

Members My ETF Benefits System (MMEB) 101

Open Enrollment

Employer Services Bureau



Learning Objectives

Define
MMEB

Log Into
MMEB

Navigate
MMEB



Define MMEB

Define MMEB

MMEB = Members myETFBenefits System

Online enrollment system

Allows members to input information

MMEB is NOT:

- New 2024 insurance administration system
- Employers' myETFBenefits System (MEBS)



Log Into MMEB

Log In



1

[MMEB login](#)

2a

ETF.wi.gov →
“Benefits” drop-down →
“Benefits Available to Me”

2b

Enter employer name &
click submit button →
Click local employer’s health
plan (e.g. PO2 or PO14)

2c

Scroll down and click “How
to Choose & Enroll in Your
Benefits” card

2d

Scroll down and click “Read
More” button under “Enroll
or Make Changes”

2e

Under “Local Active
Employees and COBRA
members”, click link
“myETF.wi.gov”

New Users

myETF Benefits

This site provides access to the online services developed by the Department of Employee Trust Funds (ETF) for members and retirees. You must be a Health Insurance Subscriber to use this system.

Registered Users
If you are already a registered user, enter your user ID and password, then click the login button.

User ID:

Password:

WAMS
WEB ACCESS
MANAGEMENT SYSTEM

Login

If you need help with myETF Benefits, please contact your employer for assistance. If your employer cannot help you and recommends that you contact ETF, call the ETF Call Center at 1-877-533-5020 or 608-266-3285, or [Contact Us](#)

- If you forgot your WAMS ID or Password, [go here](#)
- If you know your WAMS ID and Password but want to change your WAMS ID, Password or email address, [go here](#)

New Users
If you have not yet registered for online access, click the Register Now button. You will be guided through the registration process.

Register Now

New users click “Register Now” button

User ID Terms & Conditions



The screenshot shows a web browser window with the URL `on.wisconsin.gov/WAMS/SelfRegController?RU=https%3A%2F%2Fmyetf.wi.gov%2FETFmMEBPublicWeb%2FmMEBRegistration.jsp`. The page features the Wisconsin state seal and the text "WISCONSIN.GOV" and "Wisconsin User ID". Navigation links for "Home", "Logout", "Help", and "FAQ" are visible. The main heading is "Self-Registration", followed by a welcome message: "Welcome to the State of Wisconsin's self-registration process. Self-Registration allows you to create your personal Wisconsin Login Account. This is your key to doing secure business with the State of Wisconsin over the Internet." Below this is an "OVERVIEW" section stating the process consists of two parts. An "Important" note follows: "We highly recommend that you complete Parts One and Two at the same time. You must complete Part Two within four (4) days of requesting the account or you will have to begin the self-registration process again." The two parts are listed as follows:

- **Part 1: Requesting a Wisconsin User ID and Password**
In Part One, you will submit your contact and account information. You will be sent a confirmation e-mail immediately, containing a Web link to the Account Activation page.
Note: You must have an accessible, valid, and unique e-mail address to complete the self-registration process.
- **Part 2: Activating your Account**
In Part Two, you will click the Web link in your confirmation e-mail, taking you to the Account Activation page. You will log in using your new Wisconsin User ID and Password to activate your account.

Read Terms & Conditions, click “Accept”

User ID Self-Registration

The screenshot shows a web browser window with the URL `on.wisconsin.gov/WAMS/SelfRegController`. The page header features the Wisconsin state logo and the text "WISCONSIN.GOV" and "Wisconsin User ID". Navigation links for "Home", "Logout", "Help", and "FAQ" are present. The main content area is titled "Self-Registration" and includes a note: "* Indicates Required Field".

Profile Information

First Name

Middle Initial

Last Name

Suffix

E-Mail

Phone #

If you provide address information it must be complete and correct. A United States Postal Service data base is used to verify each address.

Home Residence Address

Street

Unit Number

City

State

Zip Code

Home Mailing Address

Mailing Address is the same as Residence Address.

