myETF Benefits - Marriage

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General Information

These instructions provide the steps to report a marriage 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

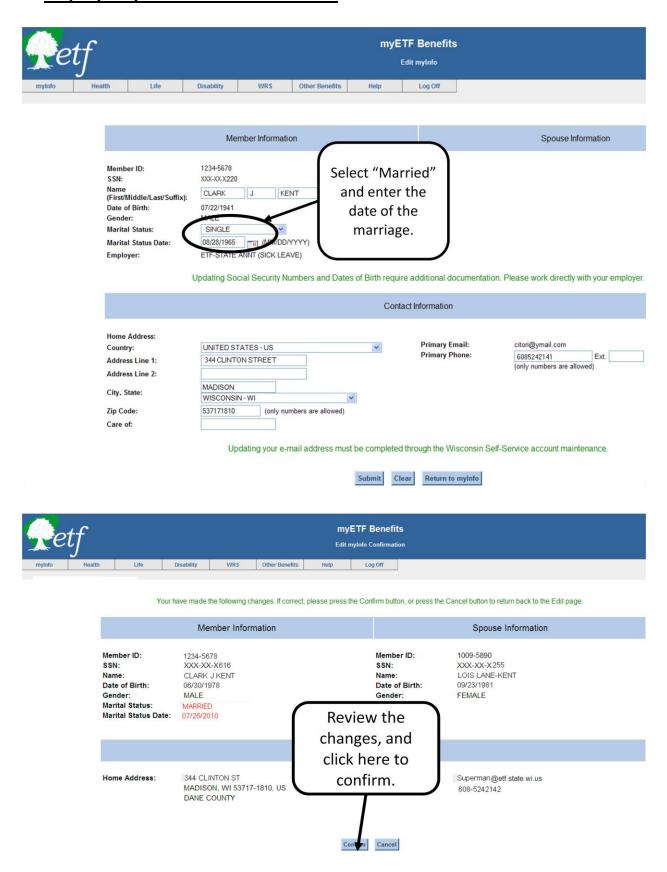
- The individual accessing the system must have enrolled in a health benefit plan through the State of Wisconsin.
- The application requires Internet Explorer 7 (or higher) or Fire Fox 3.0 (or higher) to display properly.
- The application requires your Web browser to have cookies enabled and JavaScript 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 "Married"
- 3) Change the "Marital Status Date" field to the marriage 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) Click the "Health" tab located along the top navigation ribbon.
 - a) The "Health Insurance Coverage Summary" screen will appear.
- 9) Click the "Edit" button located to the left of active health insurance listing.
 - a) The "Report Change" page will appear.
- 10) Click the radio button (i.e. circle) in front of "Add Dependent" to select this option.
- 11) Click the "Continue" button.
 - a) The "Add Dependent" page will appear.
- 12) Select "MARRIAGE" for the reason for adding the dependent drop down box.
- 13) Continue by filling in all relevant information boxes.
- 14) 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.
- 15) Review the information and check that the changes you are submitting are correct.
- 16) Click the square next to the confirmation statement at the bottom of the page.
- 17) 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.
- 18) If there additional dependents to add, click on the "Add Additional Eligible Dependents" button at the bottom of the page.
 - a) If adding stepchildren, return the next business day and add them through the Add Dependent process.
- 19) You will receive an email confirmation of this request.
- 20) To see the status of your request, click the "myRequests" button at the bottom of the myInfo page.
- 21) 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





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

Return to myInfo



ETF Member ID: 1234-5678 SSN: XXXXXX200 Subscriber: CLARK J KENT

Employer: UW HOSP & CLINICS AUTHORITY

WHOSP & CLINICS AUTHORITY

Health Plan: UNITY UW HEALTH

Coverage Level: SINGLE

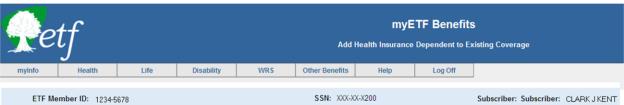
Please select the change you would like to make from the options listed below. If the reason for your change is not listed, please contact your employer.

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.



Please use the Edit Covered Individual Detail screen to update existing dependent information.

Please use the $\underline{\text{myInfo}}$ screen and press Edit to update your demographic, address and phone information.



ETF Member ID: 1234-5678 SSN: XXX-XX200 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:	Complete all			
To Donated to the Control of the Con				
Tax Dependent: Select One ✓ Disabled: Select One ✓	appropriate urance: Select One onship: Select One			
Begin Date:	fields and click			
End Date:				
	"Submit".			
Other Health Insurance:				
Insurance Company:	Group Number: Policy Number:			
Medicare:				
Medicare Eligibility Reason: Select One	edicare A Effective Date:			
Health Insurance Claim Number: Midicare B Effective Date:				
Physician:				
National Provider ID:	Physician Last/Clinic Name: Physician First Name:			
	Submit Cancel			

