Employer Insurance Administration System (IAS) Procedures (ET-1111)

For Universities of Wisconsin (UWs)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53713

Employer Communications Center
1-877-533-5020

etf.wi.gov

Contents

Accident Plan Dependent Age Out

******** NOTE ********

This procedure is effective on January 1, 2026. Until then, dependent information does not exist in My Insurance Benefits.

Background

- When qualified non-disabled dependents turn age 26, they lose eligibility to remain on the subscriber's benefits.

Resources

- *State of Wisconsin Supplemental Benefit Plans Administration Manual* (ET-1158).
- *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 pull monthly reports from My Insurance Benefits and review them to identify anyone who has recently experienced the Loss of Dependent Child Status qualified life event (QLE) or turned age 26.

2. For anyone who experienced that QLE or had a dependent turn age 26, the employer will check to see if the subscriber has Family coverage or Individual + Child(ren) coverage in the Accident Plan.
    a. If the subscriber does not, no further action is needed.

3. If the employee does have Family coverage or Individual + Child(ren) coverage in the Accident Plan, then the employer completes the following steps for dependents age 26 or over or no longer eligible for benefits QLE on accident plan:
    a. Create a Loss of Dependent Child Status QLE in My Insurance Benefits.
    b. Upload a document stating the child has aged out or indicating why they lost dependent status.
    c. Change the coverage level if necessary.
    d. Approve the QLE task.

Active Employee Death

Background

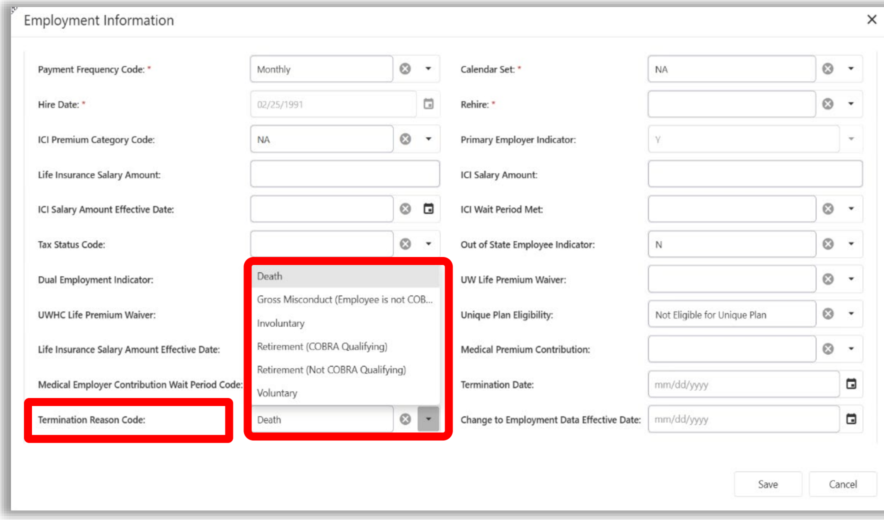
- When an active employee dies, the death can be reported from various sources.
- Once the employer finds out about the death, they will initiate processing that death by following this procedure.
  - NOTE: ETF will reach out the employer if they learn of the death before the employer has reported through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



ETA Termination Reason Code

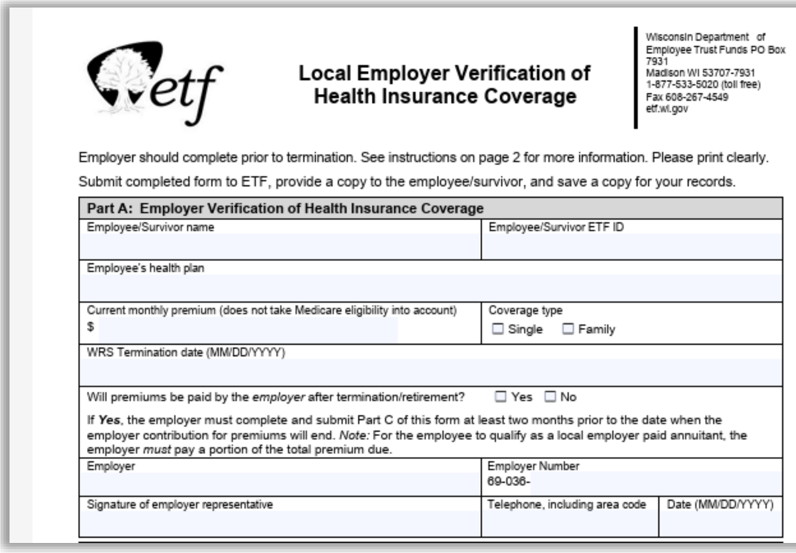
   a. Select the "New" button on the main ETA screen.
   b. Select "Employment Information" in the pop up.
   c. Choose "Update Employee"
   d. Use the "Death" option for the Termination Reason Code in the ETA *(see screenshot: ETA Termination Reason Code)*.
   e. Use the date of death as the termination 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
1-877-533-5020 (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 ☐ Single ☐ Family	
WRS Termination date (MM/DD/YYYY)		
Will premiums be paid by the *employer* after termination/retirement? ☐ Yes ☐ No 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.		
Employer	Employer Number 69-036-	
Signature of employer representative	Telephone, including area code	Date (MM/DD/YYYY)

