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

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
Date of Birth: 07/22/1941
Gender: MALE
Marital Status: SINGLE
Marital Status Date: 08/28/1965   (MM/DD/YYYY)
Employer: ETF-STATE ANNT (SICK LEAVE)

Select "Married" and enter the date of the marriage.

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

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

Submit   Clear   Return to myInfo

myETF Benefits
Edit myInfo Confirmation

| 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   Member ID: 1009-5890
SSN: XXX-XX-X616   SSN: XXX-XX-X255
Name: CLARK J KENT   Name: LOIS LANE-KENT
Date of Birth: 06/30/1978   Date of Birth: 09/23/1981
Gender: MALE   Gender: FEMALE
Marital Status: MARRIED
Marital Status Date: 07/26/2010

Review the changes, and click here to confirm.

Home Address: 344 CLINTON ST   Superman@etf.state.wi.us
                 MADISON, WI 53717-1810, US   608-5242142
                 DANE COUNTY

Confirm   Cancel

myETF Benefits
Edit myInfo Confirmation

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

Your updates have been sent to your employer for approval.
These changes will not be reflected on the myInfo page until the employer has approved the changes.
Upon Employer 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.

Click the "Health" tab to add the spouse to the health insurance coverage.

Member Information		Spouse Information	
1234-5678		**Member ID:**	1009-5890
XXX-XX-X616		**SSN:**	XXX-XX-X255
CLARK J KENT		**Name:**	LOIS LANE-KENT
06/30/1978		**Date of Birth:**	09/23/1981
MALE		**Gender:**	FEMALE
Marital Status: MARRIED			
Marital Status Date: 07/20/2010			

Contact Information

Home Address:	344 CLINTON ST	**Primary Email:**	Superman@etf.state.wi.us
	MADISON, WI 53717-1810, US	**Primary Phone:**	6085242141
	DANE COUNTY		
	MADISON, WISCONSIN 537171810		

[Return to myInfo]

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myETF Benefits
Report Change to Active Health Insurance Enrollment

| 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 new spouse 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

Employer: UW HOSP & CLINICS AUTHORITY

SSN: XXX-XX-X200

Health Plan: UNITY UW HEALTH

Subscriber: Subscriber: CLARK J KENT

Coverage Level: SINGLE

Reason for Adding Dependent: Select One

Event Date

Identification:

SSN:

First Name:

Middle Initial:

Last Name:

Suffix:

Gender: Select One

Date of Birth:

Date of Death:

Marital Status: Select One

Status Date:

Tax Dependent: Select One

Disabled: Select One

Begin Date:

End Date:

...urance: Select One

...onship: Select One

...dicator: Select One

Complete all appropriate fields and click "Submit".

Other Health Insurance:

Insurance Company:

Group Number:

Policy Number:

Medicare:

Medicare Eligibility Reason: Select One

Health Insurance Claim Number:

Medicare A Effective Date:

Medicare B Effective Date:

Physician:

National Provider ID:

Physician Last/Clinic Name:

Physician First Name:

Submit   Cancel

myETF Benefits

Add Health Insurance Dependent to Existing Coverage

| 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:

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

Physician:

National Provider I...e: Physician First Name:

☐ 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.

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

Confirm   Cancel

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myETF Benefits

Add Health Insurance Dependent to Existing Coverage

| 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: 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:

Medicare:

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

Click here to add dependents (children, stepchildren, 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