



Employer Insurance Administration System (IAS) Procedures

For Universities of Wisconsin (UWs)

Department of Employee Trust Funds
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Active Employee Death

Background

- When an active employee dies, the death can be reported from various sources.
- Once the employer finds out about the death, they will initiate processing that death by following this procedure.
 - NOTE: ETF will reach out the employer if they learn of the death before the employer has reported through the ETA.

Resources

- [Local Employer Verification of Health Insurance Coverage \(ET-4814\).](#)
- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\).](#)
 - Chapter 13 Employee Death
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\).](#)
 - Chapter 14 Employee Death
- [State of Wisconsin Supplemental Benefit Plans Administration Manual \(ET-1158\).](#)
 - Section 10 Death of Subscriber or Dependent
- [Sick Leave Conversion Program Employer Manual \(ET-1170\).](#)
- [Termination Checklist for Local Employees \(ET-2500L\).](#)
- [Termination Checklist for State Employees \(ET-2500s\).](#)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\).](#)
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).](#)
- [My Insurance Benefits User Guide \(ET-1109\).](#)

Procedure


1. When the employer learns of an active employee's death, they will submit termination as soon as possible in the Employer Transaction Application (ETA).

The screenshot shows the 'Employment Information' form. The 'Termination Reason Code' dropdown is highlighted with a red box, and the 'Death' option is selected. The 'Termination Date' is also highlighted with a red box.

ETA Termination Reason Code

- a. Select the “New” button on the main ETA screen.
 - b. Select “Employment Information” in the pop up.
 - c. Choose “Update Employee”
 - d. Use the “Death” option for the Termination Reason Code in the ETA (see *screenshot: ETA Termination Reason Code*).
 - e. Use the date of death as the termination date.
 - f. Late termination can result in delayed benefits for survivors.
2. State employers should also submit a Sick Leave certification.
 - a. For more information about submitting the Sick Leave certification, see the [Sick Leave Conversion Program Employer Manual \(ET-1170\)](#), chapter 4, Accumulated Sick Leave System (AcSL).
3. Local employers should submit a completed [Local Employer Verification of Health Insurance Coverage \(ET-4814\)](#) (see *screenshot: ET-4814 Part A*).

- a. The employer needs to complete Part A of the form and send a copy to ETF, the surviving dependent, and keep a copy for their records.
4. If the employee had survivors, ETF will set up a survivor contract for insurance benefits.



**Local Employer Verification of
Health Insurance Coverage**

Wisconsin Department of
Employee Trust Funds PO Box
7931
Madison WI 53707-7931
1-877-533-6020 (toll free)
Fax 608-267-4549
etf.wi.gov

Employer should complete prior to termination. See instructions on page 2 for more information. Please print clearly.
Submit completed form to ETF, provide a copy to the employee/survivor, and save a copy for your records.

Part A: Employer Verification of Health Insurance Coverage		
Employee/Survivor name	Employee/Survivor ETF ID	
Employee's health plan		
Current monthly premium (does not take Medicare eligibility into account) \$	Coverage type <input type="checkbox"/> Single <input type="checkbox"/> Family	
WRS Termination date (MM/DD/YYYY)		
Will premiums be paid by the employer after termination/retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, the employer must complete and submit Part C of this form at least two months prior to the date when the employer contribution for premiums will end. Note: For the employee to qualify as a local employer paid annuitant, the employer must pay a portion of the total premium due.</small>		
Employer	Employer Number 69-036-	
Signature of employer representative	Telephone, including area code	Date (MM/DD/YYYY)

ET-4814 Part A

Birth and Changing Health Insurance

Background

- When an employee has a new dependent due to **birth**, they can add the newborn (and any other eligible family members) to their health insurance, change their health plan vendor, and add or remove uniform dental coverage (if the employer participates).
- The health plan changes noted above can **only** be done if the birth was reported within **30 days** of the event.
 - If the birth was not reported within 30 days of the life event, the employee **may not** change their health plan or change their uniform dental enrollment (if the employer participates).
- The newborn (and any other eligible family members) will be added **effective on the date of the birth**, but any health plan change will be effective on the **first of the month** following the date the life event was **reported**.
- Various timeframes and deadlines will affect what the employee and employer are able to do in the My Insurance Benefits system without requesting assistance from ETF.
 - Birth reported within 60 days.
 - Birth reported within 61-90 days.
 - Birth reported 91 days or later.
- This procedure will explain the steps an employee or employer should follow to process these requests correctly.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 5, Section 503A
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 6, Section 603A
- [Life Events Guide \(ETF website\): You Have a New Dependent](#)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

Employee & Employer: Birth Event Reported Within 30 Days

Employee Tasks – Using My Insurance Benefits

1. The employee will experience a qualified life event (QLE) of **Birth**.
 - a. The event is **timely** to add dependents.

- b. The event is **timely** to change health, life, and supplemental insurance coverage(s).
2. The employee must report the Birth QLE in My Insurance Benefits.
3. The employee will select the Birth QLE in My Insurance Benefits.
 - a. They will use the birth date as the Event Date.
4. The employee will create their new dependent(s) in My Insurance Benefits.
 - a. All eligible family members must be included on a family plan.
 - b. If the employee is changing from a single plan to a family plan, they must create their spouse or any other children/stepchildren (if applicable) at the same time.
 - c. If the employee is already on a family plan, they must create their newborn and review for any missing eligible family members.
5. The employee will upload the birth certificate of their newborn or any other dependent children being added to the **Dependent Verification task**. If adding a spouse for the first time, a marriage certificate will also be required.
 - a. The birth certificate must list the employee or covered spouse as a parent.
 - b. If the birth certificate is not yet available, the employee can upload the birth certificate later when they receive it.
 - c. Submitting the Birth QLE will “hold” the date and the QLE will be timely.
 - i. NOTE: If the employee does not upload the birth certificate within 60 days, the QLE will close and their employer will need to contact ETF.
6. If the employee does not wish to make any changes to their health insurance coverages, no further action is required.
7. If the employee wants to make any changes to their health insurance coverage as well, they **must notify their employer**.

Employer Tasks – Dependent Verification Task Approval/Denial

1. The employer will pull the Dependent Verification Task from My Insurance Benefits.
2. The employer will review documentation for all dependents being added to determine if it is valid.
 - a. For example, when reviewing a birth certificate, the employer would look for:
 - i. The authenticity of the document (e.g. state seal, notarization, etc.).
 - ii. The subscriber and/or covered spouse listed as the baby’s parent.
 - iii. The baby’s name matches the name keyed into My Insurance Benefits.
 - iv. The baby’s birthdate matches the date keyed into My Insurance Benefits.

Documentation is Valid

1. The employer will **approve** the Documentation Verification Task in My Insurance Benefits.

2. The employer will open the Birth QLE task in My Insurance Benefits.
3. If the Birth QLE is **accurate and all eligible family members are included**, the employer will **approve** the Birth QLE Task in My Insurance Benefits.
4. If the Birth QLE is **inaccurate or all eligible family members are not included**, the employer will **decline** the Birth QLE Task in My Insurance Benefits.
5. The employer will notify the employee that the “**Birth**” QLE was approved or denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Documentation is Invalid

1. The employer will **decline** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Birth QLE task in My Insurance Benefits.
3. Since the Documentation Verification Task was declined, the employer will also **decline** the Birth QLE Task in My Insurance Benefits.
4. The employer will notify the employee that the “**Birth**” QLE was denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Employer Tasks – Health Plan Change Approval/Denial

1. The employer is notified that their employee wishes to change their health insurance coverage due to birth.
2. The employer confirms the plan change was requested within the newborn’s birthdate (the QLE).
 - a. If the request was made within 30 days of the QLE, proceed to Step 3.
 - b. If the request was made 31 days or more after the QLE, the employer will notify the employee they are **not eligible** to change their health plan coverage using the QLE and proceed to Step 6.
3. The employer will create the “**Plan Change due to Valid Life Event**” QLE in My Insurance Benefits.
 - a. This QLE’s Event Date will be the date of birth.
4. The employer will notify the employee they can use the “**Plan Change due to Valid Life Event**” QLE in My Insurance Benefits to update their health insurance coverage(s).
5. After the employee uses the “**Plan Change due to Valid Life Event**” QLE in My Insurance Benefits, the employer will review it for approval.

- a. If the QLE is accurate, the employer will approve the QLE Task in My Insurance Benefits.
 - b. If the QLE is inaccurate, the employer will decline the QLE task in My Insurance Benefits.
- 6. The employer will notify the employee that the “**Plan Change due to Valid Life Event**” QLE was approved or denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Employee & Employer: Birth Event Reported Within 31-60 Days

Employee Tasks – Using My Insurance Benefits

1. The employee will experience a qualified life event (QLE) of **Birth**.
 - a. The event is **timely** to add dependents.
 - b. The event is **untimely** to change health plan coverage(s).
2. The employee must report the Birth QLE in My Insurance Benefits.
3. The employee will select the Birth QLE in My Insurance Benefits.
 - a. The “Event Date” is the birth date.
4. The employee will create their new dependent(s) in My Insurance Benefits.
 - a. All eligible family members must be included on a family plan.
 - b. If the employee is changing from a single plan to a family plan, they must create their spouse or any other children/stepchildren (if applicable) at the same time.
 - c. If the employee is already on a family plan, they must create their newborn and review for any missing eligible family members.
5. The employee will upload the birth certificate of their newborn or any other dependent children being added to the **Dependent Verification task**. If adding a spouse for the first time, a marriage certificate will also be required.
 - a. The birth certificate must list the employee or covered spouse as a parent.
 - b. If the birth certificate is not yet available, the employee can upload the birth certificate later when they receive it.
 - c. Submitting the Birth QLE will “hold” the date and the QLE will be timely.
6. The employee may not make any changes to their health insurance coverage as the QLE was not reported within 30 days of the birth QLE.

Employer Tasks – Dependent Verification Task Approval/Denial

1. The employer will pull the Dependent Verification Task from My Insurance Benefits.
2. The employer will review documentation to determine if it is valid.

Documentation is Valid

1. The employer will **approve** the Documentation Verification Task in My Insurance Benefits.

2. The employer will open the Birth QLE task in My Insurance Benefits.
3. If the Birth QLE is **accurate and all eligible family members are included**, the employer will **approve** the Birth QLE Task in My Insurance Benefits.
4. If the Birth QLE is **inaccurate or all eligible family members are not included**, the employer will **decline** the Birth QLE Task in My Insurance Benefits.
5. The employer will notify the employee that the “**Birth**” QLE was approved or denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Documentation is Invalid

1. The employer will **decline** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Birth QLE task in My Insurance Benefits.
3. Since the Documentation Verification Task was declined, the employer will also **decline** the Birth QLE Task in My Insurance Benefits.
4. The employer will notify the employee that the “**Birth**” QLE was denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Employer Tasks – Health Plan Change Denial

1. The employer is notified that their employee wishes to change their health insurance coverage due to a birth.
2. The employer confirms the birth was reported 31 days or more after the newborn’s birthdate.
3. The employer will notify the employee they are **not eligible** to change their health plan coverage using the QLE.

Employer & Employee: Birth Event Reported Within 61-90 Days

Employer Tasks – Notification of QLE Received from Employee

1. The employer is notified that their employee experienced a birth QLE which occurred 61-90 days ago.
2. The employer will create the “**Birth**” QLE in My Insurance Benefits.
3. The employer will notify the employee they can use the “**Birth**” QLE in My Insurance Benefits to add their dependent(s).

Employee Tasks – Using My Insurance Benefits

1. The employee will select the **Birth** QLE in My Insurance Benefits.
 - a. The “Event Date” is the birth date.
2. The employee will create their new dependent(s) in My Insurance Benefits.
 - a. All eligible family members must be included on a family plan.
 - b. If the employee is changing from a single plan to a family plan, they must create their spouse or any other children/stepchildren (if applicable) at the same time.
 - c. If the employee is already on a family plan, they must create their newborn and review for any missing eligible family members.
3. The employee will upload the birth certificate of their newborn and any other dependents being added to the **Dependent Verification task**. If adding a spouse for the first time, a marriage certificate will also be required.
 - a. The birth certificate must list the employee or covered spouse as a parent.
 - b. If the birth certificate is not yet available, the employee can upload the birth certificate later when they receive it.
 - c. Submitting the **Birth** QLE will “hold” the date and the QLE will be timely.

Employer Tasks – Dependent Verification Task Approval/Denial

1. The employer will pull the Dependent Verification Task from My Insurance Benefits.
2. The employer will review documentation to determine if it is valid.

Documentation is Valid

1. The employer will **approve** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Birth QLE task in My Insurance Benefits.
3. If the Birth QLE is **accurate and all eligible family members are included**, the employer will **approve** the Birth QLE Task in My Insurance Benefits.
4. If the Birth QLE is **inaccurate or all eligible family members are not included**, the employer will **decline** the Birth QLE Task in My Insurance Benefits.
5. The employer will notify the employee that the “**Birth**” QLE was approved or denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Documentation is Invalid

1. The employer will **decline** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Birth QLE task in My Insurance Benefits.
3. Since the Documentation Verification Task was declined, the employer will also **decline** the Birth QLE Task in My Insurance Benefits.

4. The employer will notify the employee that the “**Birth**” QLE was denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Employer Tasks – Health Plan Change Denial

1. The employer is notified that their employee wishes to change their health insurance coverage due to a birth.
2. The employer confirms the birth was reported 31 days or more after the newborn’s birthdate.
3. The employer will notify the employee they are **not eligible** to change their health plan coverage using the QLE.

Employer & Employee: Birth Event Reported 91 Days or Later

Employer Tasks – Notification of Birth Received from Employee

1. The employer is notified that their employee experienced a birth QLE which occurred 91 days or more ago.
2. The employer will notify ETF of the “birth beyond 90 days” event.
3. **ETF** will create the “**Approved Change to Benefits**” QLE and notify the employer.
4. The employer will notify the employee to use the “**Approved Change to Benefits**” QLE.
 - a. The **Event Date** must be the same as the **birthdate** of the newborn.
 - b. If the employee indicates they would like to change their health insurance coverage(s), the employer will notify them that they are **not eligible** to change their health plan coverage using the QLE.

Employee Tasks – Using My Insurance Benefits

1. The employee will select the **Approved Change to Benefits** QLE in My Insurance Benefits.
 - a. The “Event Date” is the birth date.
2. The employee will create their new dependent(s) in My Insurance Benefits.
 - a. All eligible family members must be included on a family plan.
 - b. If the employee is changing from a single plan to a family plan, they must create their spouse or any other children/stepchildren (if applicable) at the same time.
 - c. If the employee is already on a family plan, they must create their newborn and review for any missing eligible family members.
3. The employee will upload the birth certificate of their newborn and any other dependents being added to the **Dependent Verification task**. If adding a spouse for the first time, a marriage certificate will also be required.
 - a. The birth certificate must list the employee or covered spouse as a parent.

- b. If the birth certificate is not yet available, the employee can upload the birth certificate later when they receive it.
- c. Submitting the **Approved Change to Benefits QLE** will “hold” the date and the QLE will be timely.

Employer Tasks – Dependent Verification Task Approval/Denial

1. The employer will pull the Dependent Verification Task from My Insurance Benefits.
2. The employer will review documentation to determine if it is valid.

