

# myETF Benefits – Cancellation of Health Insurance

## [General Information](#)

### [Special Notes](#)

### [Step-by-Step Instructions \(Text Only\)](#)

### [Step-by-Step Instructions with Visuals](#)

## General Information

These instructions provide the steps to voluntarily cancel health insurance benefits through 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 on the “Health” tab located along the top navigation bar.
  - a) The Health Insurance Summary page will appear.
- 2) Click the “Edit” button located to the left of your current coverage.
  - a) The “Report Change to Active Health Insurance Enrollment” page will appear.
- 3) Click the circle next to “CANCEL COVERAGE”
- 4) Click the “Continue” button
  - a) The “Health Insurance Cancel Coverage” page will appear.
- 5) Select the date you would like to end your coverage.
  - a) Coverage will end on the last day of the month selected.
- 6) Click on the circle beside the “Premium Deduction Information” that best fits your situation.
- 7) Click the “Submit” button
  - a) The “Health Insurance Cancel Coverage” second page will appear.
  - b) Read the message concerning cancellation of coverage and your right to rescind this cancellation.

- 8) Click the square next to the confirmation statement.
- 9) 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 in the upper left corner of the page.
- 10) You will receive an email confirmation of this request.
- 11) To see the status of your request, click the "myRequests" button at the bottom of the myInfo page.
- 12) 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**



# myETF Benefits

## myInfo

- myinfo
- Health**
- Life
- Disability
- WRS
- Other Benefits
- Help
- Log Off

Click here to view your health insurance summary.

Member ID:  
 SSN:  
 Name:  
 Date of Birth: 06/30/1978  
 Gender: MALE  
 Marital Status: MARRIED  
 Marital Status Date: 10/11/1996

Member ID: 1009-5890  
 SSN: XXX-XX-X255  
 Name: LOIS LANE-KENT  
 Date of Birth: 09/23/1981  
 Gender: FEMALE

### Spouse Information

### Contact Information

Home Address: 344 CLINTON ST  
 MADISON, WI 53717-1810, US  
 DANE COUNTY  
 Valid per USPS

Primary Email: Superman@etf.state.wi.us  
 Primary Phone: (608) 524 - 2141

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.

- Edit
- History of Changes
- myRequests



# myETF Benefits

## Health Insurance Enrollment Summary

- myinfo
- Health**
- Life
- Disability
- WRS
- Other Benefits
- Contact Us
- Log Off

Member ID: 1234-5678    SSN: XXX-XX-X616    Subscriber: CLARK J KENT

|   | Health Plan       | Coverage Level      | Begin Date | End Date   | Status     | Employer                      |
|---|-------------------|---------------------|------------|------------|------------|-------------------------------|
| <a href="#">View</a> <a href="#">Edit</a> | DEAN HEALTH PLAN  | MEDICARE - FAMILY 2 | 10/01/2007 |            | ACTIVE     | ETF-STATE ANNT (SICK LEAVE)   |
| <a href="#">View</a>                      | DEAN HEALTH PLAN  | MEDICARE - FAMILY 1 | 07/01/2006 | 09/30/2007 | TERMINATED | ETF-STATE ANNT (SICK LEAVE)   |
| <a href="#">View</a>                      | DEAN HEALTH PLAN  | FAMILY              | 04/01/2005 | 06/30/2006 | TERMINATED | EMPLOYEE TRUST FUNDS, DEPT OF |
| <a href="#">View</a>                      | DEAN HEALTH PLAN  | FAMILY              | 01/01/2003 | 03/31/2005 | TERMINATED | EMPLOYEE TRUST FUNDS, DEPT OF |
| <a href="#">View</a>                      | STATE HEALTH PLAN | FAMILY              | 01/01/1994 | 12/31/2002 | TERMINATED | EMPLOYEE TRUST FUNDS, DEPT OF |

Click here to make changes to health insurance.



