

# **Understanding Your Sick** Leave Statement

**A Health Insurance topic** 

# **Should You Be Viewing This Webinar?**

- This presentation only applies to the State and University of Wisconsin Accumulated Sick Leave Credit program
- If you did not retire with sick leave credits from state/university, this presentation is not for you



# **Objectives**

### By the end of this presentation, you will be able to:

- Read your annual Accumulated Sick Leave mailer
- Estimate when your Accumulated Sick Leave will end, and when your annuity deduction will begin



# State Group Health Insurance Certification

### ET-4803

# State Group Health Insurance Certification (ET-4803) Example

- Explains what happens with your health insurance after you retire
  - How premiums are paid, banking credits, escrowing credits, or cancelling coverage
- Receive in the mail when you retire

Petf		Group Hea ce Certific		Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931 1-877-533-5020 (toll free) Fax 605-267-4549 eff.wi.gov
Member Name Street Address City, ST Zip Code			ETF ID XXX-XX-XXXX Employer name Retirement date: MM/DD/CCYY	
Premiums have been employee for coverag MM/DD/CCYY		Premiums as MM/DD/CCY	a retiree will begin: ′	
Health insurance plan Name of plan	t.	New group nu XXXXX	mber	
Monthly premium		Coverage type	Ð:	
\$ X,XXX.XX Accumulated sick lea	vo account haginning	Choose an ite	m. leave certified by your	omployor
balance: \$ XX,XXX.XX		X,XXX.XX ho		employer.
required to continue from you to cancel. the notification (unless Public Law 2201. We are making the folk		coverage until e effective the 1	we receive a signed st of the month follow	notification ing receipt of
Date MM/DD/CCYY	Prepared by Retiree Health Insuranc	e – Employer S	ervices Section 877-53	33-5020/
Enclosed:				
ET-4803 (REV 2/10/2021)		n în 'n în în în în		Page 1 of 2



# **Check Your Information**

Correct Health Plan?

Premiums have been paid as an active employee for coverage through: MM/DD/CCYY	Premiums as a retiree will begin: MM/DD/CCYY	
Health insurance plan Name of plan	New group number XXXXX	Correct
Monthly premium \$ X,XXX.XX	Coverage type: Choose an item.	Coverage
Accumulated sick leave account beginning balance: \$ XX,XXX.XX	Hours of sick leave certified by your employer: X,XXX.XX hours	Type?

Sick leave credit account balance

Sick leave hours amount Possible coverage types: None, Single, Family, Medicare Single, Medicare Family Some – Health Plan Medicare, Medicare Family Some – Medicare Advantage, Medicare Family Some – Medicare Plus, Medicare All, Grad Assistant Single, or Grad Assistant Family



# **Contact Your Employer**

- Issues found in information or balance
- To see how long your sick leave will last before annuity deduction begins





# Annual Statements of Sick Leave Account

B

Required Resources

Materials

Person

PROJECTS

Start

Idea/Summan



## **Three Types of Statements**

Mailed out once per year in December

#### **Currently using sick leave**

<u>Cetf</u>	STATE OF WISCONSIN Department of Employee Trust Funds A John Voelker SCORTARY	Witsonsin Department of Employee Trust Funds PO Box 7931 Matison WI 03707-7931 1-877-633-6020 (toll free) Fax 608-287-4519 ett.w.gov
January 3, 2022	ETF Me	ember ID: XXXXXXXX
Your Name Your Address		
	STATEMENT OF SICK LEAVE ACCOUNT	
Your monthly premi Program are being single, Medicare, et	cts the balance of your Accumulated Sick Leave accounts for coverage through the State of Wisconsin Groupaid from this account. Changes in your health plan, co.e., and annual premium rate updates may change you long your sick leave account balance will last.	p Health Insurance werage level (family,
Sick Leave Accou	nt Balance following the December 20YY deductio	n: \$
Note: premiums a	re paid one month in advance of coverage.	
20YY Health Plan	ance Coverage Level: (s): as of 01/01/20YY: <b>\$</b>	
letter that explains y	e months before your sick leave account is exhausted, your options for paying future premiums. Your health ins use unless you provide ETF with advance written notice	surance coverage will
item. If you have qu	amium payments made from your sick leave account ar testions regarding this information, contact our office at 85 or you may send an e-mail via the Contact ETF pag	1-877-533-5020 (toll-
ET-4562		