Documentation is Valid

1. The employer will **approve** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Approved Change to Benefits QLE task in My Insurance Benefits.
3. If the Approved Change to Benefits QLE is **accurate and all eligible family members are included**, the employer will **approve** the Approved Change to Benefits QLE Task in My Insurance Benefits.
4. If the Approved Change to Benefits QLE is **inaccurate or all eligible family members are not included**, the employer will **decline** the Approved Change to Benefits QLE Task in My Insurance Benefits.
5. The employer will notify the employee that the Approved Change to Benefits QLE was approved or denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Documentation is Invalid

1. The employer will **decline** the Documentation Verification Task in My Insurance Benefits.
2. The employer will open the Approved Change to Benefits QLE task in My Insurance Benefits.
3. Since the Documentation Verification Task was declined, the employer will also **decline** the Approved Change to Benefits QLE Task in My Insurance Benefits.
4. The employer will notify the employee that the Approved Change to Benefits QLE was denied using one of the following methods:
 - a. Targeted message in My Insurance Benefits.
 - b. Email.
 - c. Letter.

Employer Tasks – Health Plan Change Denial

1. The employer is notified that their employee wishes to change their health insurance coverage due to a birth.

2. The employer confirms the birth was reported 31 days or more after the newborn's birthdate.
3. The employer will notify the employee they are **not eligible** to change their health plan coverage using the QLE.

Cancel Medical and Elect Preventative Dental

Background

- When employees gain other coverage for health insurance, or change their FTE from full-time to part-time, or experienced a significant decrease in employer share toward their premium, they can cancel their current health insurance coverage.
- If their employer offers health insurance with uniform dental, and the employee had uniform dental, and the employer also offers Preventative Dental coverage, then the employee can enroll in preventative dental coverage.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#).
 - Chapter 8 – Cancellation and Termination of Coverage.
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#).
 - Chapter 9 – Cancellation and Termination of Coverage.
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. In My Insurance Benefits, the employee will select the “Now eligible for other coverage” or “FT to PT” or the “Job Change Where Significant Share of Employer Contribution is Lost” QLE to cancel their health insurance.
 - a. They should use the last day of coverage as the event date.
 - i. Employers should refer employees to the Life Event webpage on the ETF website.
 - b. If the employee is enrolling in Preventative Dental, they will select the “Loss of other coverage” QLE in My insurance benefits
 - i. The employee should use the last day of their health insurance coverage as the event date, and the preventative dental coverage will begin the next day (e.g. if health insurance coverage ends 11/30, that is the event date and the new coverage begins 12/1).
 - ii. NOTE: Loss of coverage documentation is not needed in this scenario.
2. The employer will pull the QLE task in My Insurance Benefits and verify accuracy for the event dates.

- a. If the QLE has the correct event dates, the employer will approve the QLE task and delete the “Loss of coverage” documentation task (if needed).
 - b. If the QLE has incorrect event dates, the employer will decline the task, rekey the correct dates on behalf of the employee, and approve the task. They will also delete the “loss of coverage” documentation task (if needed).
3. The employer will notify the employee of QLE approval or denial.

Cancel Spouse & Dependent Life Insurance & Reduce Additional Levels

Background

- Employees may cancel some or all of their life insurance coverage at any time by submitting a [Life Insurance Application/Cancellation/Refusal \(ET-2304\)](#) to their employer.
 - NOTE: Employers cannot cancel or reduce any level of life insurance coverage without an employee's expressed intention.
- Employees may cancel one plan or reduce another, but if they cancel Basic coverage, then they automatically cancel all other coverages.

Resources

- [Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#).
 - Chapter 4 – Amount of Life Insurance.
 - Chapter 8 – Spouse and Dependent Coverage.
 - Chapter 13 – Cancellation.
- [Life Insurance Application/Cancellation/Refusal \(ET-2304\)](#).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

This procedure is for canceling one level of life insurance and reducing another as part of the same event.

1. The employer will receive an ET-2304 from their employee requesting a change in coverage level(s).
2. The employer will enter the transaction into My Insurance Benefits (see *screenshot: Change reason to cancel or reduce life coverage*).

The screenshot displays the Benefitplace interface. At the top, the company is identified as 'SWI Training Sponsor - State'. The user is logged in as 'HR AdminState001'. The employee profile for 'Mia Lee1' (MINAL1101) is shown, with contact information '625-01-1101' and 'mia.lee@msn.com'. A 'Manage Employee' button is visible. The left sidebar contains navigation icons for Home, Employees, Data & Reporting, Targeted Messages, Resources, and Group Settings. The main content area is titled 'CURRENT BENEFITS' and 'Life Insurance 2025'. Below this, there is a section 'Reason for Spouse and Dependent Life Insurance Change' with a prompt: 'You are making a change to benefit elections. Why are you making this change?'. A dropdown menu is present with the text '--Select a new change reason--'.

Change reason to cancel or reduce life coverage

- a. The employer will first use the change reason "Update Life Insurance due to Approved Change" to cancel Supplemental coverage or to cancel or reduce Spouse and Dependent coverage with an event date of the day coverage should end.
 - b. The employer will use a second change reason "Update Life Insurance due to Approved Change" to reduce Additional levels of life insurance with an event date the day the coverage change should stop.
 - c. All depend on if the employer offers the level of coverage being cancelled or reduced.
3. The employer will approve the QLE task.

Court Order – Termination Appeal

Background

- When an employee is discharged (terminated), they have a statutory right to appeal their termination.
- During the appeal process, the employee may choose to continue paying the full premiums of their benefits while waiting determination, or they may choose to lapse coverage.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 7, Section 707.
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 8, Section 805.
- [Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#)
 - Chapter 12
- [State ICI Administration Manual \(ET-1119\)](#)
 - Chapter 2, Section 208.
- [Local ICI Administration Manual \(ET-1145\)](#)
 - Chapter 2, Section 204.
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employer terminates and processes the employee in the Employer Transaction Application (ETA).
2. The employee notifies the employer that they will appeal their termination and whether they are choosing to continue paying the full premiums of their benefits or will let their coverage lapse.

No Lapse in Coverage:

1. The employer communicates with the employee that they are responsible for the full premiums (employer and employee share) of any benefits they continue, and that the employee pays directly to the employer.
 - a. NOTE: Employees may not continue participating in Income Continuation Insurance (ICI) during the appeal process.

2. The employer notifies ETF to reinstate the employee with their previous coverage while they await determination.
3. ETF will coordinate with the system administrator to have the termination date removed from the member's record and will notify the employer.
4. The employer will use the "Reinstate Previously Terminated Employee Benefits Due to Court Order" QLE in My Insurance Benefits to reinstate the employee's previous benefits.
 - a. They should use an event date of one day after their coverage was termed.
5. The employer will notify the employee of their reinstated benefits via My Insurance Benefits.
6. If the employee's appeal is approved, no further action is needed. If their appeal is not approved, the employer will terminate the employee on the ETA using the determination date as the event date.

Lapse in Coverage:

1. If the employee's appeal is not approved, no further action is needed.
2. If their appeal is approved, the employer will notify ETF and upload the court order documentation.
3. ETF will coordinate with the system administrator to have the termination date removed from the member's record and will notify the employer.
4. The employer will use the "Reinstate Previously Terminated Employee Benefits Due to Court Order" QLE in My Insurance Benefits to reinstate the employee's previous benefits.
 - a. For Health Insurance, ICI, and Supplemental Benefits, use the event date as the 1st of the month following appeal approval.
For Life Insurance, use the event date as the 1st of the month after 30 days following the appeal approval.

Customer Identification Program (CIP) Failure for HSA – Transition from HDHP to non-HDHP (state only)

Background

- State employees must enroll in a Health Savings Account (HSA) while participating in the High Deductible Health Plan (HDHP).
- Since HSAs are considered bank accounts, federal law requires banks to verify identities of potential enrollees based on Consumer Identification Program (CIP) requirements.
- If an employee fails to meet CIP requirements, they cannot enroll in either an HSA or HDHP.

Resources

- [Health Savings Account \(HSA\) FAQs](#) webpage (ETF website).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. When the HSA vendor has determined that an enrollee's CIP has failed, they will notify the employer via the HSA Pending Accounts report.
2. After receiving notification, the employer will meet with the employee and discuss the CIP failure and the employee's need to enroll in the non-HDHP version of their selected health plan.

The screenshot shows the Benefitplace web portal interface. At the top, the company is identified as 'SWI Training Sponsor - State'. The user is logged in as 'HR AdminState001'. The employee profile for 'Ana Perez1' (ANAP1101) is displayed, including their SSN and email address. The 'Initiate a Life Event for Employee' section is active, showing a list of life events. The option 'Disenroll from HDHP due to ineligibility' is highlighted in blue, and a red arrow points to it with the text 'select correct life event'. Other life events listed include Adoption, Birth, Change Existing Coverage due to Employer Contribution Beginning, Change in Residence, Change Medical Coverage due to Medicare Eligibility Change, COBRA Qualifying Cancellation of Benefits due to Change in Eligibility, and Death of dependent.

1 Life event "Disenroll from HDHP due to ineligibility"

3. In My Insurance Benefits, the employer will use “Disenroll from HDHP plan due to ineligibility” as the life event to terminate the employee’s HDHP coverage (see *screenshot: Life event: “Disenroll from HDHP due to ineligibility”*).
 - a. The employer should use the original HDHP effective date for the effective date of the non-HDHP coverage.
 - b. For reference, see *Life Events Guide: “Disenroll from HDHP plan due to ineligibility.”*
 - c. NOTE: Depending upon how you are configured as an employer, you may have a QLE approval task as well.

4. The employer will elect the non-HDHP version of the health plan with the original effective date using the “Disenroll from HDHP” QLE (see *screenshot: Enrollment Summary with non-HDHP Coverage*).

5. My Insurance Benefits will process the changes and the changes will:
 - a. Appear on the next payroll file, and,
 - b. Will impact the next invoice.

Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Change Reason	Disenroll from HDHP due to ineligibility on 01/01/2025	Edit	Semi-Monthly Premium Cost Summary
Medical	Accepted		Total Premium \$1,105.95
Plan	Quartz Central: IYC Health Plan 2025	Edit	Employer Cost \$983.10
			Employee Cost \$122.85

Persons Covered

Name	Relationship	Effective Date
Pauline Ames	Subscriber	01/01/2025
Jerry Ames	Spouse	01/01/2025

Coverage Level Family

Effective Date 01/01/2025

[Save changes](#) [Save and go to benefits](#) [Cancel](#)

Enrollment Summary with non-HDHP health plan

6. The employer will resolve premium discrepancies between the HDHP and non-HDHP if money is owed to either the employee or employer.

Demographic Sync Failure

Background

- To ensure ETF and vendors have correct data on file, all records for employees and their dependents in My Insurance Benefits need to match demographic information on file with Centers for Medicare and Medicaid Services (CMS) and Social Security Administration (SSA).
- However, if the employee enters a numeric digit into demographic fields (including the Preferred Name field), the system will automatically fail the change and create a task named “Employee with Demographic Sync Task.”
- This procedure will explain what to do if such a task appears under the “Personal” page in My Insurance Benefits.

Resources

- [My Insurance Benefits HR Administrator Guide \(ET-1110\).](#)
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).](#)
- [My Insurance Benefits User Guide \(ET-1109\).](#)

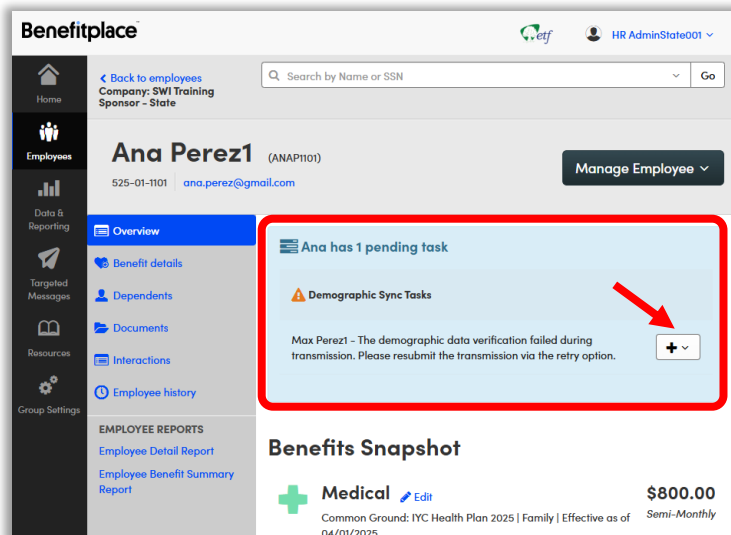
Procedure

Employer receives a new Task in My Insurance Benefits called, “Employee with Demographic Sync Failures.” (see #1 “Demographic Sync Task” screenshot).

1. Employer will review the record of the member(s) with a Demographic Sync Failure.

Employer Identifies the Error

1. The employer verifies the correct demographic info with the employee in My Insurance Benefits.
 - a. The employer checks the Dependents page from the member record.
 - b. The employer clicks the View Details button to open the dependent record.



2Demographic Sync Task

- c. The employer updates and saves the erroneous demographic field in My Insurance Benefits, **or**
 - d. The employer instructs the employee to make the correction in My Insurance Benefits using the update your profile icon for themselves or the path of: profile> your dependents> actions> edit> save.
2. Once the correction is made:
- a. The employer selects the “+” button (*see screenshot: Demographic Sync Task*).
 - b. The employer selects “Retry.”

Employer Cannot Identify the Error

1. The employer will contact ETF to assist in resolving the data sync error.
 - a. **STAR, UW, UWHC:** Create a ticket in Ivanti to notify ETF of the error.
 - i. Urgency: Normal
 - ii. Impact: Single User
 - iii. Summary: [Employee Name] [Employee ETF ID] Request Review Demographic Sync Failure
 - iv. Description: We received an “Employee with Demographic Sync Failures” Task in My Insurance Benefits for [the above employee **or** the above employee’s dependent, [Dependent Name], but we cannot determine a cause for the error. Please review the data sync error and provide instructions on how to resolve the Task.
 - b. **Local and non-STAR State:** Send an email to ETFSMBEmployerInsurance@etf.wi.gov to notify ETF of the error.
 - i. Subject: [Employee Name] [Employee ETF ID] Request Review Demographic Sync Failure
 - ii. Message Body: We received an “Employee with Demographic Sync Failures” Task in My Insurance Benefits for [the above employee **or** the above employee’s dependent, [Dependent Name], but we cannot determine a cause for the error. Please review the data sync error and provide instructions on how to resolve the Task.
2. ETF will review and respond to the employer with information on how to resolve the Task.
3. The employer then verifies the correct demographic information with the employee.
 - a. The employer updates the demographic information in My Insurance Benefits, or
 - b. The employer instructs the employee to make the correction in My Insurance Benefits.
4. Once the correction is made:
 - a. The employer selects the “+” button on the task of Employee with Demographic Sync Failure.
 - b. The employer selects “Retry.”

Dependent Verification Task

Background

- When an employee chooses to enroll in family coverage for health insurance or a supplemental plan, they must show proof that the dependent(s) they wish to cover on their insurance are eligible.
- A list of life events and associated documentation can be found [here](#).
- It is the employer's responsibility to review such documentation before adding dependents to an employee's insurance plan.
- Previously, this was done in person by an employer physically viewing documents.
- In My Insurance Benefits, employees enrolling in family coverage for the first time, or adding dependent(s) to their active coverage due to a life event must upload supporting documentation into the Document Center for the employer's review and approval.

Resources

- [*My Insurance Benefits HR Administrator Guide \(ET-1110\)*](#).
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)*](#).
- [*My Insurance Benefits User Guide \(ET-1109\)*](#).