ET-4814 Part A

Birth

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 <u>must</u> 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

See other procedure: Changing Health Plans due to Life Events.

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 & 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 <u>must</u> 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 & 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.

Cancelling Coverage: Medicaid, CHIP, & TRICARE

Background

- Typically, employees and dependents cannot cancel their health insurance coverage if they become enrolled in other coverage if they do not do so within 30 days of gaining the other coverage.
- Typically, employees cannot drop dependents under the age of 19 from their coverage, unless they provide supporting documentation of other coverage and ETF approves the request.
- However, employees or dependents may cancel, with ETF approval, if they are enrolled in:
    - Medicaid (i.e. Badger Care).
    - Children's Health Insurance Program (CHIP).
    - TRICARE.

Resources

- *State Agency Health Insurance Standards, Guidelines, and Administration Manual* (ET-1118).
    - Chapter 4, Section 402C.
- *Local Employer Health Insurance Standards, Guidelines, and Administration Manual* (ET-1144).
    - Chapter 5, Section 502C.
- *Health Insurance Application/Change Form* (ET-2301).
- *Authorization to Disclose Medical Information* (ET7414).

Procedure

When employees or dependents are enrolled in Medicaid, CHIP, or TRICARE, they can request to drop a dependent or cancel their coverage. ETF will review the request and make a determination.

Initiation Process

1. When an employee or one of their dependents enrolls in Medicaid, CHIP, or TRICARE, they may contact their employer to drop a dependent or cancel coverage.

2. Employer notifies the employee to complete the following:
    a. *Health Insurance Application/Change Form* (ET-2301).
    b. Authorization to Disclose Medical Information (ET-7414).
    c. Supporting documentation.

i. Must demonstrate that enrollment in Wisconsin Public Employers' Group Health Insurance Program (WPE Program) will *negatively* affect claims.
ii. Should include details about enrollment (e.g. dates, letters, etc.).

3. The employee completes the required documents and submits to their employer.

Review Process

1. Employer submits the employee documents to ETF via Box:
   a. *Health Insurance Application/Change Form* (ET-2301).
   b. *Authorization to Disclose Medical Information* (ET7414).
   c. Supporting documentation.

2. Employer notifies ETF of the documents via Ivanti or appropriate Shared Mailbox (SMB).

3. ETF reviews the request and notifies the employer, who notifies the employee.

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: When a child dependent ages out of Spouse & Dependent Life Insurance, if they were the last covered individual then My Insurance Benefits will automatically terminate coverage.
- Employees may cancel one plan or reduce another, but if they cancel Basic coverage, then they automatically cancel all other coverages.

