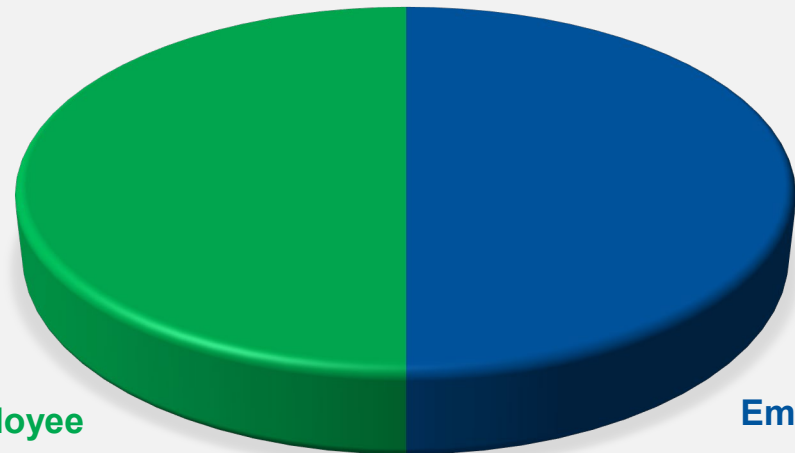
Retiree Example



Retiree Example



ET-4814 PREMIUM

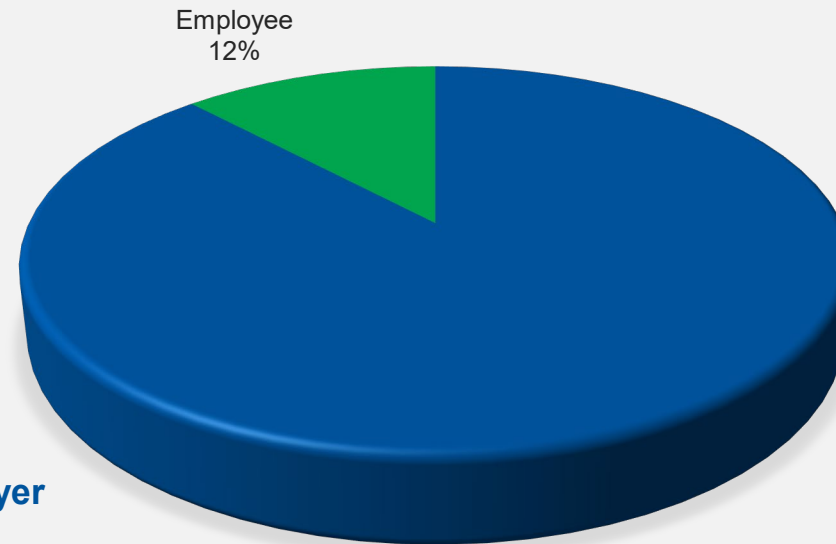


Employee

Employer

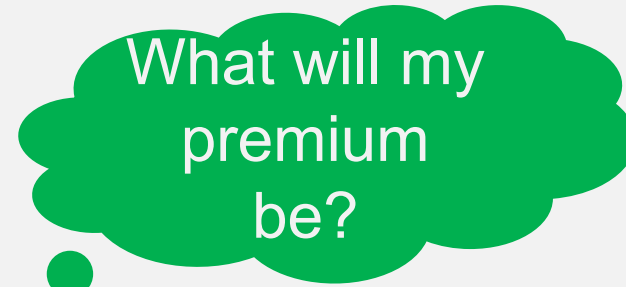
ET-4814– September 22, 2022

PREMIUM

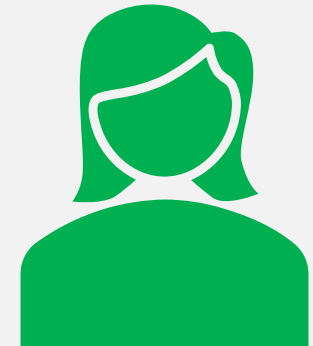


Employee
12%

Employer
88%



What will my premium be?