#### Sick leave escrowed due to non-state comparable coverage

<u>etf</u>	STATE OF WISCONSIN Department of Employee Trust Funds A. John Voelker SECRELARY	Wisconsin Department o Employee Trust Funds PO Box 7931 Madison WI 63707-793 1-877-533-6020 (toli free Fax 608-267-4549 ed.wi.gov
January 31, 2022	ETF Me	mber ID: XXXXXXXX
Your name Your address		
	STATEMENT OF SICK LEAVE ACCOUNT	
This statement refle	cts the balance of your Accumulated Sick Leave accou	int as of 12/31/20YY.
comparable coverage defined as health in State of Wisconsin's health insurance pre- when you re-enroll f	ently acrowed because you have indicated to us that ju- ge through a non-rate health instruction plan. Comparison surance that provides medical and pharmacy benefits a IF C Access Plan. This account balance will be availation emiums through the State of Wisconsin Group Health I for coverage.	ble coverage is comparable to the ole for payment of nsurance Program
Sick Leave Accou	nt Balance as of 12/31/20YY: \$	
	ns regarding this information, contact our office at 1-877 you may send an e-mail via the Contact ETF page on o	

#### Sick leave banked due to coverage under another state or university employee

<u> Petf</u>	STATE OF WISCONSIN Department of Employee Trust Funds A John Voelker Scottary	Wisconsin Department of Employee Trust Funds PO Box 7031 Mattion VM 65707-7031 1477-633-6020 (bill free) Pax 662-87-4549 ett.wi.gov
January 31, 2022 Your name Your address	ETF M	ember ID: XXXXXXXX
	STATEMENT OF SICK LEAVE ACCOUNT	
This statement reflect	cts the balance of your Accumulated Sick Leave acco	unt as of 12/31/20YY.
This account is curre	ently On-Hold because you:	
account balance will	another State of Wisconsin Group Health Insurance Pr I be available for the payment of your health insurance ou become the subscriber on a retiree policy.	
	OR	
Wisconsin Group He	another sick leave account to pay the monthly premiur salth Insurance Program coverage. We will activate th the balance in your other sick leave account is exhaus	is account
Sick Leave Accour	nt Balance as of 12/31/20YY: \$	
	is regarding this information, contact our office at 1-87 you may send an e-mail via the Contact ETF page on	
ET-5612 (REV 11/201	5)	



# **Currently Using Sick Leave**





### Sick Leave Escrowed Due to non-state comparable coverage

This statement reflects the balance of your Accumulated Sick Leave account as of 12/31/20YY.

#### Escrow statement

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 12/31/20YY: \$





## **Sick Leave On-Hold**

Due to coverage under another state or university employee

This statement reflects the balance of your Accumulated Sick Leave account as of 12/31/20YY.

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 12/31/20YY: \$\_





**On-Hold** 

statements

# Who to Contact?

### Contact your Employer Before you Retire

If initial information looks incorrect

To see how long your sick leave credits will last

### Contact ETF After you Retire

Update address and contact information

To see when your sick leave credits run out



# Sick Leave Notice Account Depletion Letter (ET-4561)

- Receive 3 months before sick
  leave runs out
- Notifies you of account balance and when it will run out
- Sign and return page 2 to cancel health insurance