Resources

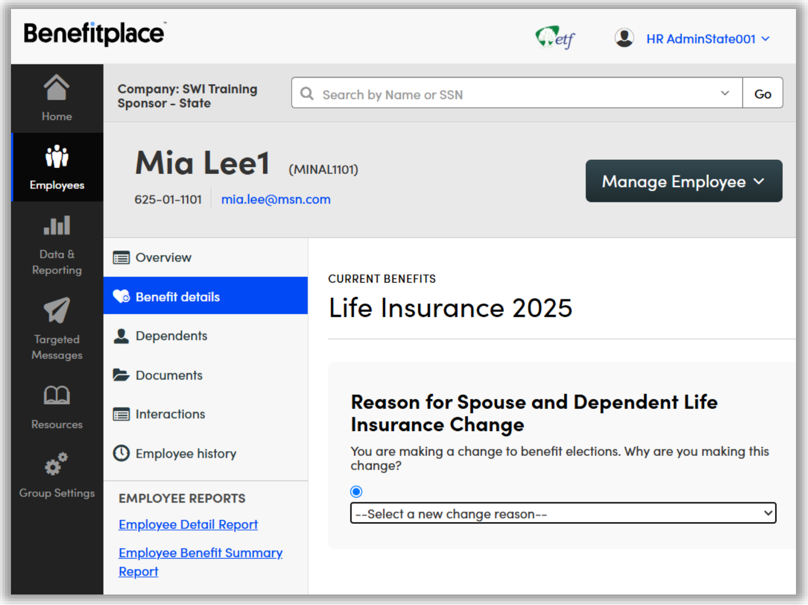
- *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
    - Chapter 4 – Amount of Life Insurance.
    - Chapter 8 – Spouse and Dependent Coverage.
    - Chapter 13 – Cancellation.
- *Life Insurance Application/Cancellation/Refusal* (ET-2304).
- *My Insurance Benefits 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)*.



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.

Changing Health Plans due to Life Events

Background

- Certain life events allow an employee to change their health plan.
- However, an employee cannot usually change health plan due to life events in My Insurance Benefits themselves.
  - The exception to this limit is if an employee moves to a new service area.
- If an employee wants to change their health plan due to a life event, they must notify their employer.
- NOTE: Life events in which employees change health plans have two coverage effective dates:
  - First effective date: Date of life event (e.g. birth, marriage).
  - Second effective date: 1st/ month following the event date when the new health plan takes effect.

The life events that qualify for a health plan change are:

- Marriage.
- Divorce.
- Gaining a new dependent (e.g. birth, adoption).
- Planning to retire soon.
- Moving from service area.
- Lay Off or LOA.
- Unmarried dependent Age 26+ become disabled.
- Spouse or dependent death.
- You or dependent gains eligibility for other coverage.
- You or dependent involuntarily lose all employer premium contribution.
- Job change where you gain greater employer premium contribution.
- Job change where you lose significant share employer premium contribution.

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 is notified that their employee wishes to change their health insurance coverage due to a life event.
   a. NOTE: The employee can process their life events to add or remove dependents in My Insurance Benefits themselves.

2. The employer confirms the plan change was requested within 30 days of the life event:
    a. If the request was made within 30 days of the life event, proceed to Step 3.
    b. If the request was made 31 days or more after the life event, the employer will notify the employee they are **not eligible** to change their health plan coverage using the life event and proceed to Step 6.

3. The employer will create the “**Plan Change due to Valid Life Event**” change reason in My Insurance Benefits.

4. The employer will notify the employee they can use the “**Plan Change due to Valid Life Event**” change reason in My Insurance Benefits to update their health insurance coverage.

5. After the employee uses the “**Plan Change due to Valid Life Event**” change reason in My Insurance Benefits, the employer will review it for approval.
    a. If accurate, the employer will approve the Task in My Insurance Benefits.
    b. If inaccurate, the employer will decline the task in My Insurance Benefits.

6. The employer will notify the employee that the “**Plan Change due to Valid Life Event**” was approved or denied using one of the following methods:
    a. Targeted message in My Insurance Benefits.
    b. Email.
    c. Letter.

Coordination of Benefits and Recovery (COB&R) Demand Letters from CMS

Background

- When members are enrolled in both Medicare and ETF's health insurance, Medicare will sometimes contact ETF or the employer to recover costs depending upon which carrier is primary. These must be handled in a timely manner to avoid potential penalties levied against the employer by the CMS/Department of the Treasury.
- The health plan may also be reaching out to the employer because they have been contacted by CMS as well.
- Please see the Health Insurance Administration Manual Chapter 1201G for more information.

Procedure

1. Receive a COB&R demand letter from Center for Medicare and Medicaid Services (CMS).

2. Contact ETF to verify an employee's previous coverage with a subject line of "COB&R Demand Letter Verification."
    a. If applicable, create an Ivanti ticket to do so. Include the member's name in question, the dependent in question if applicable, the dates in question listed in the letter.

3. ETF will contact the employer with coverage information.

4. Write and send a response letter to CMS and the member's health plan.

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

4. The employer terminates and processes the employee in the Employer Transaction Application (ETA).

5. 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 1^{st} of the month following appeal approval.

    For Life Insurance, use the event date as the 1^{st} 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.

