

myETF Benefits – Divorce

[General Information](#)

[Special Notes](#)

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

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

General Information

These instructions provide the steps to report a divorce and change 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 “Edit” button located at the bottom of the page.
 - a) The following fields will display text entry boxes:
 - i) Name
 - ii) Marital Status
 - iii) Marital Date
 - iv) Country
 - v) Address Line 1
 - vi) Address Line 2
 - vii) City, State, Zip
 - viii) Care of
 - ix) Primary Phone
- 2) Change the “Marital Status” field to “Divorced”
- 3) Change the “Marital Status Date” field to the divorce date.

- a) To clear all fields, click the “Undo Changes” button.
- 4) Click the “Submit” button when finished making changes.
- 5) The “myInfo Changes” confirmation page will appear.
 - a) Review the information in red and check that the changes you are submitting are correct.
- 6) 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.
- 7) You will receive an email confirmation of this request.
- 8) If you had family coverage with your previous spouse, or if there are dependents on your family coverage, continue with the following steps.
- 9) Click the “Health” tab located along the top navigation ribbon.
 - a) The “Health Insurance Coverage Summary” screen will appear.
- 10) Click the “Edit” button located to the left of active health insurance listing.
 - a) The “Report Change” page will appear.
- 11) Click the radio button (i.e. circle) in front of “Remove Dependent” to select this option.
- 12) Click the “Continue” button.
 - a) The “Remove Dependent” selection page will appear.
- 13) Select “DIVORCE” from reason for removing the dependent drop down box.
 - a) The Spouse and any stepchildren will automatically be selected.
- 14) Select the box to the left of each dependent (if any) you would like to remove.
- 15) Click the “Submit” button at the bottom of the page.
 - a) The “Remove Dependent” confirmation page will appear.
- 16) Review the information and check that the changes you are submitting are correct.
- 17) Click the square next to the confirmation statement at the bottom of the page.
- 18) Click the square acknowledging that documentation is required.
- 19) 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.
- 20) You will receive an email confirmation of this request.
- 21) To see the status of your request, click the “myRequests” button at the bottom of the myInfo page.
- 22) 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
Edit myInfo

myInfo Health Life Disability WRS Other Benefits Help Log Off

Member Information Spouse Information

Member ID: 1234-5678
SSN: XXX-XX-X220
Name (First/Middle/Last/Suffix): CLARK J KENT Select One
Date of Birth: 07/22/1941
Gender: MALE
Marital Status: **MARRIED** Select One
Marital Status Date: 08/28/1965 (MM/DD/YYYY)
Employer: ETF-STATE ANNT (SICK LEAVE)

Updating Social Security Numbers and Dates of Birth require additional documentation. Please work directly with your employer.

Contact Information

Home Address:
Country: UNITED STATES - US
Address Line 1: 344 CLINTON STREET
Address Line 2:
City, State: MADISON WISCONSIN - WI
Zip Code: 537171810 (only numbers are allowed)
Care of:
Primary Email: citoni@ymail.com
Primary Phone: 6085242141 Ext. (only numbers are allowed)

Updating your e-mail address must be completed through the Wisconsin Self-Service account maintenance.

Select "Divorced" and update the marital status date.

Click "Submit" to continue.



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

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

Member Information	Spouse Information
--------------------	--------------------

Member ID: 1234-5678
SSN: XXX-XX-X616
Name: CLARK J KENT
Date of Birth: 06/30/1978
Gender: MALE
Marital Status: DIVORCED
Marital Status Date: 07/26/2010

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

Contact Information

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

Primary Email: Superman@etf.state.wi.us
Primary Phone: 608-5242142

Changes you are submitting will show in red. Confirm the change by clicking here.



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

Click here to view your health insurance summary.

Your updates have been sent to your employer for approval.
 Changes will not be reflected on the myInfo page until the employer has approved the changes.
 Upon approval you will receive a confirmation email outlining the acceptance or denial of your request.
 You may also view your pending requests on the myRequests screen.