Month DD, 20YY	STATE OF WISCONSIN Department of Employee Trust Funds A. John Yoelker SECRETARY	PO Box 7931 Madison Wi 53707-7931 1-877-535-6202 (tiol firee) Fox: (608) 267-6549 TTY (608) 267-656 Http://eff.wi.gov	Month DD, 20YY
Name Street Address City, State, Zip		ETF ID: XXXXXXXX	includes pharmacy and uniform dental coverage) you n Group Health Insurance Program. you must check the box below, sign, date and return
insurance premiums a monthly health insur- insufficient funds to p premium amounts in f your health plan, cov adjustments may im	you know that your Accumulated Sick Leave account, repaid, has exhausted. Your current sick leave account b ance premium is currently \$ Therefore, y ay the premium for the MM/DD/CCYY coverage month is latter are based on your current health insurance pla erage level (family, single, Medicare, etc.), or the annu pact your monthly premium, and therefore the timing 1	alance is \$ and your pur sick leave account will have n. Please note that the dates and n and coverage level. Changes in al <i>It's Your Choice</i> premium rate	h which your written request is received by ETF lter. Any remaining balance in your sick leave nce coverage available to me through the State of Requested terminationdate:
not need to do anyth	e your health insurance coverage after your sick leave ac ing. Depending on the amount of your monthly Wisconsi	n Retirement System (WRS)	quest by MM/DD/CCYY, to be effective August 1
If you want to continu not need to do anyth annuity, we will autom If you or a depende currently on hold, we	e your health insurance coverage after your sick leave ac ing. Depending on the amount of your monthly Wisconsi atlacally set up your health insurance to use one of the fol nt on your state health insurance contract, such as your spou will activate that account. If share account is owned by your sp ealth insurance contract, and you will receive new insuran account.	n Retirement System (WRS) owing premium payment methods: use, has a sick leave account that is ouse, he or she will then become the	quest by MM/DD/CCYY, to be effective August 1, our annuity, a refund will be issued on your next CCYY, your coverage will be cancelled at the You will be responsible for the health
If you want to continu not need to do anyti annuity, we will autor If you or a depende currently on hold, w subscriber on the h deducted from this Deduct from this Deduct from the MINDD/CC/ insurance premium deducted one month deducted from the M	e your health insurance coverage after your sick leave ac inig. Depending on the amount of your monthly Wisconsi natically set up your health insurance to use one of the fol nt on your state health insurance contract, such as your spor e will activate that account. If that account is owned by your spo elbh insurance contract, and you will receive new insuran	I Retirement System (MRS) owing premium payment methods: ise, has a sick leave account that is use, he or she will fren become the cards. Monthly premiums will be er anothly premium. Please be aware, or Duty Disability benefits payments. Sick leave account toward your health hy annuity payment. Premiums are 6 April 2021 coverage month will be	CCYY your early
If you want to continu not need to do anyth annuity, we will auton flyou or a depende currently on hold, w subscriber on the h deducted from this Deduct the premium the option is not avo For surrance premium deducted one mont deducted from the M full premium from yo If you do not receive your monthy health on "Direct Pay' stat monthy premiums. /	e your health insurance coverage after your sick leave ac ing. Depending on the amount of your monthly Wisconsi natically set up your health insurance to use one of the fol evill activate that account is owned by your spo will activate that account if that account is owned by your spa ealth insurance contract, and you will receive new insurant account. OR from your monthly annuity payment if it is sufficient to cover you illable if only your most if were in the remaining balance (LTOI)? Y coverage month, we will apply the remaining balance iyon your in advance of coverage so, for example, the premium from the remining for in the remaining payment is the premium from the remining the remaining to the remining to the remainder of the remining to the remining to the remain the remainder of	I Retirement System (MRS) owing premium payment methods: ise, has a sick leave account that is use, he or she will then become the e cards. Monthly premiums will be r monthly premium. Please be aware, or Duty Disability benefits payments. Ackleave account toward your health hy annulty payment. Premiums are band to a size and the size of the size of the payment. The size of the size of the size of the annulty payment, we will deduct the ant sufficient to cover the cost of y benefit payments, then you will go an will bill you directly for your	CCYY, your coverage will be cancelled at the You will be responsible for the health





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# Accumulated Sick Leave Credit Program Page





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Accumulated Sick Leav Credit Conversion Program Overviev

For State & UW Participants



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1-877-533-5020

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