Address(1)

Address(2)

City

Fill in personal information, click "Submit"

Registered Users

ETF myETF Benefits Logon Page

myetf.wi.gov/ETFmMEBWeb/mMEB/mMEBLogon.jsp

 **myETF Benefits**

This site provides access to the online services developed by the Department of Employee Trust Funds (ETF) for members and retirees. You must be a Health Insurance Subscriber to use this system.

Registered Users
If you are already a registered user, enter your user ID and password, then click the login button.

User ID:

Password:

 **WAMS**
WEB ACCESS MANAGEMENT SYSTEM

If you need help with myETF Benefits, please contact your employer for assistance. If your employer cannot help you and recommends that you contact ETF, call the ETF Call Center at 1-877-533-5020 or 608-266-3285, or [Contact Us](#)

- If you forgot your WAMS ID or Password, [go here](#)
- If you know your WAMS ID and Password but want to change your WAMS ID, Password or email address, [go here](#)

New Users
If you have not yet registered for online access, click the Register Now button. You will be guided through the registration process.

Registered users enter User ID & Password, click “Login”

Member ID and Log In

myIdentity Verification
Use this screen to verify who you are. You must provide your ETF Member ID and Date of Birth. The information you enter must match the information on ETF records. All fields are required.

I have an ETF Member ID
If you already have a Member ID, enter your Member ID and Date of Birth and then click the Verify button.

Display my Member ID and Date of Birth on the screen:

Member ID: ?

Date of Birth: MM/DD/YYYY

[Verify](#)

I don't have an ETF Member ID or I am not sure if I have an ID
If you do not have a Member ID or you don't know if you have been assigned one, click the Help button.

[Help](#)

Employee Trust Funds 801 W Badger Rd Madison, WI 53713 Tue Oct 03 09:16:30 CDT 2023

Enter ETF Member ID (MID) & birth date

First MMEB Login - Verification

myIdentity Verification - SSN Needed

Our records indicate this is your first login to myETF Benefits. As a one-time security measure, please enter your Social Security Number for additional verification.

Please enter your Social Security Number and click the Continue

Display my SSN on the screen:

Social Security Number:

[Continue](#) [Return to Verification](#)

Employee Trust Funds 801 W Badger Rd Madison, WI 53713 Tue Oct 03 15:08:29 CDT 2023

Enter Social Security Number for first time user identity verification

First Login – Outside Coverage

myETF Benefits
Coordination of Benefits - Update

myInfo Health Life Disability WRS Other Benefits Help Log Off

You must confirm the COB status of yourself and any dependents you may have.

1. [REDACTED] (SELF)
Insurance: Other Insurance Co: Group No: Policy No:
Medicare: Eligibility: Claim No: MBI No: Med A Eff Dt: Med B Eff Dt: Medicare Info Blank Reasons:

We apologize for any inconvenience. To update your Medicare information with ETF, please choose one of the following:

- If you are a retiree, please submit a copy of your Medicare card to ETF at PO Box 7931 Madison, WI 53707-7931
- If you are an active employee, please contact your employer.

You may continue to enroll for It's Your Choice Online without completing this screen.
Any further questions, contact ETF @ 1-877-533-5020

Input current outside health insurance coverage, then click “Update” button, OR

Click “Skip” button if no current coverage



Navigate MMEB

myInfo Landing Page

The screenshot displays the myInfo landing page for myETF Benefits. The page features a blue header with the myETF logo and navigation tabs for myInfo, Health, Life, Disability, WRS, Other Benefits, Help, and Log Off. The main content area is divided into three sections: Member Information, Spouse Information, and Contact Information. Each section contains fields for Member ID, SSN, Name, Date of Birth, Gender, and Marital Status Date (for Member Information); and Home Address, Primary Email, and Primary Phone (for Contact Information). A note at the bottom states: "Please note: The demographic information listed above is from your health insurance application and may differ from other addresses on file at ETF. ETF is working to consolidate demographic information." Below the note is a question: "Are you a retiree who wants to enroll in Medicare Advantage or Medicare Plus, with a second health plan for your non-Medicare members? Complete the Health Insurance Application or contact ETF." At the bottom of the page are four buttons: COB Update, Edit, History of Changes, and myRequests.

