

# Local Employer Health Insurance Application Processing Keying Applications

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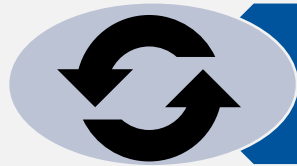
Employer Services Section



# Keying Applications Overview



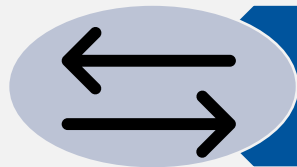
Open member record



Update member contract



Add & remove dependents



Change coverage



Add new coverage



**M  
E  
M  
B  
E  
R  
S**

# Learning Objectives



Search for member record

Verify member record

Update member information

A photograph of a family of three walking on a dirt path in a forest. The mother is on the left, wearing a red and black plaid shirt and blue jeans. The father is on the right, wearing a white t-shirt and a red and black plaid jacket over blue jeans. A young girl is in the center, wearing a white dress with black polka dots and a white headband. They are all smiling and holding hands. The background is a dense forest with green trees and foliage.

# Search for Member Record



# \*\*\*IMPORTANT REMINDER\*\*\*

NEVER use the browser's back button!



# myMembers

myETF Benefits Admin - Employer

myEmployer Info

myMembers Health Life Benefits Reports Test Support Help Log Off

myMembers Requests

Employer: [Redacted] Employer Name: [Redacted]

Contact Info Health Insurance ICI Life Insurance

Agent Contact	Insurance Contact
Name: [Redacted] Telephone: [Redacted]	Name: [Redacted] Telephone: [Redacted]
Retirement Contact	Address Information
Name: [Redacted] Telephone: [Redacted]	Address: [Redacted] Agent Email: More [Redacted] Clear

Note: if the contact or address information listed above is not correct for your employer please submit a *Designation of Agent Form*, ET-1313 to correct the information.

Edit myMembers Requests New EIN

# Member Record Search Bar



myETF Benefits Admin - Employer

myMembers

- myEmployerInfo
- myMembers
- Health
- Life
- Disability
- WRS
- Other Benefits
- Reports
- Test Support
- Help
- Log Off

## Member Search

Member ID:  OR Social Security Number:

Search here for record

- Search
- Name Search
- Clear

## Member Information

- Member ID:
- SSN:
- Name:
- Date of Birth:
- Date of Death:
- Gender:
- Marital Status:
- Marital Status Date:
- Employer:
- Employment Begin Date:

## Spouse Information

- Member ID:
- SSN:
- Name:
- Date of Birth:
- Gender:



# Verify Member Record



# No Member Record



myETF Benefits Admin - Employer

myMembers

- myEmployerInfo
- myMembers
- Health
- Life
- Disability
- WRS
- Other Benefits
- Reports
- Test Support
- Help
- Log Off

• This member was not found. If you believe you have received this message in error please try again. Otherwise press the Add button to add this member to our database and assign them a member ID.

Indicates no existing record

Member Search

Member ID:  OR Social Security Number:

Member Information

Spouse Information

Member ID:  
SSN:  
Name:  
Date of Birth:  
Date of Death:  
Gender:  
Marital Status:  
Marital Status Date:  
Employer:  
Employment Begin Date:

Member ID:  
SSN:  
Name:  
Date of Birth:  
Gender:



# Existing Member Record

**myETF Benefits Admin - Employer**  
myMembers

etf  
etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Log Off

Indicates existing record

Data displayed was found in the demographic database.

Member Search

Member ID:  OR Social Security Number:

Search Name Search Clear

Member Information Spouse Information

Member ID:  
SSN:  
Name:  
Date of Birth:  
Date of Death:  
Gender:  
Marital Status:  
Marital Status Date:  
Employer:  
Employment Begin Date:

Member ID:  
SSN:  
Name:  
Date of Birth:  
Gender:

Contact Information

Mailing Address: Physical Address: Primary Email: N/A  
Primary Phone:

Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.

Edit Print Member ID

# Verify Member Record Data

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Data displayed was found in the demographic database.

Member Search

Member ID:  OR Social Security Number:

Search Name Search Clear

Member Information Spouse Information

Member ID:  
SSN:  
Name:  
Date of Birth:  
Date of Death:  
Gender:  
Marital Status:  
Marital Status Date:  
Employer:  
Employment Begin Date:

Member ID:  
SSN:  
Gender:

Verify data matches app.

Contact Information

Mailing Address: Physical Address: N/A

Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.

Edit Print Member ID

A photograph of a family of three walking on a dirt path through a forest. The woman is on the left, wearing a red and black plaid shirt and blue jeans. The man is on the right, wearing a blue and red plaid shirt over a white t-shirt and blue jeans. A young girl is in the center, wearing a white dress with black polka dots and a white headband. They are all smiling and holding hands. The background is a dense forest with green trees and foliage.