Procedure

Enrolling Dependent(s) at New Hire

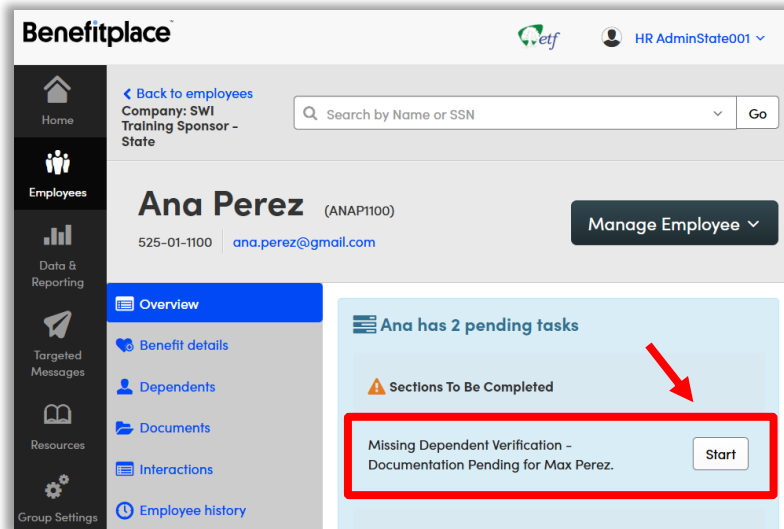
1. The new employee enrolls in family coverage in My Insurance Benefits when hired.
2. The employee adds their dependent(s) demographic information.
3. The employee is prompted to add supporting Dependent Verification documents.
4. The employee uploads the documentation to verify their dependent(s).
 - a. If the employee does not upload the required Dependent Verification documents to My Insurance Benefits Document Center, the enrollment should not be approved.

5. The employer pulls the Dependent Verification Task for the employee (see *screenshot: Dependent Verification Task in Member Record*).

a. NOTE: The verification task disappears from the employer's task list after 90 days, so timely processing is important.

- b. Review the document for the following information and verify accuracy in the dependent profile as relevant (see *screenshot: Document Center in Member Record*):

- i. Correct spelling of full name
- ii. Correct date of birth
- iii. Correct Social Security number
- iv. Correct date of marriage, adoption, National Medical Support Notice
- v. Mailing address



3Dependent Verification Task in Member Record

- c. If nothing was uploaded or the documentation is incomplete, the employer will notify their employee of the missing required document(s) or information. Typical scenarios are:
- Document is incomplete
 - Document is not the correct document for the life event (for example, a birth announcement is provided and not a birth certificate)
 - Documentation is not provided for all dependents being added
 - Documentation is for the wrong dependent

Search by:
☒ Employee name ☐ Document name

 per page 10

Filter by type All Filter by status
 All Requests Sent on API All

Sort By:
 Document Name Date Created Date Uploaded Employee
 Sent on API

PDF	Max Perez Birth Certificate Dependent Name: Max Perez For more information about required documentation, click here .	04/25/2025 04/25/2025 Perez, Ana Birth Certificate
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Approve Deny Disable Edit Preview Download
 Send on API

per page 10

Document Center in Member Record

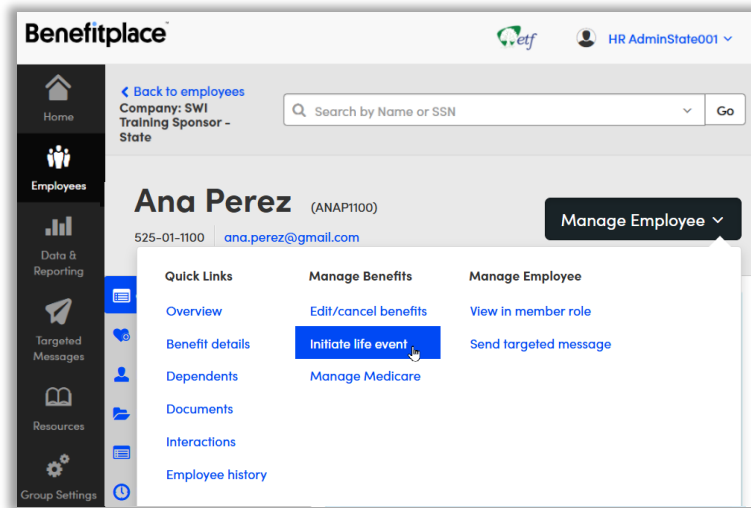
6. The employer will review the submitted document(s) to verify the dependent(s) eligibility for enrollment.

Documentation is Valid

- The employer will approve the document in My Insurance Benefits.
- My Insurance Benefits will send the employee's enrollment details to the insurance vendor(s).

Documentation is Invalid

1. The employer must decline the Dependent Verification task and deny the document in My Insurance Benefits.
2. The employer must initiate the QLE “Remove Dependent due to Being Unverified” to remove the dependent from coverage (see screenshot: *Initiate Life Event from Member Record*).



Initiate Life Event from Member Record

3. The employer must hide the dependent in My Insurance Benefits (see Section 8.3 “Hiding a Dependent” in the My Insurance Benefits HR Admin Guide).
4. The employer must notify the employee their dependents are not eligible for enrollment in the group insurance plan(s).

Enrolling New Dependent(s) at Open Enrollment

1. The employee enrolls in family coverage in My Insurance Benefits during open enrollment for coverage beginning January 1.
2. The employee adds their dependent(s) demographic information.
3. The employee is prompted to add supporting Dependent Verification documents.
4. The employee uploads the documentation to verify their dependent(s).
 - a. If the employee does not upload the Dependent Verification documents to My Insurance Benefits Document Center, the enrollment should not be approved.

5. The employer pulls the Dependent Verification Task for the employee (see *screenshot: Dependent Verification Task in Member Record*).

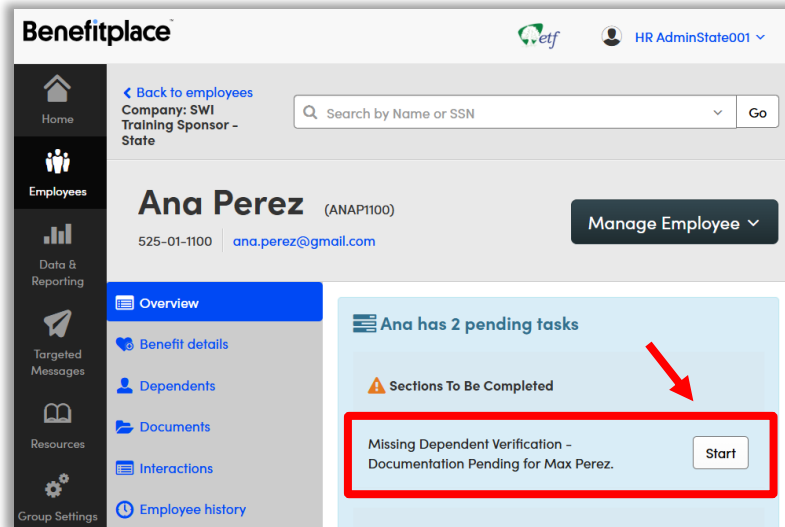
- a. NOTE: The verification task disappears from the employer's task list after 90 days, so timely processing is important.

- b. Review the document for the following information and verify accuracy in the dependent profile (see *screenshot: Document Center in Member Record*):

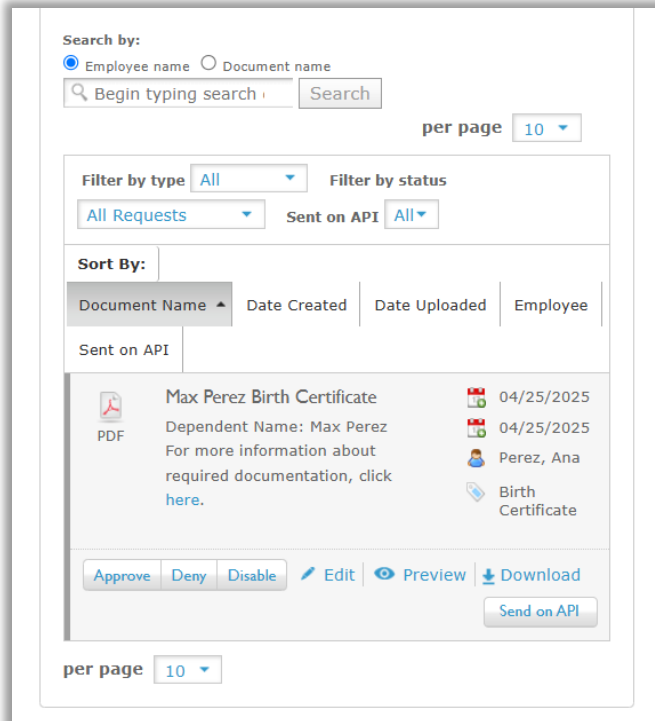
- i. Correct spelling of full name
- ii. Correct date of birth
- iii. Correct Social Security number
- iv. Correct date of marriage, adoption, National Medical Support Notice
- v. Mailing address

- c. If nothing was uploaded or the documentation is incomplete, the employer will notify their employee of the missing required document(s) or information. Typical scenarios are:

- i. Document is incomplete
- ii. Document is not the correct



Dependent Verification Task in Member Record



Document Center in Member Record

- document for the life event (for example, a birth announcement is provided and not a birth certificate)
- iii. Documentation is not provided for all dependents being added
- iv. Documentation is for the wrong dependent

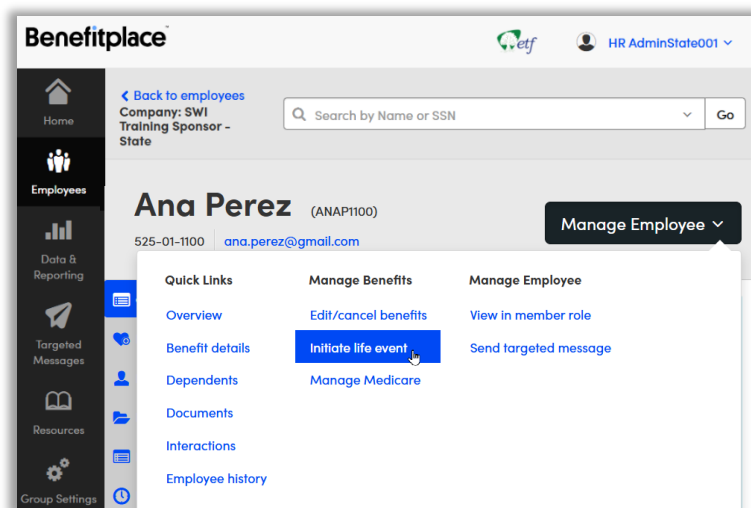
6. The employer will review the submitted document(s) to verify the dependent(s) eligibility for enrollment.

Documentation is Approved

1. The employer will approve the Dependent Verification Task in My Insurance Benefits.
2. My Insurance Benefits will send the employee's enrollment details to the insurance vendor(s).

Documentation is Invalid

1. The employer must decline the Dependent Verification task and deny the document in My Insurance Benefits.
2. The employer must initiate the QLE "Remove Dependent due to Being Unverified" to remove the dependent from coverage (see *screenshot: Initiate Life Event from Member Record*).



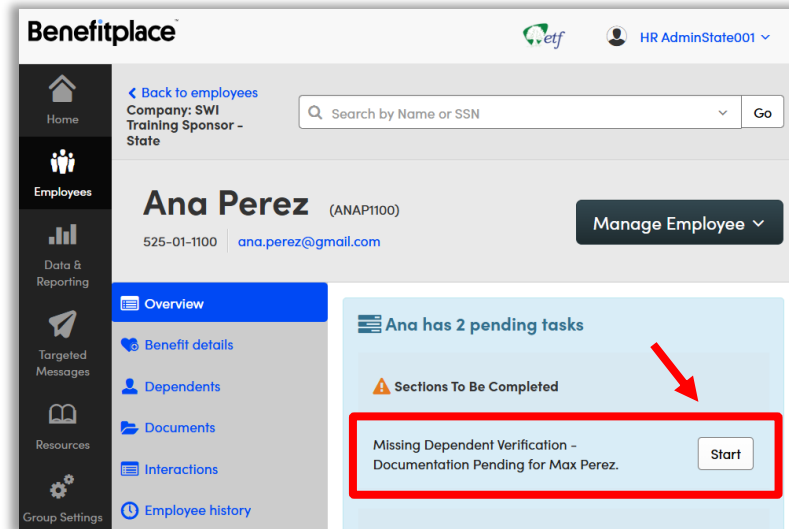
Initiate Life Event from Member Record

3. The employer must hide the dependent in My Insurance Benefits.
4. The employer must notify the employee their dependents are not eligible for enrollment in the group insurance plan(s).

Enrolling New Dependent(s) at an Eligible Life Event

1. The employee enrolls in family coverage in My Insurance Benefits following a life event for coverage beginning date of the event.
2. The employee adds their dependent(s) demographic information.
3. The employee is prompted to add supporting Dependent Verification documents.

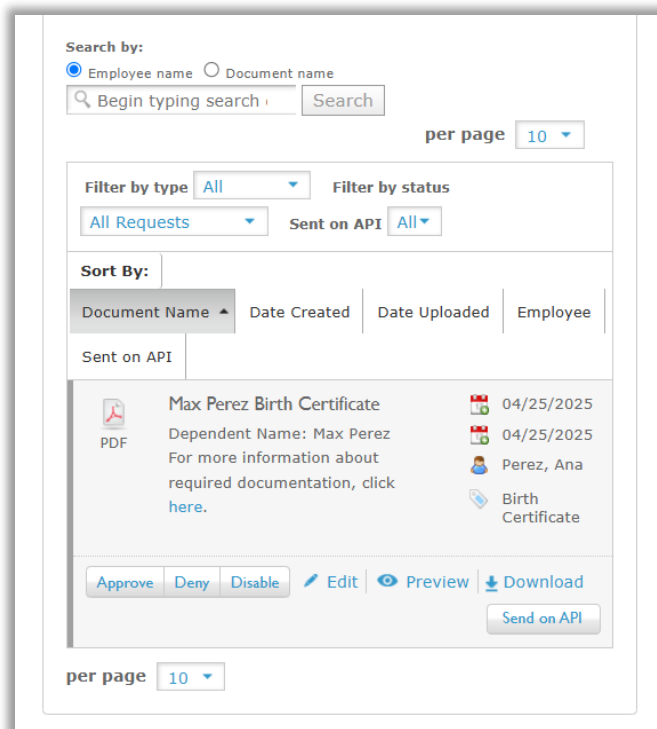
4. The employee uploads the documentation to verify their dependent(s).
 - a. If the employee does not upload the Dependent Verification documents to My Insurance Benefits Document Center, the enrollment should not be approved.