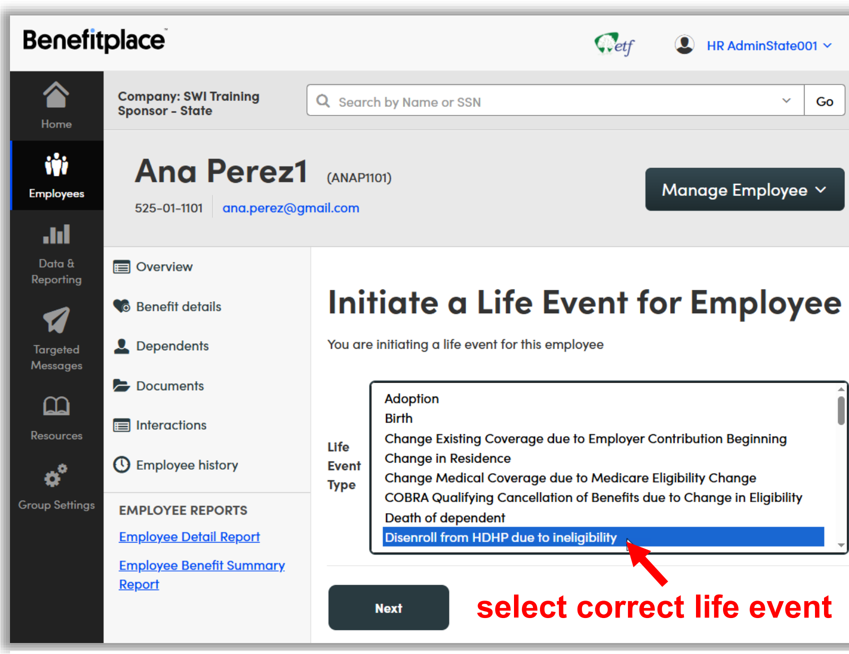
Resources

- *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

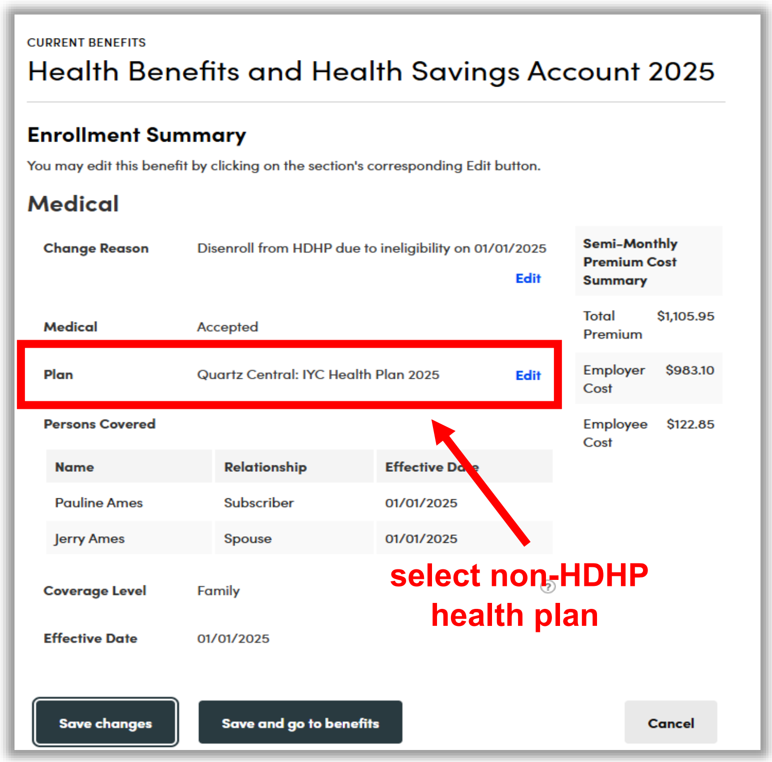


1 Life event "Disenroll from HDHP due to ineligibility" employee's need to enroll in the non-HDHP version of their selected health plan.

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 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).