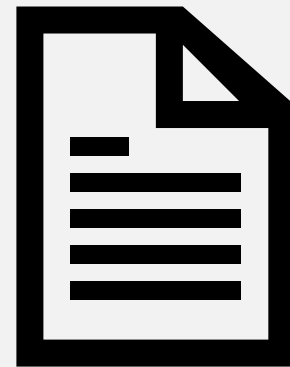


Active EE Retiree

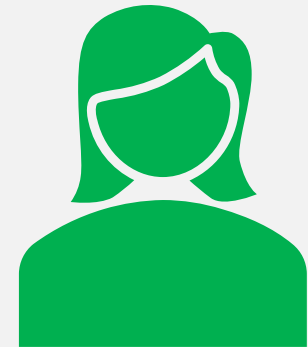


Retiree Example

Oh, the Village will contribute toward my premium?!



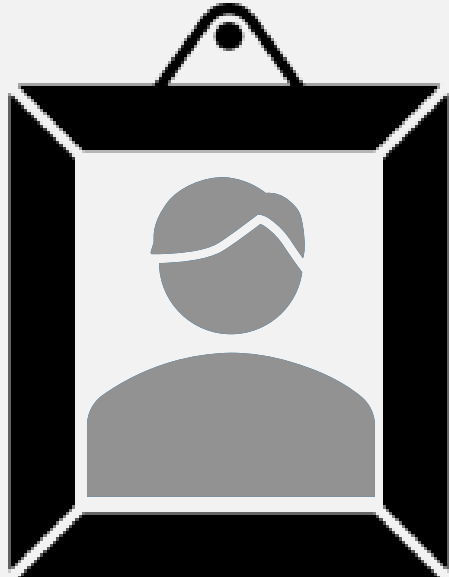
ET-4814



I'll keep it!

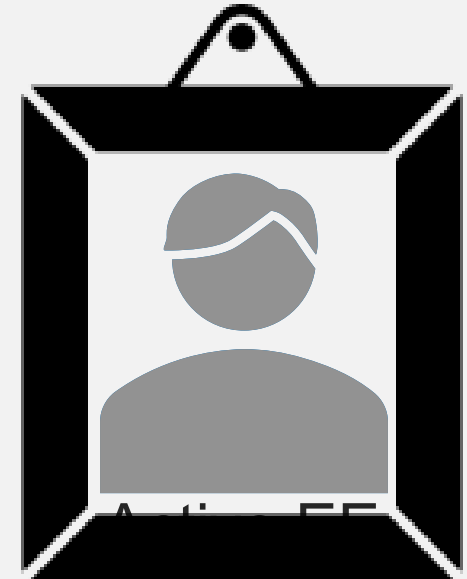


Survivor Example

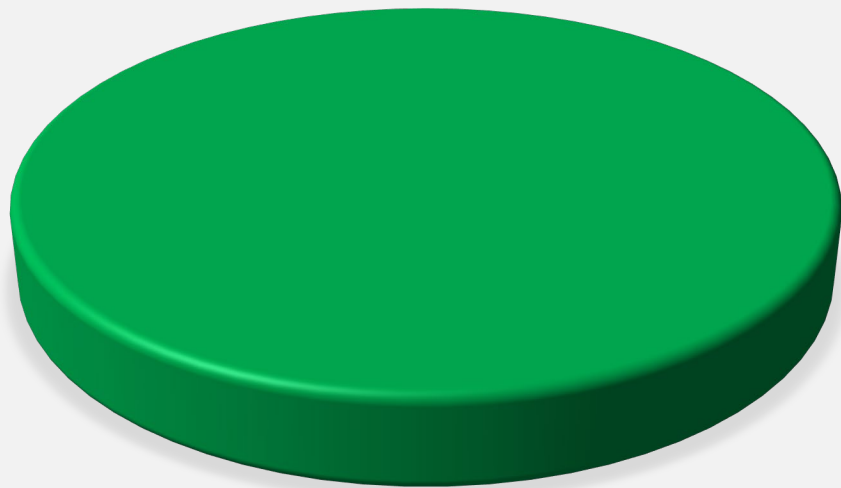


Survivor Example

What will my premium be?