Dependent Verification Task in Member Record

5. The employer pulls the Dependent Verification Task for the employee (see *screenshot: Dependent Verification Task in Member Record*).
 - a. NOTE: The verification task disappears from the employer's task list after 90 days, so timely processing is important.
 - b. Review the document for the following information and verify accuracy in the dependent profile (see *screenshot: Document Center in Member Record*):
 - i. Correct spelling of full name
 - ii. Correct date of birth
 - iii. Correct Social Security number
 - iv. Correct date of marriage, adoption, National Medical Support Notice
 - v. Mailing address

- c. If nothing was uploaded or the documentation is incomplete, the employer will notify their employee of the missing required document(s) or information. Typical scenarios are:



Document Center in Member Record

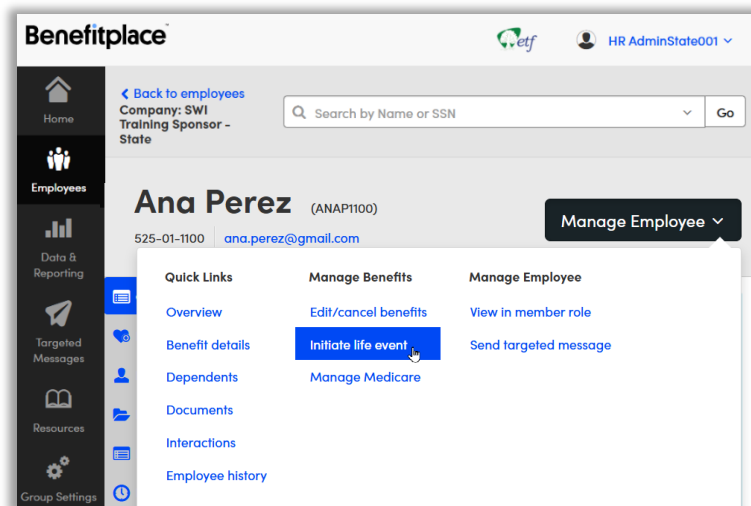
- i. Document is incomplete
 - ii. Document is not the correct document for the life event (for example, a birth announcement is provided and not a birth certificate)
 - iii. Documentation is not provided for all dependents being added
 - iv. Documentation is for the wrong dependent
6. The employer will review the submitted document(s) to verify the dependent(s) eligibility for enrollment.

Documentation is Approved

1. The employer will approve the Dependent Verification Task in My Insurance Benefits.
2. The employer will pull the QLE Task in My Insurance Benefits.
3. The employer will review and verify the life event's supporting documentation.
4. The employer will either **approve** or **deny** the life event **based on the supporting documentation**.

Documentation is Invalid

1. The employer must decline the Dependent Verification task and deny the document in My Insurance Benefits.
2. The employer must initiate the QLE "Remove Dependent due to Being Unverified" to remove the dependent from coverage (see *screenshot: Initiate Life Event from Member Record*).



Initiate Life Event from Member Record

3. The employer must hide the dependent in My Insurance Benefits.
4. The employer must decline the QLE Task.
5. The employer must notify the employee their dependents are not eligible for enrollment in the group insurance plan(s).

Document Application Programming Interface (API) is Down

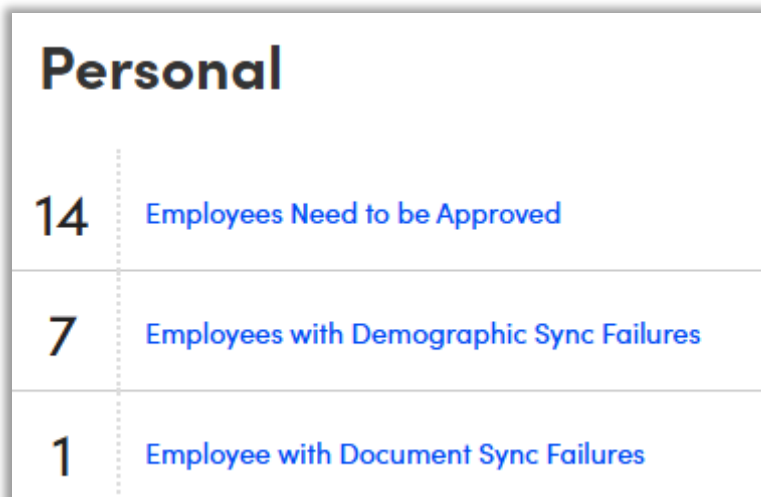
Background

- Typically, when employers approve documents in My Insurance Benefits, an interface called an Application Programming Interface (API) moves those documents into ETF's document database.
- However, when the API is not functioning properly, the documents will not transfer and must be re-sent by the employer.

Procedure

1. ETF will notify employers via email of occurrences when the API is down.
2. When the employer receives notification from ETF, they should go into My Insurance Benefits:

- a. On the To Do List, select "All Tasks".
- b. Go the "Employees with Document Sync Failures" hyperlink. (See screenshot: *Employer with Document Sync Failures*).
- c. Under each employee record, select "Retry" for "Document submission failed" task.



Personal	
14	Employees Need to be Approved
7	Employees with Demographic Sync Failures
1	Employee with Document Sync Failures

Employer with Document Sync Failures

- d. Verify in the Document Center that the Date/Time stamp is populated on the newly approved document.
- e. If the document continues to fail (no Date/Time stamp): Notify ETF that the document submission continues to fail.

Documentation Audit

Background

- ETF will periodically run reports to audit employers' employee documents that the employer has approved.
- If ETF identifies any issues, they will contact the employer.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 5 – Changing Coverage
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 6 – Changing Coverage
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#)
 - Chapter 8 – Dependent Management and Verification
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#)
 - Section 4.2 QLE Documentation Requirements
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. ETF will do weekly spot checks on dependent verifications and life event documentation for validation.
2. If issues are found by ETF, the insurance case managers will contact the employer and educate on why the documents were not valid.
 - a. Examples: Missing documents, incorrect documents, incomplete documents, etc.
3. The employer will then contact the employee to upload the correct documents within 30 days or the employee's coverage will be canceled.
 - a. The employer's letter to the employee should identify the issue(s) with the detail of the problem reported to the employer by ETF, documents needed and notice of cancelation as of date XX/XX/XXXX if the issues are not fixed.
4. The employer will notify ETF of whether the employee corrected the issue.
5. If the employee does not correct the issue, ETF will cancel coverage and contact the employer via Ivanti ticket or email. The employer must then notify their employee of the cancellation.
 - a. Depending upon circumstances of the issue, cancelation will be prospective (in the future) or retrospective as determined by ETF.

Divorce

Background

- The employees' and employers' abilities to process divorces in My Insurance Benefits depends upon when the employee reports the divorce after the divorce date.

Resources

- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure for Divorce with no Remarriage

Employees should report their divorce within 30 days of the final divorce date.

Employee Reports Divorce Within 30 days of Divorce Date:

1. The employee will enter the Divorce in My Insurance Benefits as a Life Event.
 - a. They should select "Divorce" as the change reason and enter the divorce date as the event date.
 - b. If necessary, the employee should remove any non-qualified dependents (e.g. ex-spouse, stepchildren). If the employee also wants to change health plans, they should let their employer know (the employee cannot change health plans themselves due to divorce in My Insurance Benefits).
 - c. The employee should upload proper documentation.
 - i. Divorce decree.
 - ii. Terms and Conditions of divorce.
 - iii. Benefits forms (if applicable):
 1. [Health Insurance Application/Change Form \(ET-2301\)](#).
 2. [Supplemental Insurance Application/Change \(ET-2339\)](#).
 3. [Life Insurance Application/Cancellation/Refusal \(ET-2304\)](#).
2. The verification task from the life event will populate in the employer's to-do list in My Insurance Benefits.
 - a. The employer will review Documentation Task.
 - i. Before the employer approves the Documentation Task, they will ensure their approval is within five days of the notice date.
 1. NOTE: This five-day window ensures COBRA goes out timely. If the employer does not approve the task within five days, they must decline it and rekey it.

2. The notice date is when the divorce was first reported by the employee in My Insurance Benefits.
- b. The employer will review the HR Admin QLE task in My Insurance Benefits (NOTE: they will do this whether they approved or declined the Documentation Task).
 - i. If they approved the Documentation Task, before the employer approves the HR Admin QLE task, they will:
 1. Check to ensure only non-qualified dependents are being removed.
 2. Update the relationship type of the ex-spouse in My Insurance Benefits.
 - a. Under the Dependents section of the member record, click the View Details” button for the ex-spouse.
 - b. Refer to Section 8.2 “Updating a Dependent Profile” in the *My Insurance Benefits HR Administrator Guide* (ET-1110).
 3. Hide Dependents (Note: this is to prevent inadvertently enrolling former dependents in benefits).
 4. Then, the employer will approve HR Admin QLE task.
 - ii. If the employer declined the Documentation Task, they will also need to decline the HR Admin QLE Task.
- c. The employer will notify the employee of approval or denial.

Employee Reports Divorce Within 30-60 Days of Divorce Date:

1. The employee will contact the employer and submit relevant benefit applications to remove spouse/dependents due to divorce.
2. The employer will process the divorce in My Insurance Benefits.
 - a. They should select “Divorce” as the QLE reason and enter the divorce date as the event date.
 - b. If necessary, the employer should remove any non-qualified dependents and change health plans.
 - c. The employer should upload proper documentation.
 - i. Divorce decree.
 - ii. Terms and Conditions of divorce.
 - iii. Health Insurance Application/Change Form (ET-2301), if applicable.
 - d. The employer will go to Pending Approval Tasks in My Insurance Benefits and approve the documentation.
 - e. The employer will review the HR Admin QLE task in My Insurance Benefits.
 - i. Before the employer approves the HR Admin QLE task, they will:
 1. Check to ensure only non-qualified dependents are being removed.

2. Update the relationship type of the ex-spouse in My Insurance Benefits.
 - a. Under the Dependents section of the member record, click the View Details” button for the ex-spouse.
 - b. Refer to Section 8.2 “Updating a Dependent Profile” in the *My Insurance Benefits HR Administrator Guide* (ET-1110).
3. Hide Dependents (Note: this is to prevent inadvertently enrolling former dependents in benefits).
4. Then, the employer will approve HR Admin QLE task.

f. The employer will notify the employee of approval or denial.

Employee reports divorce more than 60 after divorce date:

1. The employer will contact ETF and provide documentation (e.g. divorce decree, letter explaining late notification, etc.).
 - a. The employer can add divorce documents into My Insurance Benefits.

Procedure for Divorce with Remarriage

NOTE: Possible dual coverage of both ex-spouse and new spouse:

- The ex-spouse will be covered through the end of the month in which the COBRA notice goes out.
 - The new spouse will be covered based on the date of marriage.
 - This may result in *both* the ex-spouse and new spouse being covered under the employee’s health insurance at the same time for one month.
1. The employee will use the QLE “Remove ex-spouse due to divorce and add new spouse due to marriage” in My Insurance Benefits.
 - a. They will remove non-qualified dependents (ex-spouse and stepchildren).
 - b. They will also create a new dependent for their new spouse.
 - c. They will upload the required documents:
 - i. New marriage certificate to the Dependent Verification task.
 - ii. Divorce decree to the QLE task.
 2. The employer will pull the Dependent Verification task in My Insurance Benefits.
 - a. They will review the documentation and ensure that there has been at least six months between the divorce date and the new marriage
 - i. NOTE: these are the *legal* event dates, not, for example, the date someone filed for divorce or the date of the wedding reception.
 - ii. If there is at least a six-month timespan, the employer will *approve* the Documentation Verification Task.
 - iii. If there is NOT at least a six-month timespan, the employer will *decline* the Documentation Verification Task.
 - b. The employer will pull the HR Admin QLE task in My Insurance Benefits (NOTE: they will do this whether they approved or declined the Documentation Task).

- i. If they approved the Documentation Task, before the employer approves the HR Admin QLE task, they will:
 - 1. Check to ensure only non-qualified dependents are being removed.
 - 2. Update the relationship type of the ex-spouse in My Insurance Benefits.
 - a. Under the Dependents section of the member record, click the View Details” button for the ex-spouse.
 - b. Refer to Section 8.2 “Updating a Dependent Profile” in the *My Insurance Benefits HR Administrator Guide* (ET-1110).
 - 3. Hide Dependents (Note: this is to prevent inadvertently enrolling former dependents in benefits).
 - 4. Then, the employer will approve HR Admin QLE task.
- ii. If the employer declined the Documentation Task, they will decline the HR Admin QLE Task.

Emergency Update Process

Background

- Vendors (health plans) occasionally do not have members enrolled in coverage in their systems and the member believes they should.
- This procedure details how to process these situations.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 14 – Invoicing
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 15 – Invoicing
- [Life Events Guide](#) (ETF webpage)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

Troubleshooting (check before moving on to next steps)

1. If the employer did not submit a member on the Employer Transaction Application (ETA):
 - a. ETF will contact the employer to send the member data on the file or enter it directly in the ETA user interface.
 - b. My Insurance Benefits will notify the vendor, and the vendor will reconcile their system.
2. If the employer identifies there is a pending task they have not approved:
 - a. Review the task and associated documentation.
 - b. If valid approve the task and My Insurance Benefits will notify the vendor.
 - c. If invalid, deny the task and notify the employee of why it was denied and if they can correct it or are ineligible for coverage at this time.
3. If the employer contacts ETF about the issue and the employer has a pending approval task they have not processed:
 - a. ETF will notify the employer to resolve the issue.
 - b. The employer will review and approve the pending task.
 - c. My Insurance Benefits will notify the vendor, and the vendor will reconcile their system.

Subscriber (Employee) Not Enrolled in Vendor System

1. The employee will notify the employer that they are not enrolled in a vendor system.

2. The employer will check My Insurance Benefits for member enrollment.

If member is not enrolled in the benefit in My Insurance Benefits:

1. Determine if the member had a qualified life event (QLE) that would make them eligible to enroll (see the [Life Event Guide webpage](#) on ETF's website).
2. If the member *did not* experience a valid QLE, notify them they are not eligible for benefits at this time.
3. If the member *did* experience a valid QLE, determine if they can use My Insurance Benefits (check the [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#) for more information about dates and timing):
 - a. If the member *can use* My Insurance Benefits:
 - i. They will enroll in coverage through the system, upload appropriate documentation, and notify their employer of completion.
 - ii. The employer will pull the QLE task from My Insurance Benefits, review it, and approve or deny the request.
 - iii. If the employer *approves* the QLE task:
 1. The employer will notify ETF of the emergency update.
 2. My Insurance Benefits will notify the vendor, and the vendor will reconcile their system.
 - iv. If the employer *does not approve* the QLE task, they will deny it and notify the member.
 - b. If the member *cannot use* My Insurance Benefits:
 - i. The employer requests a paper application and any needed documentation from the member.
 - ii. The member fills out and returns their application and documentation to the employer.
 - iii. The employer receives and reviews the paper application.
 - iv. If the employer *approves* the application:
 1. The employer will notify ETF of the emergency update.
 2. My Insurance Benefits will notify the vendor, and the vendor will reconcile their system.
 - v. If the employer *denies* the application, they will notify the employee.

If member is enrolled in benefit in My Insurance Benefits:

1. The employer will determine if the employee's coverage was effective on the date in question.
2. If the employee's coverage *was not* effective, the employer will notify them they are not eligible for benefits at that time.
3. If the coverage *was* effective, the employer will notify ETF of the discrepancy.
 - a. ETF will troubleshoot the issue and may request more information from the employer and employee.
 - b. Once the issue is resolved, ETF will notify the employer, and the vendor will reconcile their system.

Subscriber's Dependent Not Enrolled in Vendor System

1. The employee will notify their employer that their dependent is not enrolled in a vendor system.
2. The employer will check My Insurance Benefits to verify family coverage is effective and that the dependent is enrolled.

