

# Understanding your Sick Leave Statement



The Department of Employee Trust Funds has made every effort to ensure that this webinar is current and accurate. However, changes in the law or processes since the last revision to this webinar may mean that some details are not current. Please contact ETF if you have any questions about a particular topic in this webinar.

# Should you be viewing this webinar?

- Specific to State agency and University of Wisconsin retirees only.
- Many employers have a sick leave program for retirees.
- If you did not retire with sick leave credits from state/university, this webinar is not for you.

## Department of Employee Trust Funds WISCONSIN RETIREMENT SYSTEM P. O. Box 7931 Madison, WI 53707-7931

# **GROUP HEALTH INSURANCE CERTIFICATION**

Social Security Number		
3		
Employer EIN		
0001-131		
Employer Name		
UW	-000,	

Premiums Paid As An Activ	e Employee	Carrier			-
For Coverage Through (MM/CCYY)		74 PPLUS	<b>1</b>		
12/2009 Old Group Number	New Group Numb		Monthly Premium		Premiums Will Begin (MM/CCYY)
83445	83486	er			
	03400		\$1,434.00		01/2010
Coverage Type:  Single - Regular (0) Single - Medicare I					(02) n Medicare Eligible (06) ns Medicare Eligible (07)
Account, as certified to pay a monthly pre pay the premium, or	by your employe mium, premiums if you are not rec	r, is \$59,451.8 will be automatic eiving a retireme	9 based on 3,228 cally deducted from int annuity, the ins	8.80 hours of sick le your retirement an urance carrier will b	of your Accumulated Sick Leave eave. When this account is insufficien insufficient to ill you directly.
for coverage	will be deducted	from your payme		ns are beducted on	ie month in advance. The premium(s)
Premiums will be pa	id through your e	nployer.			
The insurance carrie	r will bill you dired	ally.			
☐ No premium is due t	ecause you are o	overed as your s	spouse's depende	t under this health	insurance program.
<ul> <li>Your Accumulated S covered as a depend Account.</li> </ul>			ased on h n. This will preser	ours of sick leave, is ve your right to escr	s being inactivated <u>while</u> you remain row your Accumulated Sick Leave
Your Accumulated S	ick Leave Accoun	t of \$ . ba	ased on h	ours of sick leave, w	vili be escrowed until you re-enroll.
(608) 266-3285 (local	Madison) and a ntinue your Group	isk to speak to Health Insurance	a Benefit Payr e. We are making	nents staff perso	t toll free at 1-877-533-5020 or on. to continue your coverage. This
Note: You qualify to cor notification meets	the requirements	or Public Law 2	201.		
Note: You qualify to cor notification meets  Date (MM/DD/CCYY)		d By (initials)			· · · · · · · · · · · · · · · · · · ·
notification meets				Payments Sect	ion
notification meets  Date (MM/DD/CCYY)	Prepare BKM	d By (initials)	Benefit	Payments Sect	
notification meets  Date (MM/DD/CCYY)	Prepare BKM	d By (initials) PARTMENT OF	Benefit		

ET-4803 (REV 02/2004)

Annual Statements of Sick Leave Account

Mailed out once per year in December.

• Three different versions, depending on enrollment status.



# **Three Types of Statements**

Currently using sick leave.

• Sick leave escrowed due to non-state comparable coverage.

 Sick leave banked due to coverage under another state/university employee



# STATE OF WISCONSIN Department of Employee Trust Funds

Robert J. Conlin SECRETARY

801 W Badger Rd PO Box 7931 Madison WI 53707-7931

1-877-533-5020 (toll free) Fax (608) 267-4549 TTY (608) 267-0676 http://etf.wi.gov

ETF Member ID December 13, 2016

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## STATEMENT OF SICK LEAVE ACCOUNT

This statement reflects the balance of your Accumulated Sick Leave account as of 12/31/2016.

Your monthly premiums for coverage through the State of Wisconsin Group Health Insurance Program are being paid from this account. Based on your 2017 health insurance plan and coverage level, your account will pay for coverage through April 2019. Changes in your health plan, coverage level (family, single, Medicare, etc.), and annual premium rate updates may change your monthly premium and, therefore, how long your sick leave account balance will last.

Original Member Name and ID:

Sick Leave Account Balance following the December 2016 deduction: \$11,565.45

Note: premiums are paid one month in advance of coverage.