# myETF Benefits

## Report Change to Active Health Insurance Enrollment

- [myInfo](#)
- [Health](#)
- [Life](#)
- [Disability](#)
- [WRS](#)
- [Other Benefits](#)
- [Help](#)
- [Log Off](#)

ETF Member ID: 12345678

SSN: XXX-XX-X616

Subscriber: CLARK J KENT

Employer: ETF-STATE ANNT (SICK LEAVE)

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

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 ?
  - REMOVE DEPENDENT ?

Click on the circle here to cancel your health insurance and click the "Continue" button.

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.



# myETF Benefits

## Health Insurance - Cancel Coverage

- [myInfo](#)
- [Health](#)
- [Life](#)
- [Disability](#)
- [WRS](#)
- [Other Benefits](#)
- [Help](#)
- [Log Off](#)

ETF Member ID: 12345678

SSN: XXX-XX-X616

Subscriber: CLARK J KENT

Employer: ETF-STATE ANNT (SICK LEAVE)

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

You are requesting to voluntarily cancel health coverage for yourself and all dependents. The end date is shown in the drop down date list if you would like a later end date. In addition, you must select one of the premium deduction options to submit your request. Note: You may only cancel your coverage at the end of the current year if you do not have comparable coverage. By voluntarily ending your coverage, continuation rights will not apply.

Click on the drop down box to select the coverage end date.

You may select a later date from the drop down date list if you would like a later end date. In addition, you must select one of the premium deduction options to submit your request. Note: You may only cancel your coverage at the end of the current year if you do not have comparable coverage. By voluntarily ending your coverage, continuation rights will not apply.

| Health Plan      | Coverage Level      | Begin Date | End Date   | Status | Employer                    |
|------------------|---------------------|------------|------------|--------|-----------------------------|
| DEAN HEALTH PLAN | MEDICARE - FAMILY 2 | 10/01/2007 | 06/30/2010 | ACTIVE | ETF-STATE ANNT (SICK LEAVE) |

### Premium Deduction Information:

- My employee premium is deducted pre-tax and I acknowledge that I have comparable coverage.
- My employee premium is deducted pre-tax and my required contributions has significantly increased.
- My employee premium is deducted post-tax.
- My employee premium is deducted pre-tax and I do not have comparable coverage.

Click the premium deduction that fits your situation and click the "Submit" button.



# myETF Benefits

Health Insurance - Cancel Coverage

- myInfo
- Health
- Life
- Disability
- WRS
- Other Benefits
- Help
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ETF Member ID: 10344459

SSN: XXX-XX-X220

Subscriber: DAVID L SHORT

Employer: ETF-STATE ANNT (SICK LEAVE)

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

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.

| Health Plan      | Coverage Level      | Begin Date | End Date   | Status | Employer                    |
|------------------|---------------------|------------|------------|--------|-----------------------------|
| DEAN HEALTH PLAN | MEDICARE - FAMILY 2 | 10/01/2007 | 06/30/2010 | ACTIVE | ETF-STATE ANNT (SICK LEAVE) |

Premium

My employee premium is deducted pre-tax and my required contributions has significantly increased.

I apply for this insurance 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 answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

Click this box to acknowledge you are cancelling coverage and then click the "Confirm" button.



# myETF Benefits

Health Insurance - Cancel Coverage

- myInfo
- Health
- Life
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- WRS
- Other Benefits
- Help
- Log Off

Click here to log off myETF Benefits.

ETF Member ID: 12345678

SSN: XXX-XX-X616

Subscriber: CLARK J KENT

Employer: ETF-STATE ANNT (SICK LEAVE)

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

Your request has been submitted for validation.

| Health Plan      | Coverage Level      | Begin Date | End Date   | Status | Employer                    |
|------------------|---------------------|------------|------------|--------|-----------------------------|
| DEAN HEALTH PLAN | MEDICARE - FAMILY 2 | 10/01/2007 | 06/30/2010 | ACTIVE | ETF-STATE ANNT (SICK LEAVE) |

Premium Deduction Information:

My employee premium is deducted pre-tax and my required contributions has significantly increased.

Click here to print a copy of this change request for your records.