If Subscriber Has Family Contract

1. The employer will verify if the dependent is in My Insurance Benefits.
2. If the dependent is *NOT* in My Insurance Benefits, the employer will:
 - a. Verify which QLE allows employee to add the dependent (see "[Life Events Guide](#)" webpage on ETF website).
 - i. NOTE: "Enroll Eligible Dependent Missing from Family Coverage" is a QLE in My Insurance Benefits that is not on the Life Events Guide on the ETF website.
 - b. Verify that the dependent is an eligible dependent (see "[Dependent Verification Task](#)" procedure for how to verify).
 - c. If the dependent is ineligible, the employer will notify the employee.
 - d. If the dependent is eligible, the employer will request the employee submit a completed [Health Insurance Application/Change Form](#) (ET-2301) or Supplemental Insurance Application/Change (ET-2339).
 - e. The employee will submit a completed benefit application, and the employer will add the dependent in My Insurance Benefits.
3. If the dependent is in My Insurance Benefits:
 - a. The employer will determine if the employee's coverage was effective on the date in question.
 - b. If the employee's coverage *was not* effective, the employer will notify the employee that the dependent is not eligible for benefits at that time.
 - c. If the coverage *was* effective, the employer will notify ETF of the discrepancy that the dependent is listed in the system, but the plan does not have them covered.
 - i. ETF will troubleshoot the issue and may request more information from the employer and employee.
 - ii. Once the issue is resolved, ETF will notify the employer, and the vendor will reconcile their system.

If Subscriber Does NOT Have Family Contract

1. The employer will determine if an application and documentation was submitted timely.
 - a. The employer can look in My Insurance Benefits or verify if paper applications and documents were submitted.
2. If the employer determines an application and documentation *was* submitted timely:
 - a. The employer will use a QLE to change from single to family coverage.
 - b. The employer will follow steps indicated above for "If Subscriber Has Family Contract."
3. If the employer determines that an application and documentation *was not* submitted:
 - a. The employer will notify the subscriber to use a QLE to update their benefits in My Insurance Benefits.

- b. The subscriber will use a QLE to add their dependent to the contract and upload the Dependent Verification Document.
- c. The employer will review the documentation.
 - i. If the documentation is incorrect, the employer will notify the subscriber.
 - ii. If the documentation is correct, the employer will approve pending tasks in My Insurance Benefits.
- d. My Insurance Benefits will notify the vendor, and the vendor will reconcile their system.

Ending Local Paid Annuitant (LPA) Coverage

Background

- When an employee retires and begins their annuity with ETF, their health, life insurance, and supplemental dental and vision benefits continue automatically.
 - This continuation occurs when the employer **participates** in the benefits **and** the employee was enrolled in the insurance(s) as an active employee **until the end of the month in which they retired**.
- Local employers can pay for their retirees' health and life insurance coverages(s)
 - The employer must indicate they are paying for the health insurance coverage on the [Local Employer Verification of Health Insurance Coverage \(ET-4814\)](#).
 - The employer must indicate they are paying for the life insurance coverage on the [Local Employer Paid Life Insurance Coverage \(ET-1660\)](#).
- When the employer determines they will no longer pay for their retiree's health and/or life insurance coverage(s), the retiree will be removed from the employer's invoice.
 - Insurance premium deduction(s) will be taken from the retiree's annuity.
 - Life insurance premiums end at age 65
 - If the retiree's annuity is not large enough, the insurance premium(s) will be paid by the retiree directly to the vendor(s).

Resources

- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 9, Section 903
 - Chapter 11, Section 1101A and 1104
 - Chapter 14, Section 1402B and 1402C
- [Local Employer Verification of Health Insurance Coverage \(ET-4814\)](#)
- [Local Employer Paid Life Insurance Coverage \(ET-1660\)](#)
- [Termination Checklist for Local Employees \(ET-2500L\)](#)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employer decides whether they will continue to pay their retiree's health and/or life insurance premiums.
 - a. NOTE: The employer makes their determination based on their own criteria.

2. Once the employer determines they will no longer make payments towards one or both benefits for the retiree, they must notify ETF to update the payment source.
 - a. Every effort should be made to notify the retiree and ETF of the change at least **two months prior** to the retiree no longer receiving the employer contribution(s).
 - b. They must provide notice using the appropriate forms (can be the original forms or new ones).
 - i. Submit the documents through ETF's secure Box file import link here: [ETF Form Submission](#)
3. The employer must complete **Part C** of the [Local Employer Verification of Health Insurance Coverage \(ET-4814\)](#) to remove a retiree's health insurance premium from their invoice.

Part C: Transfer Report (For employer-paid annuitants no longer receiving employer contributions)	
Employee name	Employee last 4 digits of SSN or ETF ID
Employer name	Date employer contributions end (MM/DD/YYYY)

4. The employer must complete **Part C** of the [Local Employer Paid Life Insurance Coverage \(ET-1660\)](#) to remove a retiree's life insurance premium from their invoice.

Part C: Ending Payments	
Last month the employer is paying for premiums (MM/YYYY)	
Signature of employer representative	Date signed

5. Upon receipt of the ET-4814 and/or ET-1660 with Part C filled out, ETF will process the change and switch the payment source from the employer's invoice to another option.
6. The employer will receive the updated invoice for reconciliation.
7. If there are any discrepancies or errors in your invoice, contact ETF via Ivanti (if available) or by email at ETF SMBEmployerInsurance@etf.wi.gov.

Enroll Adult Disabled Dependent

Background

- Typically, dependent children are only eligible to remain covered on a family health plan until the end of the month in which they reach age 26.
- If an unmarried child has a physical or mental disability that is expected to be of long-continued or indefinite duration and is incapable of self-support, they may be eligible to be covered under their parent or guardian's health insurance.
- The employee must work with their health plan directly and annually to determine if their child meets the disabled dependent eligibility criteria.
 - Medical documentation requirements vary by health plan vendor.
 - The employee must indicate they are providing at least 50% support for any dependent over age 26.
- When changing health plan vendors, the employee must verify the disabled status of any dependent over age 26 with the new health plan vendor.
- If a dependent ages off the family plan at age 26, they may enroll in COBRA continuation until the health plan decides on the disabled dependent eligibility.
 - Employees are strongly encouraged to begin the disabled dependent review process **before** their dependent ages off their family plan.
 - Beginning the eligibility review process before the dependent loses coverage will prevent COBRA from being offered at the end of the month in which the dependent turns age 26.
 - If it is determined that the individual is not eligible as a disabled dependent, there will not be another opportunity to elect COBRA except for aging off at age 26.
 - If a **covered** disabled dependent **loses eligibility** as a disabled dependent, they will receive a COBRA offer for a maximum duration of 36 months when they are removed from the family plan.

If it is determined that the child was eligible for coverage as a disabled dependent, coverage will be retroactive to the date they were last covered, and premiums paid for COBRA continuation coverage will be refunded.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#).
 - Chapter 5, Section 504 B (7) and 506 G
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#).
 - Chapter 6, Section 604 B (7) and 606 G
- Webpage: [Life Events Guide: Your Unmarried Dependent Over Age 26 Becomes Disabled and Gains Eligibility](#).
- [Dependent Information FAQs](#).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).

- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employee will notify the employer of the need to add an Adult Disabled Dependent to their health or supplemental insurance coverage in My Insurance Benefits.

- a. If adding a dependent to health insurance as a disabled dependent, the employee must submit a [Health Insurance Application/Change Form \(ET-2301\)](#).

- b. The ET-2301 must indicate the dependent's disabled status.

- c. If adding a dependent to supplemental insurance as a disabled dependent, employee

must submit a [Supplemental Insurance Application/Change \(ET-2339\)](#).

☐ I choose to decline/waive coverage because I have other health insurance coverage (go to section 13 and sign).

Eligible life event changes, which allow you to make a change outside of the annual health benefits open enrollment (or your initial hire period), include birth/adoption, marriage and divorce. Visit etf.wi.gov/insurance/life-events-guide for more.

Select one reason to add coverage/dependent or remove dependent(s):

Add coverage/dependent(s) (complete section 3) <ul style="list-style-type: none"> <input type="checkbox"/> Marriage* <input type="checkbox"/> Transfer to a new state agency (state only) Former agency name: _____ <input type="checkbox"/> Birth or adoption* <input type="checkbox"/> LTE new hire (state only) <input type="checkbox"/> Enroll in COBRA (Continuation-Conversion Notice (ET-2311) required) <input type="checkbox"/> National Medical Support Notice* <input type="checkbox"/> Spouse-to-spouse transfer at retirement <input type="checkbox"/> Loss of employer contributions or loss of other coverage* <input type="checkbox"/> Paternity acknowledgment* <input type="checkbox"/> Legal ward/guardianship* <input checked="" type="checkbox"/> Disabled dependent, age 26+* <input type="checkbox"/> Dependent not on initial enrollment (excludes adult dependents) <input type="checkbox"/> Other: _____ 	Remove dependent(s) (complete section 8) <ul style="list-style-type: none"> <input type="checkbox"/> Divorce* <input type="checkbox"/> Death of dependent <input type="checkbox"/> Legal ward/guardianship end* <input type="checkbox"/> Disabled dependent disability end or support/maintenance less than 50% <input type="checkbox"/> Grandchild's parent age 18 <input type="checkbox"/> Adult dependent eligible for other coverage* <input type="checkbox"/> Other: _____
---	---

*You may be required to provide supporting documentation. See etf.wi.gov/life-change-event-documentation

ET-2301 Disabled Dependent, age 26+

2. The employer must send the employee's request to ETF:
 - a. Employer must upload the employee's [Health Insurance Application/Change Form \(ET-2301\)](#) to ETF's Box Form Submission page.
 - b. **STAR, UW, UWHC:** Create a ticket in Ivanti to notify ETF of the reason the ET-2301 was submitted.
 - i. **Urgency:** Normal
 - ii. **Impact:** Single User
 - iii. **Summary:** [Employee Name] [Employee ETF ID] Request to Begin Disabled Dependent Review
 - iv. **Description:** We uploaded a [Health Insurance Application/Change Form (ET-2301) **or** Supplemental Insurance Application] to Box to request a disabled dependent eligibility review. Please forward this application to the vendor to initiate the process.
 - c. **Local and non-STAR State:** Send an email to ETFSMBEmployerInsurance@etf.wi.gov to notify ETF of the reason the ET-2301 was submitted.
 - i. **Subject:** [Employee Name] [Employee ETF ID] Request to Begin Disabled Dependent Review
 - ii. **Message Body:** We uploaded a [Health Insurance Application/Change Form (ET-2301) **or** Supplemental Insurance

Application] to Box to request a disabled dependent eligibility review. Please forward to the vendor to initiate the process.

3. The insurance vendor will request physician verification and any supporting documentation from the employee.
 - a. Employee should be directed to watch for this request from the insurance vendor via mail.
 - b. Employee should be directed to return the requested documents to the vendor as soon as possible.
4. The insurance vendor will notify the employee and ETF of the determination, whether it is approved or denied.
5. ETF will forward the insurance vendor's determination document to the employer.

Eligibility Denied

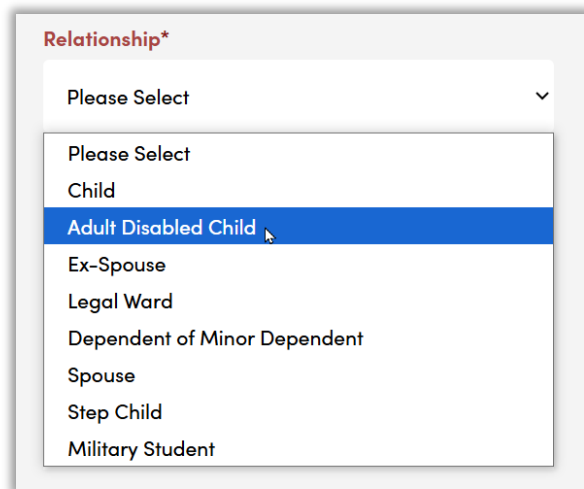
1. **If the dependent's eligibility is denied**, employer must notify their employee that the dependent did not meet the criteria and so cannot be added to their insurance benefit.
2. **If a covered disabled dependent loses eligibility**, ETF will notify employer via Ivanti or email.
 - a. Employer will review their employee's coverages In My Insurance Benefits.
 - b. If the formerly eligible disabled dependent is still covered, employer will:
 - i. Remove the dependent using the "Loss of Dependent Status" QLE.
 - ii. Approve the "Loss of Dependent Status" QLE Task.

Eligibility Approved

If the dependent's eligibility is approved, the employer must review My Insurance Benefits system to determine whether the dependent is already listed on the employee's profile.

If the dependent is not already listed:

1. Employer adds dependent to the employee's member record using the relationship "**Adult Disabled Child**."
 - a. *For reference, see HR Section 8.1 of My Insurance Benefits HR Admin Guide: Adding a Dependent.*



Relationship*

Please Select

Please Select

Child

Adult Disabled Child

Ex-Spouse

Legal Ward

Dependent of Minor Dependent

Spouse

Step Child

Military Student

Adult Disabled Child" relationship to member

- b. For reference, see screenshot: “Adult Disabled Child” relationship to member).
2. Employer notifies the employee that they require appropriate dependent verification documentation (i.e., birth certificate, adoption papers, etc.) if needed.
 - a. When appropriate dependent verification documents are received in the Document Center, the employer must approve the Dependent Verification Task in My Insurance Benefits.

If the dependent is already listed:

1. Employer must update the dependent’s relationship to Adult Disabled Child on the employee’s profile (see *Section 8.2 of My Insurance Benefits HR Admin Guide: Updating a Dependent Profile*).

2. Employer must create the “Enroll Disabled Dependent Over 26” QLE.

- a. “Event Date” is the day the coverage as a disabled dependent begins. This is normally the first of the month following the date the coverage ended if the dependent was on the coverage.

The screenshot shows a web form titled “*Reason for Change”. Below the title, it states: “You have selected an Enroll Disabled Adult Dependent over 26 change reason”. A section titled “You are permitted to perform the following adjustments to your coverage” contains a bulleted list: “You CANNOT cancel your coverage.”, “You are NOT permitted to change your plan.”, “You may change your coverage level.”, “You can add dependents to your existing coverage.”, and “You CANNOT cancel coverage for any dependents at this time.”. Below this is the question “Do you wish to continue with this change?” with radio buttons for “Yes” (selected) and “No”. If “Yes” is selected, the user is prompted to “Enter the date that coverage should begin*” with a date field showing “02/01/2025”. Another prompt asks “When were you notified about this life event?*” with a date field showing “01/30/2025”. At the bottom are “Previous” and “Next” buttons.

3. Employer must use the “Enroll Disabled Dependent Over 26” QLE to upload the determination document to the Document Task in My Insurance Benefits.
4. Employer must approve the Document Task in My Insurance Benefits.
5. Employer must approve the “Enroll Disabled Dependent Over 26” QLE Task in My Insurance Benefits.
6. Employer must notify the employee of the approval by:
 - a. My Insurance Benefits targeted message.
 - b. Email.

c. Letter.

Enroll Eligible Dependent Missing from Family Coverage QLE

Background

- When employees enroll in family coverage, they must enroll all eligible family members.
- Employees cannot only enroll some family members—they must enroll all.

Resources

- [*State Agency Health Insurance Standards, Guidelines and Administration Employer Manual* \(ET-1118\)](#).
 - Chapter 5: Changing Coverage, Section 506
- [*Local Employer Health Insurance Standards, Guidelines and Administration Manual* \(ET-1144\)](#).
 - Chapter 6: Changing Coverage, Section 606
- [*My Insurance Benefits HR Administrator Guide* \(ET-1110\)](#).
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide* \(ET-1141\)](#).
- [*My Insurance Benefits User Guide* \(ET-1109\)](#).