2017 Health Insurance Coverage Level:

2017 Health Plan:

Monthly Premium as of 01/01/2017:

MEDICARE - SINGLE **HUMANA WESTERN NO DENTAL** 

\$ 412.00

Approximately three months before your sick leave account is exhausted, ETF will send you a letter that explains your options for paying future premiums. Your health insurance coverage will automatically continue unless you provide ETF with advance written notice of your intent to cancel.

Please note that premium payments made from your sick leave account are not a tax-deductible item.

If you have questions regarding this information, contact our office at 1-877-533-5020 (toll-free) or 608-266-3285 or you may send an e-mail via the Contact ETF page on our website at etf.wi.gov.

ET-4562 (REV 11/2015)



# STATE OF WISCONSIN Department of Employee Trust Funds

Robert J. Conlin SECRETARY

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801 W Badger Rd PO Box 7931 Madison WI 53707-7931

1-877-533-5020 (toll free) Fax (608) 267-4549 TTY (608) 267-0676 http://etf.wi.gov

ETF Member ID December 13, 2016

## STATEMENT OF SICK LEAVE ACCOUNT

This statement reflects the balance of your Accumulated Sick Leave account as of 12/31/2016.

This account is currently escrowed because you have indicated to us that you have continuous comparable coverage through a non-state health insurance plan. Comparable coverage is defined as health insurance that provides medical and pharmacy benefits comparable to the State of Wisconsin's IYC Access Plan. This account balance will be available for payment of health insurance premiums through the State of Wisconsin Group Health Insurance Program when you re-enroll for coverage.

If you choose to enroll for the upcoming year, please note premiums are deducted one month in advance.

Sick Leave Account Balance as of 12/31/2016: \$ 61,419.45

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If you have questions regarding this information, contact our office at 1-877-533-5020 (toll-free) or 608-266-3285 or you may send an e-mail via the Contact ETF page on our website at etf.wi.gov.

ET-5511 (REV 11/2015)



# STATE OF WISCONSIN Department of Employee Trust Funds

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1-877-533-5020 (toll free) Fax (608) 267-4549 TTY (608) 267-0676 http://etf.wi.gov

ETF Member ID December 13, 2016

019830

### STATEMENT OF SICK LEAVE ACCOUNT

This statement reflects the balance of your Accumulated Sick Leave account as of 12/31/2016.

This account is currently On-Hold because you:

Are covered under another State of Wisconsin Group Health Insurance Program contract. This account balance will be available for the payment of your health insurance premiums through the program when you become the subscriber on a retiree policy.

OR

Are currently using another sick leave account to pay the monthly premiums for your State of Wisconsin Group Health Insurance Program coverage. We will activate this account automatically when the balance in your other sick leave account is exhausted.

Sick Leave Account Balance as of 12/31/2016: \$ 42,054.56

If you have questions regarding this information, contact our office at 1-877-533-5020 (toll-free) or 608-266-3285 or you may send an e-mail via the Contact ETF page on our website at etf.wi.gov.

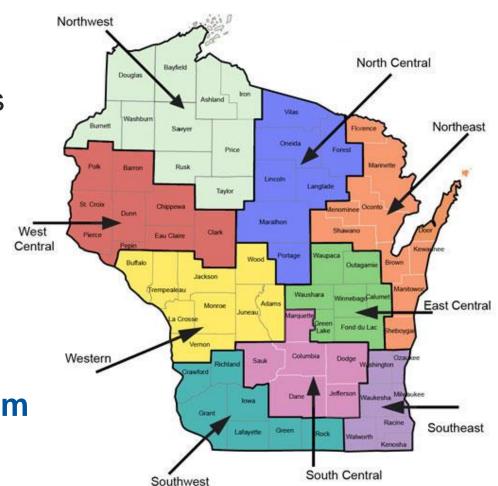
ET-5512 (REV 11/2015)

# How long will my sick leave last?

- If currently using sick leave, remember monthly premium is at current-year rate.
- myETF Benefits for Members etf.wi.gov
- If sick leave is escrowed or banked, State Retirees Monthly Health Insurance Premiums, form ET-4701 shows current- year rates, also in It's Your Choice Decision Guide booklet.

# Face-to-Face Events

- Regular visits statewide
- Daytime group retirement appointments
  - Retirement packet required
  - Appointment required
- Evening benefits presentations
  - New and mid-career employees
  - Nearing retirement
- Visit etf.wi.gov/member\_education.htm
   and click Face-to-Face to learn more.





# Stay Connected









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



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