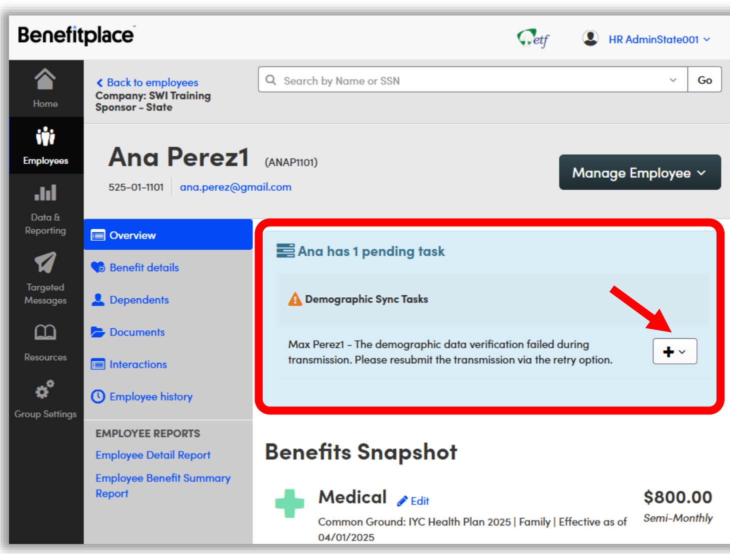
Procedure

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: 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, UWs, 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

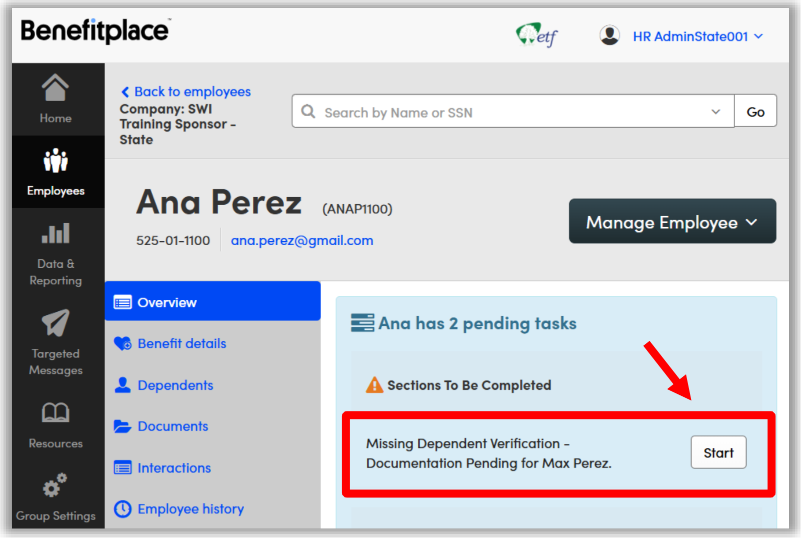
1. The new employee enrolls in family coverage in My Insurance Benefits when hired.

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.

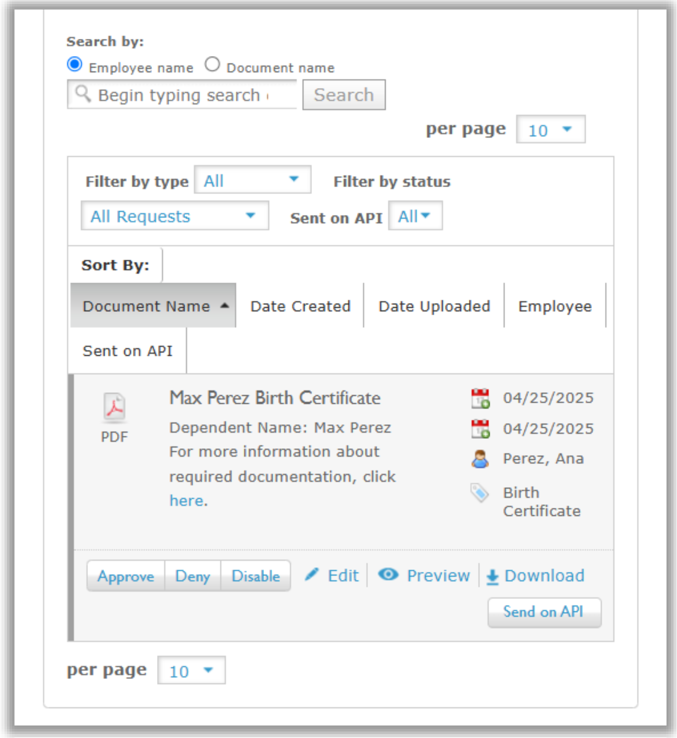
5. The employer pulls the Dependent Verification Task for the employee *(see screenshot: Dependent Verification Task in Member Record)*.
    a. NOTE: The verification task disappears from the employer's task list after 90 days, so timely processing is important.