Procedure

1. When the employer (or employee) discovers an eligible dependent is missing from the employee's family coverage, the employer will create a "Enroll Eligible Dependent Missing from Family Coverage" QLE in My Insurance Benefits.
2. The employer should determine if the dependent is already in My Insurance Benefits.
 - a. See Section 8.1 "Adding a Dependent" of the [*My Insurance Benefits HR Administrator Guide* \(ET-1110\)](#).

If Dependent Is in My Insurance Benefits:

The employer will determine if they have verified the dependent.

If the employer has verified the dependent:

1. The employer will use the life event (see screenshot: *Life event "Enroll Eligible Dependent Missing from Family Coverage"*) to add the dependent to the employee's family coverage and use the determination/notification date as the event date.

2. Example:

- a. An employee with existing family coverage gets married, but didn't add their new stepchildren.
- b. The employer sees that the stepchildren were already verified in My Insurance Benefits, so the employer uses the QLE and adds them to the family coverage.
- c. If the employer makes this discovery more than 30 days since the marriage date, they will use determination/notification date for the marriage date.

The screenshot shows a web interface for managing employee benefits. At the top right is a 'Manage Employee' button. On the left is a sidebar with navigation links: Overview, Benefit details (highlighted), Dependents, Documents, Interactions, Employee history, and EMPLOYEE REPORTS (with sub-links for Employee Detail Report and Employee Benefit Summary Report). The main content area is titled 'CURRENT BENEFITS' and 'Health Benefits and Health Savings Account 2025'. Below this is a section 'Reason for Medical Change' with the text 'You are making a change to benefit elections. Why are you making this change?'. A dropdown menu is open, showing 'Enroll Eligible Dependent Missing from Family Coverage' as the selected option. At the bottom are 'Cancel' and 'Next' buttons.

Life event "Enroll Eligible Dependent Missing from Family Coverage"

If the employer has not verified the dependent:

Complete the dependent verification task if it's available. If they approve the verification, the employer will use the QLE to add the dependent to the employee's family coverage and use the determination/notification date as the event date.

1. If the dependent verification task is not available:
 - a. The employer will notify the employee to add the dependent documentation into My Insurance Benefits.
2. Once the employee uploads the documentation, the employer will complete the dependent verification task.
 - a. The employer will use the QLE to add the dependent to the employee's family coverage and use the determination date as the event date.
3. If the employee refuses to add the documentation, Local employers should send an e-mail to ETF to escalate the situation. STAR, UW, and UWHC should send an Ivanti ticket to ETF.
 - a. ETF will provide the employer with a notice for the employee of cancellation if the employee fails to upload the proper documentation.

If Dependent Is NOT in My Insurance Benefits:

1. The employer will notify the employee to add the dependent to My Insurance Benefits and load the proper Dependent Verification documents.
 - a. Refer the employee to [My Insurance Benefits User Guide \(ET-1109\)](#).
 - b. To add the dependent as an HR Admin, refer to Chapter 8 “Dependent Management and Verification” and Chapter 9 “Document Center and Document Verification” in the [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
2. Once the employee uploads the documentation, the employer will complete the dependent verification task.
 - a. The employer will use the QLE to add the dependent to the employee’s family coverage and use the determination date as the event date.
3. If the employee refuses to add the documentation, Local employers should send an e-mail to ETF escalate the situation. STAR, UW, and UWHC should send an Ivanti ticket to ETF.
 - a. ETF will provide the employer with a notice for the employee of cancelation if the employee fails to upload the proper documentation.

Enroll in Life through Evidence of Insurability (EOI)

Background

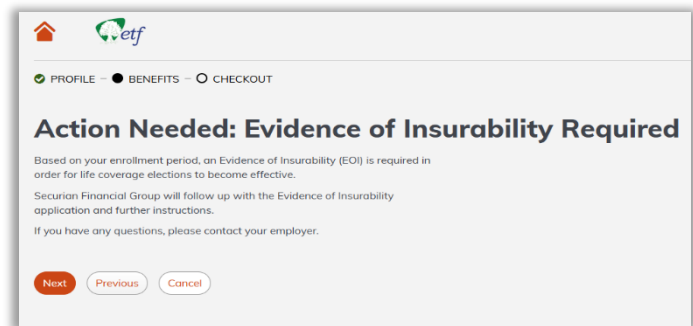
- Employees may enroll in Life Insurance through initial enrollment, certain qualified life events, or through submitting Evidence of Insurability (EOI).

Resources

- [Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#)
- [Wisconsin Public Employers Group Life Insurance Program \(ET-2101\)](#).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. When an employee wants to enroll in life insurance through EOI, they sign into My Insurance Benefits and make the election to enroll through EOI (see screenshot: *Member view of My Insurance Benefits EOI requirement*).
 - a. See *My Insurance Benefits Member Guide* for more information.



Member view of My Insurance Benefits EOI requirement

2. The EOI enrollment request moves through My Insurance Benefits to the life insurance vendor.

- a. NOTE: The employer may see the pending status but does not need to take any action at this time.

Accepted indicates that the request to apply through EOI was submitted and is being worked by the vendor. (see screenshot: *Additional Life Insurance through EOI request pending*).

Additional Life Insurance

Changes Requiring a Change Reason

Additional Life Insurance	Accepted
Plan	Additional Life Insurance 2025
Earnings/Salary	\$75,000.00 per year
Coverage Amount	Current Amount - \$150,000.00 (2 times salary) Requested Amount - \$225,000.00 (3 times salary) -- Pending Approval (ET-2305 Required)

Semi-Monthly Premium Cost Summary

Total Premium	\$9.00
Employee Cost	\$9.00

[Edit due to change reason](#) [Cancel Benefits for All](#)

Effective Date 05/01/2025

Additional Life Insurance through EOI request pending

3. The life insurance vendor will notify the employee to complete a Statement of Health through their web portal, which the employee completes.
4. The vendor processes the EOI, makes a determination, and sends the employee an approval or denial letter.
5. My Insurance Benefits will generate the determination file and:
 - a. Send the employer the payroll file or payroll report to DOA, UW, UWHC: payroll file.
 - b. Local employers and quasi-state agencies will receive a payroll report.
6. The vendor will send the employer an updated invoice.
7. The employer will update and reconcile their payroll deductions and billing and pay their updated invoice to the vendor.

ENROLL MILITARY STUDENT DEPENDENT OVER AGE 26

Background

- Non-disabled adult children are removed as dependents from their parent's health insurance when they turn age 26.
- However, if the adult child was enrolled as a full-time student when they were called to active-duty military service, they can reenroll as a dependent past the age of 26 if they enroll as a full-time student within 12 months of discharge from active duty.

Resources

- [State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual \(ET-1118\)](#).
 - Chapter 5: Changing Coverage, Section 506—Adding Dependents.
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#).
 - Chapter 6: Changing Coverage, Section 606—Adding Dependents.
- [Health Insurance Application/Change Form \(ET-2301\)](#).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employee will submit a health insurance application form ET-2301 to their employer to add a military student dependent to their coverage.
 - a. The employee must upload the dependent's previous and current school schedules, military discharge papers, and any relevant dependent verification documentation to My Insurance Benefits.
2. The employer will review the documentation and approve or deny the application.
 - a. If the employer denies the application, they will notify the employee.
3. If the employer approves the application, they will verify if the dependent is on the employee's profile.
 - a. If the dependent is not on the employee file, the employer will add the dependent to the employee's profile using the relationship of "Military Student" and upload the Dependent Verification document. They will then approve the dependent verification task.

4. Once the employer adds the dependent or verifies that they are on the employee file, the employer will create the “Enroll Military Student over 26” QLE in My Insurance Benefits.
 - a. The effective date defaults to the first of the month following receipt of the ET-2301 so long as the dependent meets eligibility criteria.
 - b. NOTE: Coverage lasts while the dependent maintains eligibility and until they graduate from the program they rejoined after active duty discharge.
5. The employer will approve the QLE Approval Task in My Insurance Benefits and notify the member of approval.

Error in Event Date

Background

- Employees will create qualified life events in My Insurance Benefits.
- When employees enter incorrect dates, they and the employer will take the steps in this procedure to fix them.

Resources

- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employee or employer will notice an invalid event date discrepancy within My Insurance Benefits.
 - a. EXAMPLE:
 - i. Date of birth in My Insurance Benefits is 05/07/2025.
 - ii. Date of birth on the birth certificate is 07/05/2025.
2. QLEs in My Insurance Benefits have enrollment windows during which members can edit their benefits.
 - a. For more information about QLE enrollment deadlines, please reference:
 - i. *My Insurance Benefits Qualified Life Event Companion Guide for HR Admins*.
 - ii. [Life Event Guide webpage](#).

If QLE Enrollment window is open for employee:

1. The employer will not approve the QLE, but will deny the enrollment task and instruct the employee to rekey the QLE.
 - a. For more information about approving or denying tasks in My Insurance Benefits, please see the [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#), Section 7.3: Reviewing, Approving, and Denying Tasks.
2. After the employee rekeys the correct date, the employer will approve the task, and the coverage will be updated in My Insurance Benefits.

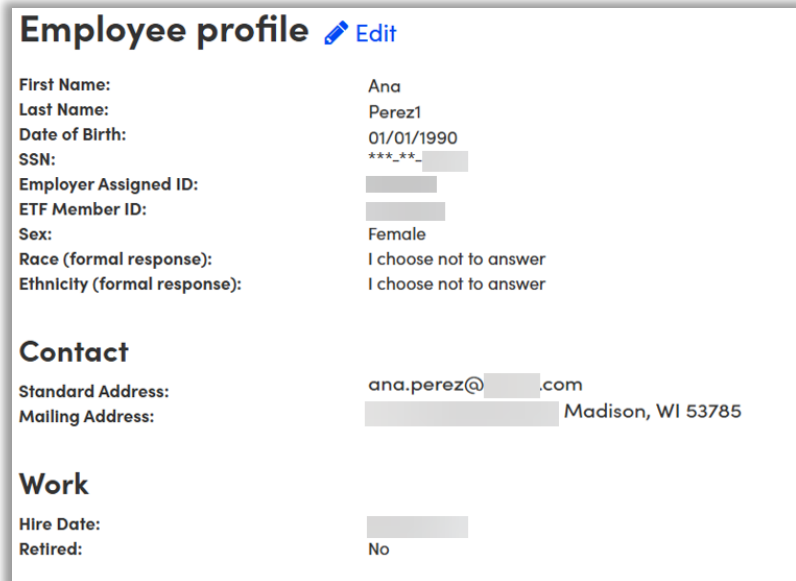
If QLE enrollment window is not open to employee, and employer has not approved QLE:

1. The employer will deny the enrollment and rekey it themselves with the correct date.
 - a. For reference to rekey QLE, see [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#), Section 10.2 "Initiating a Qualifying Life Event."

- b. For reference on event keying deadline, see [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#):
 - i. Locate relevant life event.
 - ii. Locate “Days for HR Administrator/ETF Notification.”

If employer has approved QLE:

1. The employer will notify ETF of the discrepancy.
 - a. The employer can open an Ivanti ticket (if applicable), email ETF SMBEmployerInsurance@etf.wi.gov, or call 1-877-533-5020 (Option 2).
 - b. In My Insurance Benefits go to Home key in member’s Name or SSN
 - c. Under Employees, scroll down to the Employee Profile
 - d. Please give the following information
 - i. Employee name, ETF Member ID. (See screenshot: *Employee Profile from My Insurance Benefits*).
 - ii. The event date discrepancy and reason why it happened.
2. ETF will work with the system administrator to resolve the issue.
3. ETF will notify the employer when the issue is resolved.
4. The employer will notify the member of the resolution.
 - a. The coverage date will then align within My Insurance Benefits.



Employee profile [Edit](#)

First Name: Ana
 Last Name: Perez1
 Date of Birth: 01/01/1990
 SSN: ***-**-****
 Employer Assigned ID:
 ETF Member ID:
 Sex: Female
 Race (formal response): I choose not to answer
 Ethnicity (formal response): I choose not to answer

Contact

Standard Address: ana.perez@...com
 Mailing Address: ... Madison, WI 53785

Work

Hire Date:
 Retired: No

Employee Profile from My Insurance Benefits

Late Reported New Hire

Background

- Employers should use this procedure when they discover a newly hired employee is not enrolled in the Wisconsin Retirement System (WRS).
- If the employee was enrolled in the WRS, but they did not enroll in health insurance timely, they CANNOT enroll in health insurance as a new hire.
- If the employee was enrolled in the WRS, but they did not enroll in life insurance, income continuation insurance (ICI), or supplemental benefits, they *may* be eligible to enroll if the employer did not offer the benefits timely.
 - See “Employer Error” in Life, ICI, Supplemental.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 2: Health Plan and Program Requirements and Information; Section 212: Errors
 - Chapter 6: Health Benefits Open Enrollment, Section 604-605
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#)
 - Chapter 2: Health Plan and Program Requirements and Information; Section 214E: Errors
 - Chapter 7: Health Benefits Open Enrollment, Section 704-705
- [Income Continuation Insurance Manual – State \(ET-1119\)](#)
 - Chapter 10: Reinstatement of Coverage Lost Through Employer Error.
- [Income Continuation Insurance Manual – Local \(ET-1145\)](#)
 - Chapter 10: Reinstatement of Coverage Lost Through Employer Error.
- [Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#).
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. When an employer hires a new employee, the employee will make benefit elections.
2. The steps for making the elections depends upon how soon after the start date the employer processes the new hire.

Within 30 Days of Employee's Hire Date

1. The employer submits the new hire demographics and eligibility on the Employer Transaction Application (ETA) or User Interface (UI).
2. After ETF loads the new hire into My Insurance Benefits, the system will email the new hire to enroll in their benefits.
3. If needed, the employee will set up their [My Benefits](#) login.
4. The employee will sign into [My Benefits](#).

Within 31 – 75 Days of Employee's Hire Date

1. The employer will notify ETF of the late reported new hire via Ivanti (if available) or email.
 - a. The employer must indicate the reasoning for the late reporting so ETF can validate that the member can still enroll.
2. The employer submits the new hire demographics and eligibility on the Employer Transaction Application (ETA) or User Interface (UI).
3. ETF will receive the late reported new hire notice and notify the employer to use the "Extend Enrollment Tool" in My insurance Benefits to extend the enrollment window, giving the member 30 days to enroll once they're loaded into the system.
4. After ETF loads the new hire into My Insurance Benefits and the employer has used the "Extend Enrollment Tool", the system will email the new hire to enroll in their benefits if an email is on file, otherwise they will contact the member directly.
5. If needed, the employee will set up an [My Benefits](#) account.
6. The employee will sign into their [My Benefits](#), select My Insurance Benefits, and make their benefit elections.

After 75 Days of Employee's Hire Date

1. The employer will notify ETF of the late reported new hire via Ivanti (if available) or email. The employer must provide ETF with:
 - a. The reasoning for the late reporting.
 - b. The benefit application(s).
 - c. Dependent documentation (if applicable).
2. ETF will receive the notice and review the request. If approved, ETF will direct the employer to submit the ETA for the member, enter the information into My Insurance Benefits, and notify the employer to notify the member. If due to late reported WRS, the effective date will be prospective. If the employee completed a paper application timely, but it was not processed, the effective date will be retroactive.