# Update Member Information

# Update Marital Status

**myETF Benefits Admin - Employer**  
Edit myMember

etf.wi.gov

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

**Member Information** | Spouse Information

Member ID:  
SSN:  
Name (First/Middle/Last/Suffix):  
Date of Birth:  
Gender:  
**Marital Status:**    
**Marital Status Date:**   
Employer:   
Employment Begin Date:

Updating Social Security Numbers and Dates of Birth require additional documentation. Please collect the required documentation and submit to ETF for processing. Use the Health tab to update Spouse/DP information.

**Contact Information**

Mailing Address:  
Country:   
Address Line 1:  
Address Line 2:  
City, State:   
Zip Code:   
Care of:  
Primary Email: N/A  
Primary Phone:

Updating the member's e-mail address must be completed through the Wisconsin Self-Service account maintenance by the member.



# Check Employment Status: New

Member ID:  
SSN:  
Name (First/Middle/Last/Suffix):  
Date of Birth:  
Gender:  
Marital Status:  
Marital Status Date:  
Employer:  
Employment Begin Date:

Updating Social Security

Mailing Address:  
Country:  
Address Line 1:  
Address Line 2:  
City, State:  
Zip Code:  
Care of:

ADAMS, CITY OF - 0040000 - 70040  
ADDISON, TOWN OF(WASHINGTON) - 0114000 - 70114  
ADMINISTRATION, DEPT OF - 0001108 - 83359  
ADRC OF THE NORTHWOODS - 5464000 - 75464  
AGING & LONG TERM CARE BD. - 0001166 - 83510  
AGRIC TRADE CONS PROT, DEPT OF - 0001109 - 83361  
ALBANY, VILLAGE OF - 0515000 - 70515  
ALBION, TOWN OF (DANE) - 0807000 - 70807  
ALGOMA SANITARY DIST - 5406000 - 75406  
ALGOMA, CITY OF - 0959000 - 60959  
AMHERST, VILLAGE OF - 0071000 - 70071

Primary Email: N/A  
Primary Phone: (only numbers are allowed)

Please collect the required documentation and submit to ETF for processing. Use the Health tab to update Spouse/DP information.

be completed through the Wisconsin Self-Service account maintenance by the member.

Submit Clear Return to myMembers

# Check Employment Status: Existing

**myETF Benefits Admin - Employer**  
Edit myMember

etf.wi.gov

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

**Member Information** | Spouse Information

Member ID:  
SSN:  
Name (First/Middle/Last/Suffix): [Redacted]   
Date of Birth: [Redacted]  
Gender: [Redacted]  
Marital Status:   
Marital Status Date: [Redacted] (MM/DD/YYYY)  
Employer: **MADISON, CITY OF**  
Employment Begin Date: 12/01/1997

**Indicates existing employee**

Updating Social Security Numbers and Dates of Birth require additional documentation. Please collect the required documentation and submit to ETF for processing. Use the Health tab to update Spouse/DP information.

**Contact Information**

Mailing Address:  
Country:   
Address Line 1:   
Address Line 2:   
City, State:    
Zip Code:  (only numbers are allowed)  
Care of:

Primary Email: N/A  
Primary Phone:  Ext.   
(only numbers are allowed)

Updating the member's e-mail address must be completed through the Wisconsin Self-Service account maintenance by the member.

# Update Contact Information

**myETF Benefits Admin - Employer**  
Edit myMember

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etf.wi.gov

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

**Member Information** | Spouse Information

Member ID:  
SSN:  
Name (First/Middle/Last/Suffix): [Redacted]   
Date of Birth:  
Gender:  
Marital Status:   
Marital Status Date:  (MM/DD/YYYY)  
Employer: MADISON, CITY OF  
Employment Begin Date: 12/01/1997

Updating Social Security Numbers and Dates of Birth require additional documentation. Please collect the required documentation and submit to ETF for processing. Use the H

**Contact Information**

**Mailing Address:**

Country:   
Address Line 1:   
Address Line 2:   
City, State:    
Zip Code:  (only numbers are allowed)  
Care of:

Primary Email: N/A  
Primary Phone:  Ext.   
(only numbers are allowed)

Updating the member's e-mail address must be completed through the Wisconsin Self-Service account maintenance by the member.

Update contact information here



# Member Record Confirmation

**etf**  
etf.wi.gov

myETF Benefits Admin - Employer  
Edit myMember Confirmation

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Reports Test Support Help Log Off

You have made the following changes. If correct, please press the Confirm button, or press the Cancel button to return back to the Edit page.

Confirm Cancel

Member Information Spouse Information

Member ID:  
SSN:  
Name (First/Middle/Last/Suffix):  
Date of Birth:  
Gender:  
Marital Status:  
Marital Status Date:  
Employer:  
Employment Begin Date:

Changes in red font

Contact Information

Mailing Address:

Country: UNITED STATES  
Address Line 1:  
Address Line 2:  
City, State, Zip:  
Care of: N/A

Primary Email:  
Primary Phone:

# Summary



Search: myMembers → myMembers



Verify record: Green vs. Red



Update member information



Reminder: DON'T use back button



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# Thank you

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ETF E-mail Updates



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