Dependent Verification Task in Member Record

    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

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 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



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

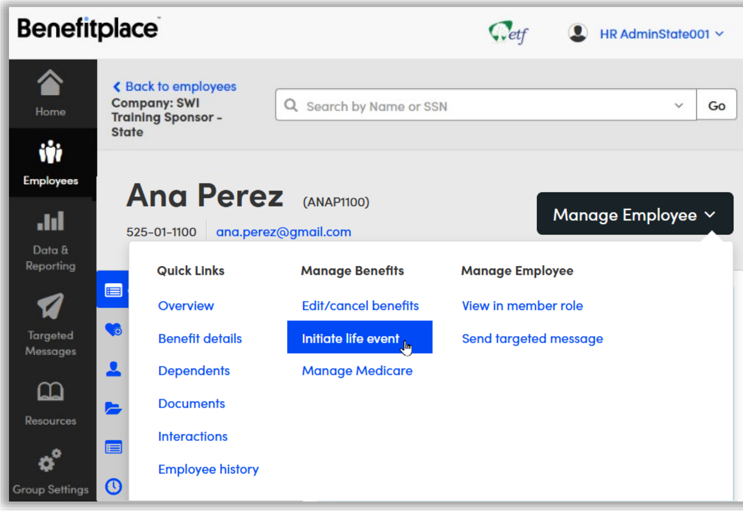
1. The employer will approve the document in My Insurance Benefits.

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 *(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

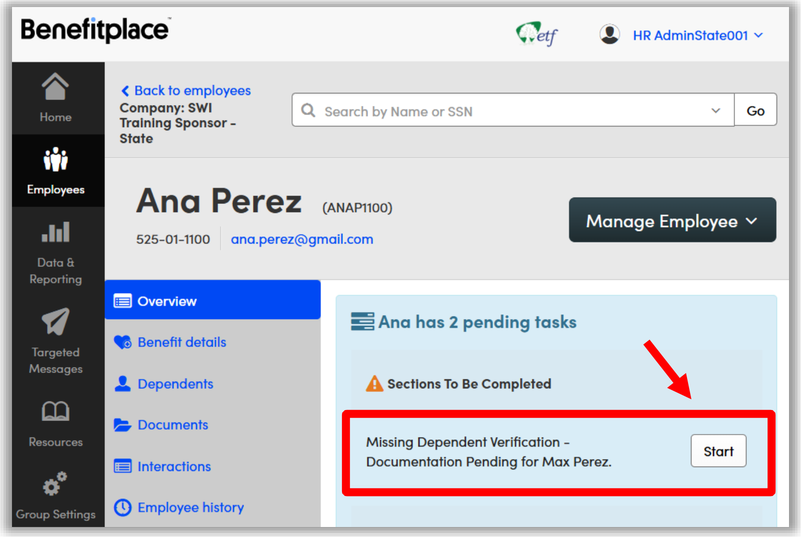
1. The employee enrolls in family coverage in My Insurance Benefits during open enrollment for coverage beginning January 1.

2. The employee adds their dependent(s) demographic information.

3. The employee is prompted to add supporting Dependent Verification documents.

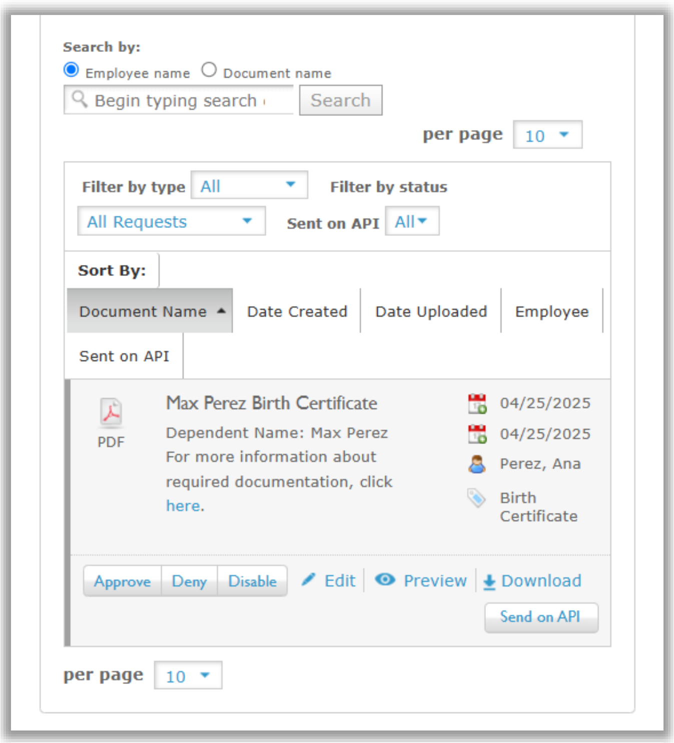
4. The employee uploads the documentation to verify their dependent(s).
    a. If the employee does not upload the Dependent Verification documents to My Insurance Benefits Document Center, the enrollment should not be approved.