3. The employer will receive notice from ETF and notify the member of their enrollments in the system.

Late Reported Open Enrollment

Background

- Subscribers will self-enroll during annual Open Enrollment using My Insurance Benefits. Their chosen coverage begins January 1 of the following year.
- However, subscribers may miss open enrollment, mistakenly choose the wrong health plan or coverage type, or may change their minds about coverage selection. Whether ETF can accommodate the change depends upon:
 - The date
 - The request type
 - The reason and reasonableness of the reason

Resources

- [*My Insurance Benefits HR Administrator Guide \(ET-1110\).*](#)
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).*](#)
- [*My Insurance Benefits User Guide \(ET-1109\).*](#)
- [*Local Employer Health Insurance Standards, Guidelines, and Administration Manual \(ET-1144\).*](#)
- [*State Employer Health Insurance Standards, Guidelines, and Administration Manual \(ET-1118\).*](#)
- [*State of Wisconsin Supplemental Benefits Plan Administration Manual \(ET-1158\).*](#)

Procedure

If a subscriber wants to make a change prior to 12/31:

1. Using My Insurance Benefits, the subscriber will initiate an appeal using the Qualified Life Event (QLE) that will auto-populate in My Insurance Benefits. This will create a task for the Employer to review.
2. The employer will receive the late Open Enrollment request task and any required dependent verification documentation to approve.
3. Once approved, My Insurance Benefits will show updated coverage and notify the subscriber via Targeted Message.

If a subscriber wants to make a change after 12/31:

1. The employee will submit a "Member Statement" (written request) and paper application (Health [ET-2301](#) or [Supplemental Insurance Application/Change \(ET-2339\)](#) to their employer. The Member Statement should include:
 - a. The reason for the request.
 - b. Why the request is late.
 - c. The desired outcome.

2. The employer will create an “Employer Statement” and submit all documentation to ETF.
 - a. Employers can find more information in:
 - i. *Health Insurance Standards, Guidelines, and Administration Manuals* ([Local \(ET-1144\)](#), Chapter 704, [State \(ET-1118\)](#), Chapter 604).
 - ii. [State of Wisconsin Supplemental Benefits Plan Administration Manual \(ET-1158\)](#), Chapter 4.
3. If the request is denied, ETF will notify the Employer.
4. If the request is approved, ETF will update the employee’s coverage in My Insurance Benefits and the employee will receive a Targeted Message notifying them that their requested change has been approved.

State Employers ONLY: Late enrollment in Flexible Spending Accounts (FSAs):

1. The employer will submit an Employer Statement to Optum Financial.
2. Optum Financial will approve or deny the request.
 - a. Optum will notify the employer, and the employer will update in My Insurance Benefits.
 - b. The member will receive notification of approval or denial.

Late Reported Qualified Life Event (QLE)

Background

- If employees report qualified life events (QLEs) after the event window has closed, ETF will have to assist the employee and employer to resolve the issue.

Resources

- [*My Insurance Benefits HR Administrator Guide \(ET-1110\)*](#).
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)*](#).
- [*My Insurance Benefits User Guide \(ET-1109\)*](#).

Procedure

1. The employee will report a QLE to their employer outside of the QLE window. They must submit a “Members Statement” written request and health insurance application (ET-2301) to their employer.
2. The employer will then determine what change to the employee’s benefits they want to make based on the QLE.
3. The employer will send a change request to ETF.
4. ETF will receive the request, then determine approval or denial of the request.
5. ETF will notify the employer of the determination, who will then notify the employee.

Medical Contribution Wait Period

Background

- New employees are eligible to enroll in health insurance on the 1st of the month on or after their WRS begin date.
- Employees who elect to enroll on the 1st of the month on or after their WRS begin date will be required to pay the full health insurance premium until the employer contributes.
- Local employers must contribute to health insurance premiums within six months of WRS begin date. State employers must do so on or after the 1st of the month 60 days after hire
- Employees may elect to defer enrollment until their employer contributes to the health insurance premiums.

Resources

- [State Agency Health Insurance Standards, Guidelines, and Administration Manual \(ET-1118\)](#).
 - Chapter 4 – Initial Enrollment 401 – Initial Enrollment and Effective Dates
- [Local Employer Health Insurance Standards, Guidelines, and Administration Manual \(ET-1144\)](#).
 - Chapter 5 – Initial Enrollment - 501 B.
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. New employees may enroll in health insurance through initial enrollment. Coverage can start:
 - a. 1st of the month on or after WRS begin date (employee pays 100% of premium).
 - b. 1st of the month on or after when employer premium contributions begin.

Enrolls on the 1st of the month on or after WRS begin date:

1. Employees who chose coverage beginning as soon as possible have the option of changing health plans and/or coverage levels effective on the first of the month that the employer premium contribution begins. The employee will notify the employer that they want to change their coverage.
 - a. If the request was made timely (30 days before the 1st of the month when the employer premium contributions begin), the employer will create a Qualified Life Event (QLE) “Change Existing Coverage due to Employer Contributions Beginning”.

- b. The employer will notify the member to use the QLE in My Insurance Benefits to make plan or coverage changes.
2. The employee will use the QLE to make changes in My Insurance Benefits.
 - a. The employee will also upload supporting documents as needed.
3. The employer will approve the QLE task in My Insurance Benefits.
 - a. The employer will approve dependent verification if applicable.

If the employee chooses to enroll on the 1st of the month on or after when employer premium contributions begin:

1. The employee notifies their employer they wish to enroll when the employer contributes to the premium.
2. The employer initiates the life event “Change Medical Coverage due to Employer Contributions Beginning.” The employer directs the employee to go into My Insurance Benefits and enroll using this reason.
3. The employee enrolls in single or family coverage using the reason.
 - a. If the employee selects family coverage, they add dependents and upload supporting documents as needed.
4. The employer will receive and approve the Qualified Life Event and Dependent Verification (if family coverage selected) task in My Insurance Benefits and approve the enrollment after validating the supplied supporting dependent verification is acceptable if family coverage is selected.

Medical Opt Out (State)

Background

- State, UW Hospitals and Clinics, and Universities of Wisconsin employees (including Craft Workers) may be eligible to receive up to \$2,000 from their employers if they opt out (waive coverage) of the State of Wisconsin Group Health Insurance Program coverage.
- You are not eligible for the opt-out incentive if you:
 - Opted out in 2015.
 - Are covered by the State of Wisconsin Group Health Insurance Program, as a subscriber or dependent, during the calendar year, even if it's only for a day.
 - Are a Graduate Assistant.

Resources

- [My Insurance Benefits HR Administrator Guide \(ET-1110\).](#)
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).](#)
- [My Insurance Benefits User Guide \(ET-1109\).](#)
- [State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual \(ET-1118\).](#)
 - Chapter 2, Section 206.

Procedure

ETF and My Insurance Benefits will determine if the employees are eligible for the Opt-out Incentive.

1. If the employee selects the opt-out, but is ineligible:
 - a. ETF will notify the employer (via Ivanti) of the employee's ineligibility.
 - b. The employer will notify the employee of their ineligibility.
 - c. NOTE: If employees are determined to be ineligible for the opt-out, the employer *may* receive a second payroll file depending upon when ETF makes that determination.
2. If the employee selects the opt-out and is eligible:
 - a. My Insurance Benefits will send the payroll file to the employer indicating Opt-out employees.
 - b. Employer will set up incentive payments divided by the number of pay periods in the year.
 - c. NOTE: If an employee is hired mid-year, the employer will prorate the \$2,000 and spread it over the remaining pay periods.

Now Eligible for Other Coverage (Life Event)

Background

- Employees and dependents enrolled in coverage can gain eligibility for other coverage, which creates a qualified life event (QLE) where they can cancel their coverage through ETF.
- For example, if an employee is enrolled in coverage and their spouse gets a new job that offers family coverage, the employee could cancel their coverage due to the QLE.
- NOTE: Active employees or the spouses qualifying for Medicare is *not* a QLE for gaining eligibility for other coverage.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
 - Chapter 5: Changing Coverage
- [Local Employer Health Insurance Standards, Guidelines, and Administration Manual \(ET-1144\)](#)
 - Chapter 6: Changing Coverage
- [My Insurance Benefits HR Administrator Guide \(ET-1110\).](#)
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).](#)
- [My Insurance Benefits User Guide \(ET-1109\).](#)

Procedure

1. When a member experiences a life event of gaining other coverage, in My Insurance Benefits, the employee uses “Now eligible for other coverage” life event with an event date of the date their other coverage starts. (See screenshot: *Life Event “Now eligible for other coverage”*)

Initiate a Life Event for Employee

You are initiating a life event for this employee

Life Event Type

- Newly Contributing to Wisconsin Retirement System
- Newly Eligible to Elect Benefits
- No Longer Contributing to Wisconsin Retirement System
- Now eligible for other coverage**
- Plan Change for Valid Life Event
- Pre-Retirement Enrollment to Preserve Sick Leave
- Proof of Paternity (More than 60 Days After)
- Reduce or Cancel Medical Coverage due to Post Tax Status
- Reinstate Previously Terminated Employee Benefits due to Court Order

Next

4 Life Event "Now eligible for other coverage"

2. If the member gaining other coverage is the employee (not a dependent), they will cancel their coverage and upload documentation to My Insurance Benefits showing proof of the other coverage.
3. If the member gaining other coverage is a dependent, the employee will remove the dependent and change the level of coverage (i.e. from family to single), if needed. The employee will then upload documentation to My Insurance Benefits showing proof of the other coverage.
4. The employer will pull the Documentation Task from My Insurance Benefits, review it, and approve or deny the task.
5. The employer will pull the HR Admin QLE task in My Insurance Benefits and approve or deny it.
6. The employer will notify the employee of the approval or denial by targeted message, email, or letter.

Open Enrollment HDHP and HSA Review (State Only)

Background

- State employees who enroll in the High Deductible Health Plan (HDHP) must also enroll in the Health Savings Account (HSA).
- If an employee was already enrolled in the HDHP, they still have to reenroll in the HSA every open enrollment period.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. Employees enroll in the HDHP through My Insurance Benefits during the open enrollment period.
 - a. Employees need to re-enroll in the HSA each open enrollment period, even if they are not making changes to their HDHP plan or coverage.
2. After open enrollment and through the month of December, employers will pull reports from My Insurance Benefits of HDHP and HSA enrollments.
3. Employers will verify all HDHP enrollments have corresponding HSA enrollments. If any employees are not enrolled in the HSA, the employer should:
 - a. Notify the employee to use the November or December Appeal Qualified Life Event (QLE) in My Insurance Benefits, or,
 - b. Send the HSA application to the employee.
4. If the employees have not enrolled in an HSA after their first notice, the employer will send a second notice.
5. In late December or early January, the employer will verify all HDHP enrollees are also enrolled in the HSA. If any are still not, however, the employer will notify ETF via an Ivanti ticket and ETF will move them from the HDHP to the non-HDHP plan using the "Late OE for January" QLE in My Insurance Benefits.
6. In February, ETF will audit HDHP and HSA enrollments and notify the employer to update any discrepancies by changing employees' plans to non-HDHP ones using the "Disenroll from HDHP due to ineligibility" QLE.

- a. The employer will disenroll the employees and notify them of the change.

Paper Application Enrollments

Background

Normally, employees enroll online in benefits through My Insurance Benefits. However, there are occasions where employees may have to enroll using paper applications as listed below:

1. Retirees – must submit paper applications to enroll in benefits and complete all QLEs except: Death of dependent, Divorce, Now eligible for other coverage, and Request to cancel or reduce coverage.
2. Adding a Disabled Dependent – needs special relationship codes set by HR Admins or ETF.
3. Enrolling Military Students over Age 26.
4. Proof of Paternity (over 60 days late).
5. Medicaid eligibility.
6. Making two changes due to one QLE (for example, adding a baby and changing their health plan at the same time).
7. Pre-retirement enrollment to preserve sick leave.
8. Lapse of Benefits due to Leave of Absence.
9. Reinstatement of Benefits due to Return from Leave of Absence.
10. Lapse of Benefits due to Military Leave.
11. Reinstatement of Benefits due to Return from Military Leave.
12. Late Open Enrollment (after 12/31).
13. Late QLEs.
14. When a member can't use or isn't comfortable using My Insurance Benefits.

Resources

- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The Employer will provide member with insurance applications.
 - a. See [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#) or employer manuals for more information about enrollment opportunities, *including enrollment deadlines*.
2. The member will complete their benefits elections and return applications to the Employer.
3. The Employer will complete the employer section of the paper application(s) and key the member's elections into My Insurance Benefits.

- a. For more information on keying elections into My Insurance Benefits, please see how to enroll in benefits in the [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- 4. My Insurance Benefits will send employers a payroll file or payroll report:
 - a. DOA, UW, UWHC: payroll file.
 - i. The vendor will send the employer an invoice.
 - b. Local employers and quasi-state agencies: payroll report.
 - i. The vendor will send the employer an invoice.
- 5. The Employer will update the member's payroll deductions.
- 6. My Insurance Benefits will send the Employer an invoice.
 - a. The Employer will reconcile billing and deduction, then pay the invoice.

Permanent Layoff (state only)

Background

- When a state employee's position is eliminated, the laid off state employee *may* be eligible for certain benefits.

Letters/Related Procedures

- Leave of Absence
- Retire in Lieu of Layoff

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#).
 - Chapter 7 – Leave of Absence (LOA) – 706 Coverage During Layoff
- [Sick Leave Conversion Program Employer Manual \(ET-1170\)](#).
- [Sick Leave Credit Conversion Program \(ET-4132\)](#).
- [The Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#).
 - Chapter 15 – Maintaining Coverage After Termination of Employment.
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The employer will notify the employee that they will be laid off permanently.
 - a. The employer will check to see if the employee is eligible to retire in lieu of being laid off because they have reached minimum retirement age and will consult Chapter 3 of the [Sick Leave Conversion Program Employer Manual \(ET-1170\)](#) to make this determination.
 - b. If the employee is over minimum retirement age, eligible to retire in lieu of being laid off, and elects to do so, the employer will process appropriately (procedure not yet available).
2. If the employee is not eligible to retire in lieu of being laid off, the employer will provide them with a termination packet.
 - a. The packet will include a [Wisconsin Public Employers' Group Life Insurance Program Continuation Application \(ET-2154\)](#).

If the employee is being laid off and wants to continue their health insurance through their employer:

1. The employer **should NOT** submit a termination via the Employer Transaction Application (ETA). If they do, this will terminate all the employee's benefits, and the employee will no longer have access to My Insurance Benefits.
2. The employer should terminate Life, ICI, and supplemental dental and vision coverage in My Insurance Benefits.
 - a. Use change reason: "Cancellation of Benefits due to Change in Eligibility".
3. If the employee wants to continue coverage through their employer, they **should not** elect COBRA coverage for health insurance.
 - a. The insurance third party administrator (TPA) will still send the employee COBRA materials. The employee should NOT fill them out.
4. The employer must contribute up to three months of employer contributions towards the health insurance premium.
 - a. The employer will track the amount that should be deducted from the member's sick leave credits. This will be the employee share for the first three months and then the full premium thereafter (see Chapter 3 of the [Sick Leave Conversion Program Employer Manual \(ET-1170\)](#)).
 - b. After three months, the employer will update the employee record for the "Employment Status" code field in the ETA:
 - i. **LF** for Full-time layoffs.
 - ii. **LP** for Part-time layoffs.
 - iii. **NOTE: The employer must take this step at the correct time:**
After three months of the split rate, but *before* the fourth month invoices. Invoices are generated on the 5th of the month.
 1. EXAMPLE: John Doe was a full-time employee permanently laid off June 27.
 2. If John continues his health insurance, his employer will continue paying the employer share of the premium for three months: July, August, and September.
 3. After the invoice generated on September 5, his employer will update the member record for the "Employment Status" code field in the ETA to **LF** *before* October 5.
 - c. While on the employer's health insurance, the employer is responsible for any changes the employee on layoff may request, including open enrollment changes and life events.
 - d. The employee may continue life insurance by applying for a conversion policy. Please provide them with [Wisconsin Public Employers' Group Life Insurance Program Continuation Application \(ET-2154\)](#).
 - e. Once any of the following happens, the employer must terminate the employee and offer the employee COBRA (UW should submit via the UI and all others should submit via the ETA).
 - i. The member gets other health insurance.
 - ii. The member's sick leave credits deplete.