Member Information	Spouse Information
--------------------	--------------------

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

Contact Information

Home Address: 344 CLINTON ST
 MADISON, WI 53717-1810, US
 DANE COUNTY
 MADISON, WISCONSIN 537171810

Primary Email: Superman@etf.state.wi.us
Primary Phone: 6085242141



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
View Edit	DEAN HEALTH PLAN	MEDICARE - FAMILY 2	10/01/2007		ACTIVE	ETF-STATE ANNT (SICK LEAVE)
View	DEAN HEALTH PLAN	MEDICARE - FAMILY 1	07/01/2006	09/30/2007	TERMINATED	ETF-STATE ANNT (SICK LEAVE)
View	DEAN HEALTH PLAN	FAMILY	04/01/2005	06/30/2006	TERMINATED	EMPLOYEE TRUST FUNDS, DEPT OF
View	DEAN HEALTH PLAN	FAMILY	01/01/2003	03/31/2005	TERMINATED	EMPLOYEE TRUST FUNDS, DEPT OF
View	STANDARD 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 the health insurance for one (or more) of your dependents and click the "Continue" button.

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

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

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



myETF Benefits

Health Insurance - Remove Dependent

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

Select "DIVORCE" as the reason for removing the dependent and click "SUBMIT".

SSN: XXX-XX-X200

Subscriber: CLARK J KENT

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

Reason for Removing Dependent:

Event Date:

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	12345678	CLARK J KENT	07/22/1941	MALE	SELF	NO	NO	07/01/2006	07/01/2006	10/01/2007		
<input type="checkbox"/>	87654321	LOIS M LANE-KENT	10/25/1942	FEMALE	SPOUSE	NO	NO	10/01/2007	10/01/2007	10/01/2007		



myETF Benefits

Health Insurance - Remove Dependent

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

ETF Member ID: 1234-5678

SSN: XXX-XX-X200

Subscriber: CLARK J KENT

Employer: ETF-STATE ANNT (SICK LEAVE)

Health Plan: DEAN HEALTH PLAN

Coverage Level: MEDICARE - FAMILY 2

Reason for Removing Dependent: DIVORCE

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	12345678	CLARK J KENT	07/22/1941	MALE	SELF	NO	NO	07/01/2006	07/01/2006	10/01/2007		
<input checked="" type="checkbox"/>	87654321	LOIS M LANE-KENT	10/25/1942	FEMALE	SPOUSE	NO	NO	10/01/2007	10/01/2007	10/01/2007		07/31/2010

Your Reason for Removing Dependent is DIVORCE. This change will result in a change in coverage level. By confirming this change, your coverage level will be updated to single. This change is outside of your health benefits.

By clicking the "Confirm" button, I agree to the terms and conditions of the health insurance contract made available to me through the State of Wisconsin and have read and understand 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.

Documentation is required to process this change. I acknowledge that it is my responsibility to provide the appropriate documents to ETF within 5 days.

Click these two boxes to agree to the terms and conditions and click the "Confirm" button.



myETF Benefits

Health Insurance - Remove Dependent

- myinfo
- Health
- Life
- Disability

Log Off

Click here to log off myETF Benefits.

ETF Member ID: 1234-5678

SSN: XXX-XX-X200

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 to ETF for validation.

Reason for Removing Dependent: DEATH OF DEPENDENT

Print

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

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	End Date	New End Date
<input type="checkbox"/>	12345678	CLARK J KENT	07/22/1941	MALE	SELF	NO	NO		
<input checked="" type="checkbox"/>	87654321	LOIS M LANE-KENT	10/25/1942	FEMALE	SPOUSE	NO	NO	10/01/2007	10/01/2007 10/01/2007 07/31/2010

Your Reason for Removing Dependent will terminate all eligible dependents and requires a change in coverage level. By confirming this change, your coverage level will be updated to single coverage. Please remember to update any other benefit information that may be effected by this change outside of your health benefits.

[Return to Report Enrollment Change](#)

[Return to Enrollment Summary](#)