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.



Dependent Verification Task in Member Record

    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



Document Center 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:
        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

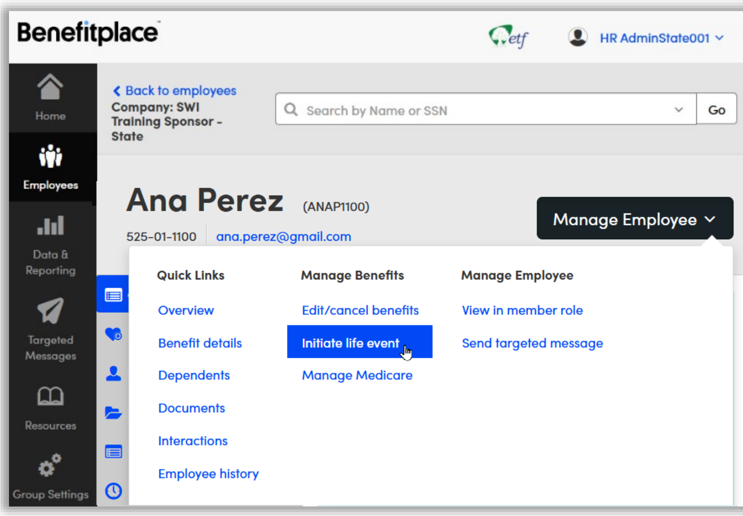
1. The employer will approve the Dependent Verification Task in My Insurance Benefits.

2. 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).

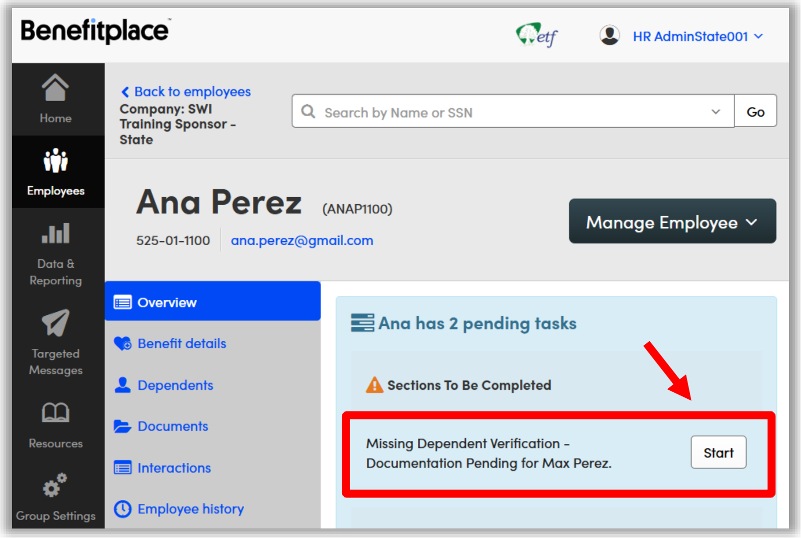
Enrolling New Dependent(s) at an Eligible Life Event

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.