- iii. Five years have passed since the member's termination date (even if they have remaining sick leave credits). The employer should submit any remaining credits to ETF if the member qualifies. [Sick Leave Credit Conversion Program \(ET-4132\)](#).

If the employee will not want to continue health insurance through their employer when they are laid off:

1. The employer will process the termination like a standard one. They will submit the termination in the Employer Transaction Application (ETA) and forego any layoff options.

Pre-Retirement Enrollment to Qualify for Sick Leave (state only)

Background

- State employees must be enrolled in state group health insurance at the time of retirement to qualify for their sick leave credits and receive health insurance benefits at any time in retirement.
- State employees who aren't enrolled in state group health insurance or who have coverage under local group health insurance have a special enrollment opportunity the month before they retire.
- State employees must file their application to enroll more than 30 days prior to retirement.

Resources

- [State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual \(ET-1118\).](#)
 - 403A – Enrollment Opportunities for Employees who Previously Declined or Canceled Coverage.
- [Sick Leave Conversion Program Employer Manual \(ET-1170\).](#)
- [Sick Leave Escrow Application \(ET-4305\).](#)
- [My Insurance Benefits HR Administrator Guide \(ET-1110\).](#)
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).](#)
- [My Insurance Benefits User Guide \(ET-1109\).](#)

Procedure

If state employee *is not* enrolled under local employee spouse's coverage:

1. The employee will notify their employer that they want to enroll in health insurance to qualify for their sick leave credits.
 - a. NOTE: The state employee must file their application to enroll more than 30 days prior to retirement.
2. The employer will use the "Pre-Retirement Enrollment to Preserve Sick Leave" QLE in My insurance benefits to enroll the employee in health insurance.
 - a. The employer should use an event date of the 1st of the month in which the employee retires.
 - b. NOTE: The employee must enroll in the ACCESS Plan as their health plan.

- c. NOTE: The employee should consider enrolling in a family plan if their dependents have never been covered previously with a state group health insurance family plan and the employee wants the dependents to be eligible for the sick leave credits if the subscriber passes away.

NOTE: An exception to this requirement is if the employee is married to another state employee who has active coverage. In that situation, the retiring employee does *not* have to enroll in family coverage prior to retiring for their survivors to inherit their sick leave credits if they die.

- 3. The employer will approve the QLE task.
- 4. After the employee retires, the employer will terminate the member on the ETA which will cancel their benefits.
- 5. The retiree will then decide whether to continue their health insurance.
 - a. If they choose not to continue, they will submit a [Sick Leave Escrow Application \(ET-4305\)](#) to ETF.
 - b. If they do nothing their health insurance contract will automatically be set up by ETF as a retiree.

If state employee is enrolled under local employee spouse's coverage:

- 1. The state employee's spouse will contact their local employer to remove the state employee from their coverage or cancel the family contract depending on the scenario that fits best.
 - a. Members cannot have dual coverage in My Insurance Benefits.
 - b. The spouse can be removed from the local contract and pick up the Access Plan for the month before retirement. The State employee must enroll in state coverage to qualify for their sick leave credits.
 - c. If the local employed spouse has never been on the State employee's health contract, they should consider cancelling their local coverage and enrolling in family coverage thru the State to make sure they and their qualified dependents are eligible to inherit the sick leave credits in the event of the State employee's death.
 - d. If the local employer terms the entire health contract and the retiree cancels their state coverage, they will need to have the employee re-enroll the following month due to the member having a QLE due to the State coverage ending after one month.
- 2. If the local employee is not cancelling coverage to go on the retiree's coverage for a month, the local employer removes the state employee spouse from health insurance and notifies their local employee.
 - a. They will use the "Approved Change to Benefits to Drop Dependent" QLE in My Insurance Benefits to remove the spouse from coverage.

3. Once the state employee is removed from local coverage, they notify their state employer that they need to enroll and provide an application.
 - a. NOTE: The state employee must file an application to enroll in health insurance more than 30 days prior to their retirement.
4. The employer will use the “Pre-Retirement Enrollment to Preserve Sick Leave” QLE in My insurance benefits to enroll the employee in health insurance.
 - a. The employer should use an event date of the 1st of the month in which the employee retires.
 - b. NOTE: The employee must enroll in the ACCESS Plan as their health plan.
5. The employer will receive the QLE task and review the event date to approve or decline.
 - a. If they decline the QLE, they should rekey it with the correct event date.
6. After the employee retires, the employer will terminate them on the ETA which will cancel their benefits.

State retiree chooses to continue state health insurance as a retiree:

1. ETF will automatically set up the retiree’s contract. The retiree does not need to submit anything.
2. If the coverage was family, the local employee does not reenroll in coverage with the local employer.

State retiree chooses to not continue state health insurance as a retiree

1. If they choose not to continue, the state retiree will submit a [Sick Leave Credit Escrow Application \(ET-4305\)](#) to ETF. Member should submit Escrow Application to ETF prior to their retirement date to avoid having a health contract set up in the My Insurance Benefits system as a retiree.
2. If the state retiree wants to reenroll with their local employee spouse’s health insurance:
 - a. The local employee will contact their employer to add the state retiree to coverage or reenroll in coverage if cancelled to go on the retiree’s coverage for the month.
 - b. The local employer will receive notification to add the spouse and will use “Approved Change to Benefits” QLE in My Insurance Benefits to add the spouse to coverage.

Rehired Annuitant

Background

- When state and local employers hire employees receiving a WRS annuity or who took a lump sum (*not* employees who took a WRS separation benefit), the employees may be eligible to enroll in certain insurance benefits *if they suspend their annuity*.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#).
 - Chapter 11
- [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#).
 - Chapter 12
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).
- [Rehired Annuitant \(ET-2319\)](#).

Procedure

1. Whenever WRS participating employers hire employees, the employers conduct previous service inquiries.
2. When the employer identifies an employee as a rehired annuitant, the employer provides them with an ET-2319 form.
3. The employee completes their section of the ET-2319 and returns it to their employer.
4. The employer completes their section of the ET-2319 and submits it to ETF via email at etfsmbemployerwrs@etf.wi.gov or fax 608-267-4549.
5. ETF will determine if the employee met the minimum break in service of 75 days.
 - a. If the employee did not meet the minimum break:
 - i. Their retirement was invalid, and they do not qualify as a rehired annuitant.
 - ii. ETF will resolve their invalid retirement and will direct the employer to enroll the employee in the WRS if they take the new position.
 - b. If the employee did meet the minimum break, continue with the procedure.
6. ETF will determine if the employee has an annuity suspension.

- a. If the employee's annuity will not be suspended with their new position, then the employer should submit the employee record through the ETA with the Rehire Category value of A3.
- b. If the employee's annuity will be suspended with their new position:
 - i. ETF will complete the ET-2378 Acknowledgement with the effective dates for WRS enrollment and benefit eligibility.
 - ii. ETF will send the ET-2378 to the employer and include the correct Rehire Category value for the employee (A1, A2, or A3).
 - 1. A1 – Newly eligible for Life Insurance as an active employee who:
 - a. Did not have annuitant life coverage.
 - b. For new hires, premiums start the 1st of the month on or after enrollment/transaction.
 - 2. A2 – Electing Life Insurance as an active employee who:
 - a. Previously had annuitant life insurance coverage.
 - b. Premiums start the 1st of the month after enrollment/transaction.
 - 3. A3 – Continuing Life Insurance as an annuitant.
 - iii. The Employer will submit the employee record through the ETA with the proper Rehire Category value.
 - iv. My Insurance Benefits will notify the employee which benefit enrollment opportunities they have as a new hire.

Remove Ex-Spouse and Add New Spouse

Background

- When employees want to add a new spouse to their insurance, they must not have an existing spouse on their coverage.
- If an employee has not notified their employer of a previous divorce and has not removed their ex-spouse from their coverage, they can start the process in My Insurance Benefits.
- The ex-spouse will be covered through the end of the month in which the COBRA notice goes out.
- Generally, the new spouse will be covered based on the date of marriage, provided six (6) months have passed since the date the divorce was finalized.
 - This may result in both the ex-spouse and new spouse being covered at the same time.
 - If more than 30 days have passed since the date of marriage, the new spouse may only be added prospectively or may be ineligible for coverage until Open Enrollment.

Resources

- [*My Insurance Benefits HR Administrator Guide \(ET-1110\)*](#).
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)*](#).
- [*My Insurance Benefits User Guide \(ET-1109\)*](#).
- [*State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual \(ET-1118\)*](#).
- [*Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)*](#).
- ETF Webpage: Life Events Guide "[You Divorce](#)" and "[You Marry](#)"

New Spouse Reported Within 30 Days of Marriage

Document Verification

1. The employee will start the process by using the Qualifying Life Event (QLE) "Remove an Ex-spouse due to Divorce and Add a New Spouse due to Marriage" in My Insurance Benefits.
 - a. The employee must upload the divorce decree and the new marriage certificate.
2. The employer will receive notice in My Insurance Benefits about the QLE for them to pull the dependent verification task.

3. The employer reviews documentation:
 - a. They will ensure there has been at least six months (WI Statute 765.03 (2)) between the divorce date and new marriage date.
 - b. They must validate the divorce decree and new marriage certificate.

The Documentation is Valid

1. The employer will approve the Documentation Task in My Insurance Benefits.
2. The employer will pull HR Admin QLE Task in My Insurance Benefits.
3. The employer will update the relationship type of the Spouse to Ex-Spouse.
4. The employer will hide the Ex-Spouse and any stepchildren.
 - a. See 8.3 “Hiding a Dependent” in the [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
5. The employer will approve the QLE Task in My Insurance Benefits.
6. The employer notifies the employee of approval by:
 - a. Targeted message
 - b. Email
 - c. Letter

The Documentation is Invalid

1. The employer will decline the Documentation Task in My Insurance Benefits.
2. The employer will pull the HR Admin QLE task from My Insurance Benefits.
3. The employer will decline the QLE Task in My Insurance Benefits.
4. The employer notifies the employee of denial by:
 - a. Targeted message
 - b. Email
 - c. Letter

New Spouse NOT Reported within 30 Days of Marriage

Will the Divorce life event result in single coverage?

YES:

1. The employer will remove the ex-spouse from coverage at the end of the month the notification was received or the end of the month the COBRA notice was provided to the ex-spouse (whichever is later).
 - a. NOTE: Removing the ex-spouse will change the coverage level from family to single effective the first of the month following the ex-spouse's removal.

- b. See "[Late Reported QLE](#)" procedure.
- 2. Do NOT add the new spouse.
 - a. They are ineligible for coverage due to the marriage life event because they have missed the enrollment window.
 - b. They can only be added to coverage through open enrollment or if the member experiences another life event that will result in family coverage.

NO:

- 1. The employer will remove the ex-spouse from coverage at the end of the month the notification was received or the end of the month the COBRA notice was provided to the ex-spouse (whichever is later).
- 2. They will then add the new spouse to the family coverage as of the first of the month following receipt of the application/notification for the marriage because family coverage requires all eligible family members to be covered.

Term Date Submitted After 90 Days

Background

- Normally, employers will terminate employees in My Insurance Benefits in a timely manner after employment ends.
- If this doesn't happen within 90 days, follow this procedure.

Resources

- [*My Insurance Benefits HR Administrator Guide \(ET-1110\).*](#)
- [*My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\).*](#)
- [*My Insurance Benefits User Guide \(ET-1109\).*](#)

Procedure

1. If the employer has not terminated an employee in My Insurance Benefits within 90 days of employment ending, the employer must contact ETF.
2. The employer will notify ETF of the situation (State employers create an Ivanti ticket; Locals email) with the following information:
 - a. Employee name.
 - b. ETF member ID.
 - c. Last day employee worked.
3. ETF will coordinate with the system administrator to update the termination. ETF will coordinate with the system administrator to update the termination.
 - a. My Insurance Benefits will update the termination.
 - b. Notification will be made upon completion, and ETF will update the ticket.
4. ETF will determine the amount of premium refund owed to comply with contractual requirements.

Transfers to UW

Background

- State employees can be considered transfers if they move employment from one state sponsor/payroll center to another within 30 days.
- State sponsors include:
 - STAR/Central Benefits
 - UW
 - UWHC
 - Quasi-State Agencies: WHEDA, WEDC, WHEFA, Beyond Vision, and Fox River Navigational Authority.
- Employees changing employment between state and local employers are NOT considered transfers.

Resources

- [State Agency Health Insurance Standards, Guidelines and Administration Employer Manual \(ET-1118\)](#).
- [Previous Service Inquiry portal](#).
- [WRS Administration Manual \(ET-1127\)](#).
 - Section 300: Eligibility for Participation in the WRS.
- [My Insurance Benefits HR Administrator Guide \(ET-1110\)](#).
- [My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide \(ET-1141\)](#).
- [My Insurance Benefits User Guide \(ET-1109\)](#).

Procedure

1. The new employer will complete Previous Service Inquiry check and identify State-to-State transfer.
 - a. For information regarding how to complete a Previous Service Inquiry see [WRS Administration Manual \(ET-1127\)](#) Section 300: Eligibility for Participation in the WRS.
2. The new employer will also request a Payroll Transfer Report (PTR) from the old employer.
 - a. The PTR shows what benefits the employee had when they were employed at the other state agency.
3. The new employer will determine if the employee's transfer crosses from one month into another (e.g., employee terminates with old employer in Month A and begins employment with new employer in Month B).

Transfer does not cross over months OR new employment begins 1st of month

1. The employer will submit the new hire to ETA.
2. The new employer will elect the benefits that the employee previously had and add dependents to coverage that they previously had.
 - a. The new employer will also have the employee complete a new [Life Insurance Application/Cancellation/Refusal \(ET-2304\)](#) with the same elections they previously had.
3. The new employer will notify the employee to use My Insurance Benefits to enroll in UW-only benefits (the employee does not need to enroll in any benefits they previously had because the employer has already done so).
 - a. The member will receive notification to enroll in My Insurance Benefits.
 - b. The member will complete enrollment in My Insurance Benefits.
 - c. The new employer will review the enrollment.
 - d. The new employer will decline any new elections besides UW-only benefits (the employer has already elected the employee's previous benefit enrollments).
 - e. The new employer will review and approve any dependent verification tasks.

Transfer crosses months AND employment starts on day that is not 1st of month

1. UW will submit the new hire to ETA.
2. UW will submit an Ivanti ticket for ETF to identify a State-to-State transfer crossing months.
3. ETF will notify UW the hire date has been adjusted by responding to the same Ivanti ticket.
4. UW will receive notification Hire date updated.
5. UW will use the Extend Enrollment Tool in My Insurance Benefits to give the employee the full 30 days from the actual date of hire to enroll in their benefits.
6. UW will notify the employee to enroll in My Insurance Benefits (only previously covered benefits and UW-only benefits).
7. The member will receive a notification to enroll in My Insurance Benefits and enrolls.