Member Information		Spouse Information	
Member ID:		Member ID:	
SSN:		SSN:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Gender:		Gender:	
Marital Status:			
Marital Status Date:			

Contact Information	
Home Address:	
Primary Email:	
Primary Phone:	

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

Are you a retiree who wants to enroll in Medicare Advantage or Medicare Plus, with a second health plan for your non-Medicare members? Complete the [Health Insurance Application](#) or [contact ETF](#).

[COB Update](#) [Edit](#) [History of Changes](#) [myRequests](#)

Contains information for member, spouse, contact

Changes to Health Insurance

The screenshot shows the 'myETF Benefits' website interface. At the top left is the 'etf' logo. The main header is 'myETF Benefits' with a sub-header 'myInfo'. Below the header is a navigation menu with buttons for 'myInfo', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Help', and 'Log Off'. The main content area is divided into two columns: 'Member Information' and 'Spouse Information'. Each column contains fields for Member ID, SSN, Name, Date of Birth, Gender, and Marital Status Date. Below these is a 'Contact Information' section with fields for Home Address, Primary Email, and Primary Phone. A green note states: 'Please note: The demographic information listed above is from your health insurance application and may differ from other addresses on file at ETF. ETF is working to consolidate demographic information.' Below the note is a question: 'Are you a retiree who wants to enroll in Medicare Advantage or Medicare Plus, with a second health plan for your non-Medicare members? Complete the Health Insurance Application or contact ETF.' At the bottom are buttons for 'COB Update', 'Edit', 'History of Changes', and 'myRequests'.

Click “Health” button near top for health insurance changes

Health Page

myETF Benefits
Health Insurance Enrollment Summary

myInfo Health Life Disability WRS Other Benefits Help Log Off

Member ID: [Redacted] SSN: [Redacted] Subscriber: [Redacted]

	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
View Edit	[Redacted]	MEDICARE - SINGLE	06/01/2015		ACTIVE	[Redacted]
View	[Redacted]	SINGLE	[Redacted]	[Redacted]	ENDED	[Redacted]
View	[Redacted]	FAMILY	[Redacted]	[Redacted]	ENDED	[Redacted]
View	[Redacted]	FAMILY	[Redacted]	[Redacted]	ENDED	[Redacted]
View	[Redacted]	FAMILY	[Redacted]	[Redacted]	ENDED	[Redacted]
View	[Redacted]	FAMILY	[Redacted]	[Redacted]	ENDED	[Redacted]

Are you a retiree who wants to enroll in Medicare Advantage or Medicare Plus, with a second health plan for your non-Medicare members? Complete the [Health Insurance Application](#) or contact [ETF](#).

Information: Plan names, coverage level, begin & end dates, status, & employer

Click "Edit" to change active plan

No active coverage click "Add Coverage"

Edit Health Plan

myETF Benefits
Report Change to Active Health Insurance Enrollment

myInfo Health Life Disability WRS Other Benefits Help Log Off

ETF Member ID: [Redacted] SSN: [Redacted] Subscriber: [Redacted]
Employer: [Redacted] Health Plan: [Redacted] Coverage Level: [Redacted]

Please select the change you would like to make from the options listed below. If the reason for your change is not listed, please contact your employer.
If you have experienced more than one change, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to: ADD DEPENDENT [?]
 CANCEL COVERAGE [?]
 CHANGE HEALTH PLAN [?]

[Continue](#) [Cancel](#)

Please use the [Edit Covered Individual Detail](#) screen to update existing dependent information.
Please use the [myInfo](#) screen and press Edit to update your demographic, address and phone information.

