

myETF Benefits – Remove Dependent

General Information

Special Notes

Step-by-Step Instructions (Text Only)

Step-by-Step Instructions with Visuals

General Information

These instructions provide the steps to remove a dependent (child, spouse or domestic partner) 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 “Remove Dependent” to select this option.
- 4) Click the “Continue” button.
 - a) The “Remove Dependent” selection page will appear.
- 5) Select the reason for removing the dependent from the drop down box.
- 6) Enter the date that the removal will be effective.
- 7) Select the box to the left of each dependent you would like to remove.
- 8) Click the “Submit” button at the bottom of the page.
 - a) The “Remove Dependent” confirmation page will appear.
- 9) Review the information and check that the changes you are submitting are correct.

- 10) Click the square next to the confirmation statement at the bottom of the page.
- 11) 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.
- 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



myETF Benefits

myInfo

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Member ID:

SSN:

Name:

Date of Birth:

Gender:

Marital Status:

Marital Status Date:

06/30/1978

MALE

MARRIED

10/11/1996

Spouse Information

Member ID:

SSN:

Name:

Date of Birth:

Gender:

1009-5890

XXX-XX-X255

LOIS LANE-KENT

09/23/1981

FEMALE

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

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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



myETF Benefits

Report Change to Active Health Insurance Enrollment

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

Click on the circle here to cancel the health insurance for one (or more) of your dependents and click the "Continue" button.

Please use the [myInfo](#) 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 - Remove Dependent

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Select the reason for removing the dependent.

SSN: XXX-XX-X200

Health Plan: DEAN HEALTH

CLARK J KENT

MEDICARE - FAMILY 2

Reason for Removing Dependent: Event Date:

Enter the event date for the reason you are cancelling.

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"/>	7654321	LOIS M LANE-KENT	10/25/1942	FEMALE	SPOUSE	NO	NO	10/01/2007	10/01/2007	10/01/2007		

Select the dependent to remove.

[Submit](#)[Cancel](#)



myETF Benefits

Health Insurance - Remove Dependent

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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: DEATH OF DEPENDENT

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 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.

☐ By confirming this request, I apply for or am ending 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 completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

[Confirm](#)[Cancel](#)

Click here to agree to the terms and conditions.



myETF Benefits

Health Insurance - Remove Dependent

[myInfo](#)[Health](#)[Life](#)[Disability](#)

Click here to log off myETF Benefits.

[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

Your request has been submitted to ETF for validation.

Reason for Removing Dependent: DEATH OF DEPENDENT

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 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](#)

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

[Print](#)