myETF Benefits – Dependent Child - ADD

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General Information

These instructions provide the steps to report add a dependent child to health insurance coverage through the myETF Benefits Application.

These instructions make the assumption that member has successfully logged into the myETF Benefits and has been automatically directed to the myInfo.   Please see the myETF Benefits login instructions for more details.

Special Notes

- The individual accessing the system must have enrolled in a health benefit plan through the State of Wisconsin.

- The application requires Internet Explorer 7 (or higher) or Fire Fox 3.0 (or higher) to display properly.

- The application requires your Web browser to have cookies enabled and JavaScript on.
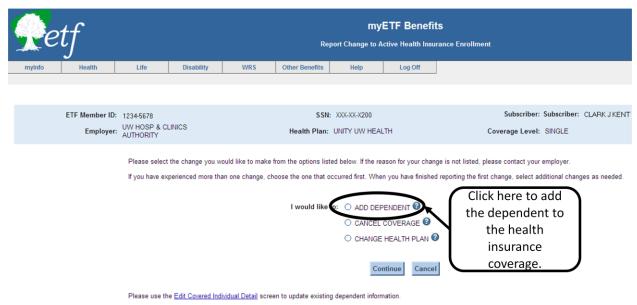
Step-by-Step Instructions (Text Only)

1) Click the "Health" tab located along the top navigation ribbon.

   a) The "Health Insurance Coverage Summary" screen will appear.

2) Click the "Edit" button located to the left of active health insurance listing.

   a) The "Report Change" page will appear.

3) Click the radio button (i.e. circle) in front of "Add Dependent" to select this option.

4) Click the "Continue" button.

   a) The "Add Dependent" page will appear.

5) Select the reason for adding the dependent drop down box.

6) Continue by filling in all relevant information boxes.

7) When finished, click the "Submit" button at the bottom of the page.

   a) If there are any errors, the fields needed to be changed will be indicated at the top of the page in red. Correct

   any fields necessary, and click the "Submit" button again.

   b) The "Add Dependent" confirmation page will appear.

8) Review the information and check that the changes you are submitting are correct.

9) Check the box agreeing to the terms and conditions/additional documentation requirement, click the "Confirm" button to submit the changes.

10) Click the "Confirm" button.

   a) The confirmation page will appear.

   b) To print a copy of this change for your records, click the green print button.

11) If there additional dependents to add, click on the "Add Additional Eligible Dependents" button at the bottom of the page.

12) You will receive an email confirmation of this request.

13) To see the status of your request, click the "myRequests" button at the bottom of the myInfo page.

14) Log off myETF Benefits by clicking on the "Logoff" tab located at the top right of the navigation ribbon.

Step-by-Step Instructions with Visuals

myInfo	Health	Life	Disability	WRS	Other Benefits	Help	Log Off

ETF Member ID: 1234-5678	**SSN:** XXX-XX-X200	**Subscriber: Subscriber:** CLARK J KENT
Employer: UW HOSP & CLINICS AUTHORITY	**Health Plan:** UNITY UW HEALTH	**Coverage Level:** SINGLE

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 ❓

Click here to add the dependent to the health insurance coverage.

[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.

| myInfo | Health | Life | Disability | WRS | Other Benefits | Help | Log Off |

ETF Member ID: 1234-5678   **SSN:** XXX-XX-X200   **Subscriber:** Subscriber: CLARK J KENT

Employer: UW HOSP & CLINICS AUTHORITY   **Health Plan:** UNITY UW HEALTH   **Coverage Level:** SINGLE

Reason for Adding Dependent: [Select One ▼]   Event Date [____] 📅

Identification:

SSN: [____]   Gender: [Select One ▼]

First Name: [____]   Date of Birth: [____] 📅

Middle Initial: [__]   Date of Death: [____] 📅

Last Name: [____]   Marital Status: [Select One ▼]

Suffix: [▼]   Status Date: [____] 📅

Tax Dependent: [Select One ▼]   ...urance: [Select One ▼]

Disabled: [Select One ▼]   ...onship: [Select One ▼]

Begin Date: ...dicator: [Select One ▼]

End Date:

Complete all appropriate fields and click "Submit".

Other Health Insurance:

Insurance Company: [____]   Group Number: [____]   Policy Number: [____]

Medicare:

Medicare Eligibility Reason: [Select One ▼]   Medicare A Effective Date: [____] 📅

Health Insurance Claim Number: [____]   Medicare B Effective Date: [____] 📅

Physician:

National Provider ID: [____]   Physician Last/Clinic Name: [____]   Physician First Name: [____]

[Submit] [Cancel]

| myInfo | Health | Life | Disability | WRS | Other Benefits | Help | Log Off |

ETF Member ID: 1234-5678	SSN: XXX-XX-X200	Subscriber: Subscriber: CLARK J KENT
Employer: UW HOSP & CLINICS AUTHORITY	Health Plan: UNITY UW HEALTH	Coverage Level: SINGLE

Reason for Adding Dependent: MARRIAGE	Event Date: 07/20/2010

Identification:

Member ID:	Date of Birth: 04/01/1980
SSN: 504442326	Date of Death:
Name: LOIS M LANE-KENT	Marital Status: MARRIED
Gender: Female	Marital Status Date: 07/20/2010

Tax Dependent: No	ETF's Insurance: PRIMARY
Disabled: No	Relationship: SPOUSE
Begin Date: 07/20/2010	Standard Plan Wait Indicator: Select One
End Date:	

Other Health Insurance:

Insurance Company:	Group Number:	Policy Number:

Medicare:

Medicare Eligibility Reason:	Medicare A Effective Date:
Health Insurance Claim Number:	Medicare B Effective Date:

Physician:

National Provider ID:	Physician First Name:

☐ By Confirming this request, I apply for, am ending ... contract made available to me through the State of Wisconsin and have read and agree to the TERMS AND CONDITIONS.

To the best of my knowledge, all statements and answ... s furnished under penalty of Wis. Stat. § 943.395.

> Accept the terms, and click "Confirm" to continue.

Confirm   Cancel

| myInfo | Health | Life | Disability | WRS | Other Benefits | Help | Log Off |

- Your request has been submitted to your employer/ETF for validation.

Click here to securely log off.

| ETF Member ID: | 1234-5678 | | X200 | | Subscriber: Subscriber: | CLARK J KENT |
| Employer: | UW HOSP & CLINICS AUTHORITY | | UW HEALTH | | Coverage Level: | SINGLE |

🖶 Print

| Reason for Adding Dependent: DOMESTIC PARTNERSHIP | Event Date: 07/20/2010 |

Identification:

Member ID:	Date of Birth: 04/01/1980
SSN: 504442326	Date of Death:
Name: LOIS M LANE-KENT	Marital Status: DOMESTIC PARTNER
Gender: Female	Marital Status Date: 07/20/2010

Tax Dependent: No	ETF's Insurance: PRIMARY
Disabled: No	Relationship: DOMESTIC PARTNER
Begin Date: 07/20/2010	Standard Plan Wait Indicator: Select One
End Date:	

Other Health Insurance:

| Insurance Company: | Group Number: |

Medicare:

| Medicare Eligibility Reason: | Medicare A Effec |
| Health Insurance Claim Number: | Medicare B Effec |

Click here to add other dependents (children, step-children, etc).

Physician:

| National Provider ID: | Physician Last/Clinic Name: | Physician First Name: |

| Return to Enrollment Summary | Return to Report Enrollment Change | Add Additional Eligible Dependent |