Add a dependent, cancel coverage, or change health plan

Add Dependent - 1

The screenshot shows the 'myETF Benefits' website interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits' and 'Add Health Insurance Dependent to Existing Coverage'. Below this is a menu with options: myInfo, Health, Life, Disability, WRS, Other Benefits, Help, and Log Off. The main content area features a light blue header with fields for 'ETF Member ID: Employer:', 'SSN: Health Plan:', and 'Subscriber: Coverage Level:'. Below this is a form section with a 'Reason for Adding Dependent' dropdown menu set to 'Select One' and an 'Event Date' calendar icon. There are 'Add Dependent' and 'Remove Dependent' buttons. A tab labeled 'Tab 1' is visible. The 'Identification' section contains fields for SSN, Gender (dropdown), First Name, Date of Birth, Middle Initial, Date of Death, Last Name, Marital Status (dropdown), Suffix (dropdown), Marital Status Date, and Member ID.

Click “Reason for Adding Dependent” drop-down → Select “It’s Your Choice Enrollment Period”

Event date auto-fills to 1/1

Add Dependent - 2

Identification:

SSN: <input type="text"/>	Gender: <input type="text" value="Select One"/>
First Name: <input type="text"/>	Date of Birth: <input type="text"/>
Middle Initial: <input type="text"/>	Date of Death: <input type="text"/>
Last Name: <input type="text"/>	Marital Status: <input type="text" value="Select One"/>
Suffix: <input type="text"/>	Marital Status Date: <input type="text"/>
Member ID: <input type="text"/>	

Tax Dependent: <input type="text" value="Select One"/>	ETF's Insurance: <input type="text" value="Select One"/>
Disabled: <input type="text" value="Select One"/>	Relationship: <input type="text" value="Select One"/>
Begin Date: <input type="text"/>	Standard Plan Wait Indicator: <input type="text" value="No"/>
End Date: <input type="text"/>	

Other Health Insurance:

Medicare:

Physician:

National Provider ID: <input type="text"/>	OR	Physician Last/Clinic Name: <input type="text"/>	Physician First Name: <input type="text"/>
--	----	--	--

Add identification and other health insurance information

Verify all information and click “submit”

Add Dependent - Confirmation

The screenshot shows the 'myETF Benefits' website interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits' and 'Add Health Insurance Dependent to Existing Coverage'. Below the navigation bar, there are several tabs: 'myInfo', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'ETF Member ID:', 'Employer:', 'SSN:', 'Health Plan:', 'Subscriber:', and 'Coverage Level:'. Below these fields, there is a checkbox with the text: 'I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#) and [NONDISCRIMINATION DISCLOSURE](#)'. Below the checkbox, there is a statement: 'To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.' At the bottom of the form, there are two buttons: 'Confirm' and 'Cancel'. Below the form, there is a box containing the text: 'Reason for Adding Dependent: IT'S YOUR CHOICE ENROLLMENT PERIOD' and 'Event Date: 01/01/2024'. At the very bottom, there is a green button with the text 'A C'.

Check box for terms and conditions

Click "Confirm"

Cancel Coverage

myETF Benefits
Health Insurance - Cancel Coverage

myinfo Health Life Disability WRS Other Benefits Help Log Off

ETF Member ID: [Redacted] SSN: [Redacted] Subscriber: [Redacted]
Employer: [Redacted] Health Plan: [Redacted] Coverage Level: [Redacted]

You are requesting to voluntarily cancel health coverage for yourself and all dependents or to cancel your coverage to complete a spouse-to-spouse transfer. You must provide select one of the premium deduction selections. Once an end date and premium deduction are selected, please submit your request.

Note: When your employee premium deduction is taken pre-tax, you may only cancel your coverage following a qualifying event, provided you submit a request no later than 30 days following that qualifying event, or at the end of the current year during the annual It's Your Choice Open Enrollment period.

By voluntarily ending your coverage, continuation rights will not apply.