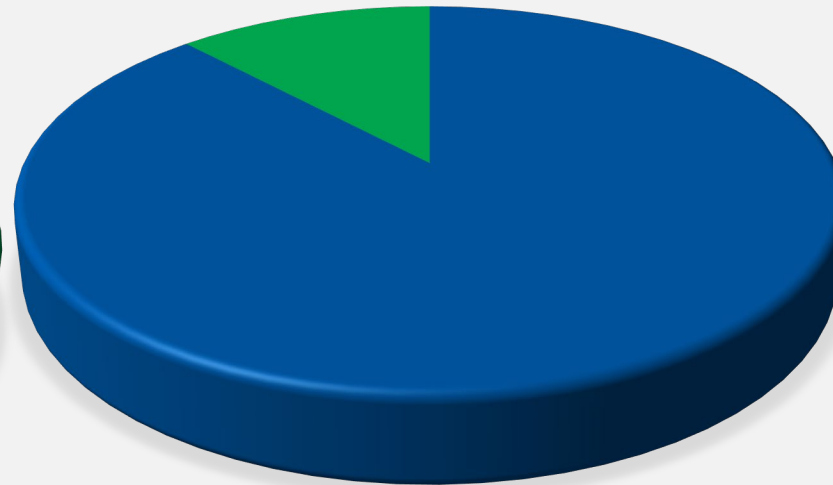
PREMIUM
Employer
0%



Survivor
100%

PREMIUM

Employee
12%



Employer
88%

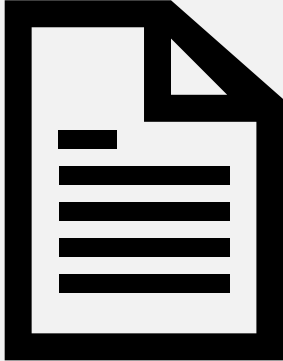




Survivor Example

What?!
I'll have to pay the
full premium???

If that's the case, I
want to cancel.



ET-4814

← Part B

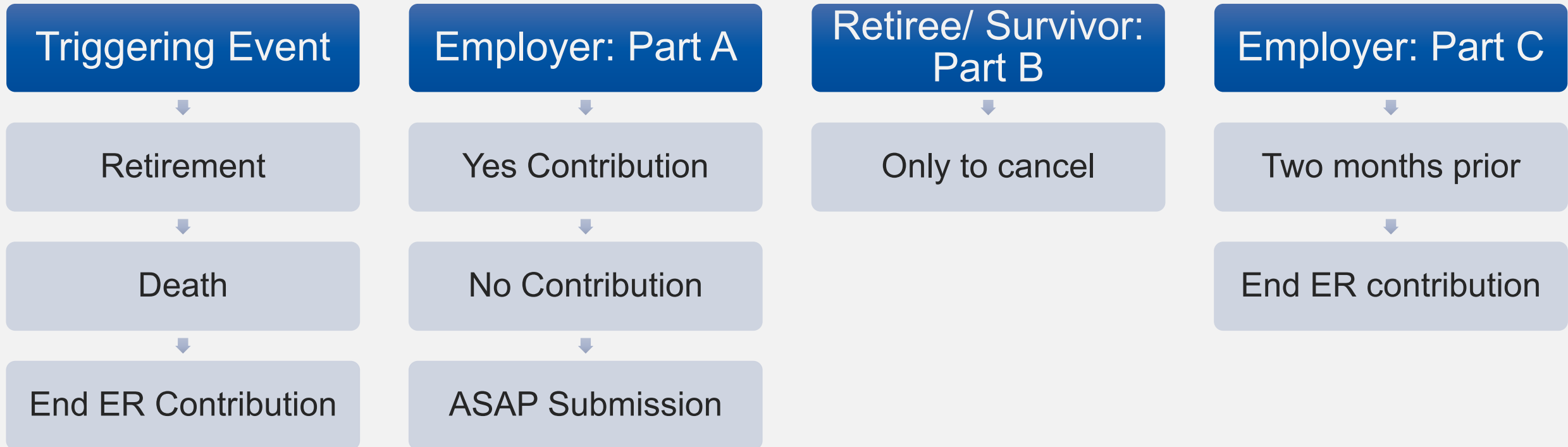




Why is Timeliness Important?

- Retirement and Death: ET-4814 ASAP
- Employer contribution ending: Two months prior
- Timely submission = timely set up
- Late submissions = past premiums due

Process Overview



Thank you



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ETF E-mail Updates



608-266-3285
1-877-533-5020