Health Plan	Coverage Level	Begin Date	End Date	Reason	Status	Employer
[Redacted]	[Redacted]	[Redacted]	[Redacted] <input type="text" value="Select One"/>	[Redacted] <input type="text" value="Select One"/>	ACTIVE	[Redacted]

Enter end date and click drop-down for change reason

Click "Submit" to load premium deduction information

Select reason, enter event date, and click "Submit" button

Cancel Coverage Confirmation

myETF Benefits
Health Insurance - Cancel Coverage

myInfo Health Life Disability WRS Other Benefits Help Log Off

ETF Member ID: [Redacted] SSN: [Redacted] Subscriber: [Redacted]
Employer: [Redacted] Health Plan: [Redacted] Coverage Level: [Redacted]

You have requested to voluntarily cancel coverage for yourself and all dependents. By voluntarily ending your coverage continuation rights will not apply. To continue the cancellation of your coverage, please confirm your request.

Premium Deduction Information:
My premiums are deducted: [Redacted] Event date: 12/31/2023
 Pre-tax: Annual Its Your Choice open enrollment period.

I wish to cancel my insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#) and [NONDISCRIMINATION DISCLOSURE](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

Health Plan	Coverage Level	Begin Date	End Date	Reason	Status	Employer
[Redacted]	[Redacted]	[Redacted]	12/31/2023	CANCEL COVERAGE	[Redacted]	[Redacted]

Check box for terms and conditions

Click “Confirm”

Add Coverage or Change Health Plan

The screenshot shows the 'myETF Benefits' portal for 'Health Insurance - Change Health Plan'. At the top, there is a navigation bar with the 'etf' logo and a menu with options: myInfo, Health, Life, Disability, WRS, Other Benefits, Help, and Log Off. Below the navigation bar, there are input fields for 'ETF Member ID: Employer:', 'SSN: Health Plan:', and 'Subscriber: Coverage Level:'. A 'Reason for Changing Health Plan' dropdown menu is set to 'Select One', and an 'Event Date' field is present with a calendar icon and the format 'MMDDYYYY'. A message states: 'You are requesting a change in your health plan for yourself and all dependents.' Below this is a table with columns: Health Plan, Coverage Level, Begin Date, End Date, and Employer. A note says '(Please choose a reason)'. At the bottom, there is a table for dependents with columns: Row, SSN, Name - First, MI, Last, Suffix, DOB, Gender, Relationship, Tax Dep, Disabled, and Physician. The first row is populated with '1' in the 'Row' column and 'SELF' in the 'Relationship' column. Below the table are fields for 'Insurance:', 'Medicare:', 'Other Insurance Co:', 'Group No:', 'Policy No:', 'Medicare:', 'Claim No:', 'Med A Eff Dt:', 'Med B Eff Dt:', and 'Medicare Info Blank Reasons:'. At the very bottom are 'Submit' and 'Cancel' buttons.

Click drop-down for change reason → Click on “It’s Your Choice Enrollment Period”

Select new health plan

Click “Submit” button

Add or Change - Confirmation

myETF Benefits
Health Insurance - Change Health Plan

myInfo Health Life Disability WRS Other Benefits Help Log Off

ETF Member ID: [Redacted] SSN: [Redacted] Subscriber: [Redacted]
Employer: [Redacted] Health Plan: [Redacted] Coverage Level: [Redacted]

You have requested a change in your current Health Plan. To continue changing your health plan, please confirm your request.

By Confirming this request, I apply for or am ending the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#) and [NONDISCRIMINATION DISCLOSURE](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

Confirm Cancel

Reason for Changing Health Plan: IT'S YOUR CHOICE ENROLLMENT PERIOD

Health Plan	Coverage Level	Begin Date	End Date	Employer
[Redacted]	[Redacted]	[Redacted]	12/31/2023	[Redacted]
QUARTZ WEST	[Redacted]	01/01/2024		

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Begin Date	End Date
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Current plan with 12/31 end date | New Plan with 1/1 begin date

Check box for terms and conditions, then click “Confirm” button

Thank you



[wi_etf](#)



[etf.wi.gov](#)



ETF E-mail Updates



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