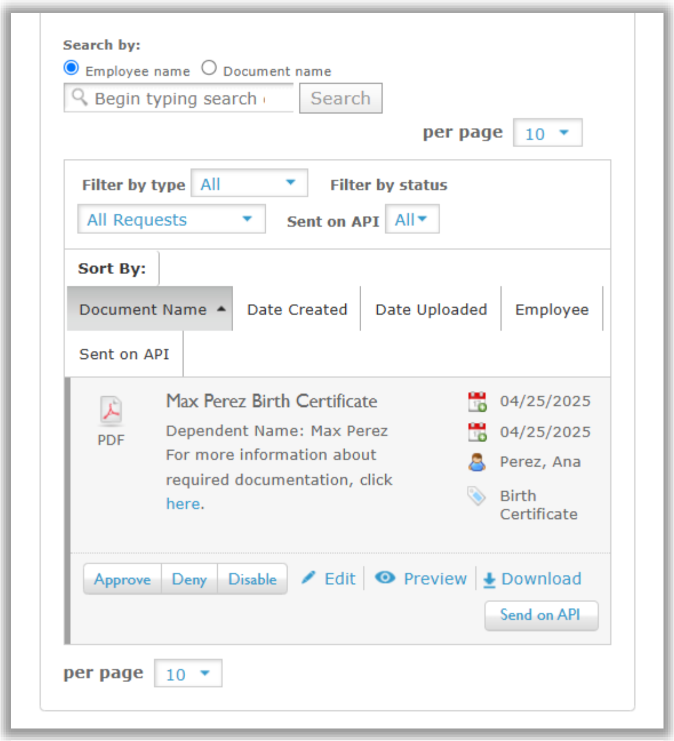
3. The employee is prompted to add supporting Dependent Verification documents.

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.

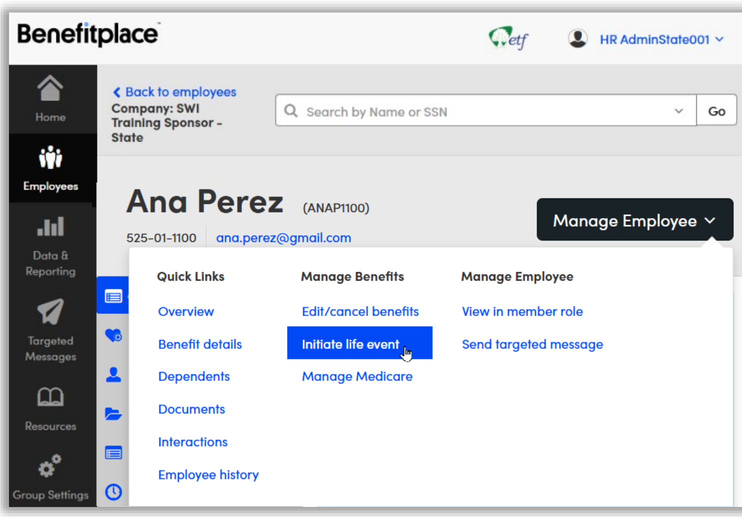
3. The employer will review and verify the life event's supporting documentation.

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).

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). I
    c. f 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).
        i. See procedure: Changing Health Plans Due to Life Events.
    d. 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). NOTE: Members who want to drop Spouse and Dependent coverage must complete this form.

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 would 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.
    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 would decline the HR Admin QLE Task.

Document Application Programming Interface (API) is Down

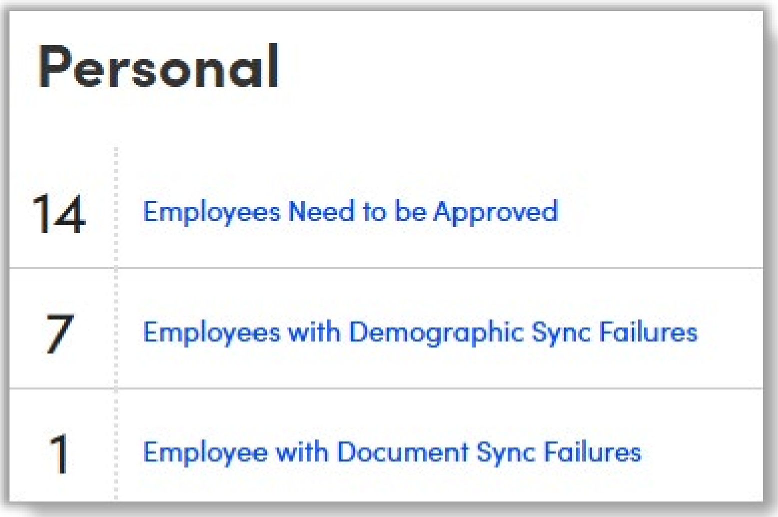
Background

- Typically, when employers approve documents in My Insurance Benefits, an interface called an Application Programing 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.
    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.



Employer with Document Sync Failures

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.

Dual Employment

Background

- Employees can work for two different WRS employers or two positions at the same employer.
- This is called dual employment.
- Generally, employees can only enroll in benefits through one employer with certain exceptions.

Resources

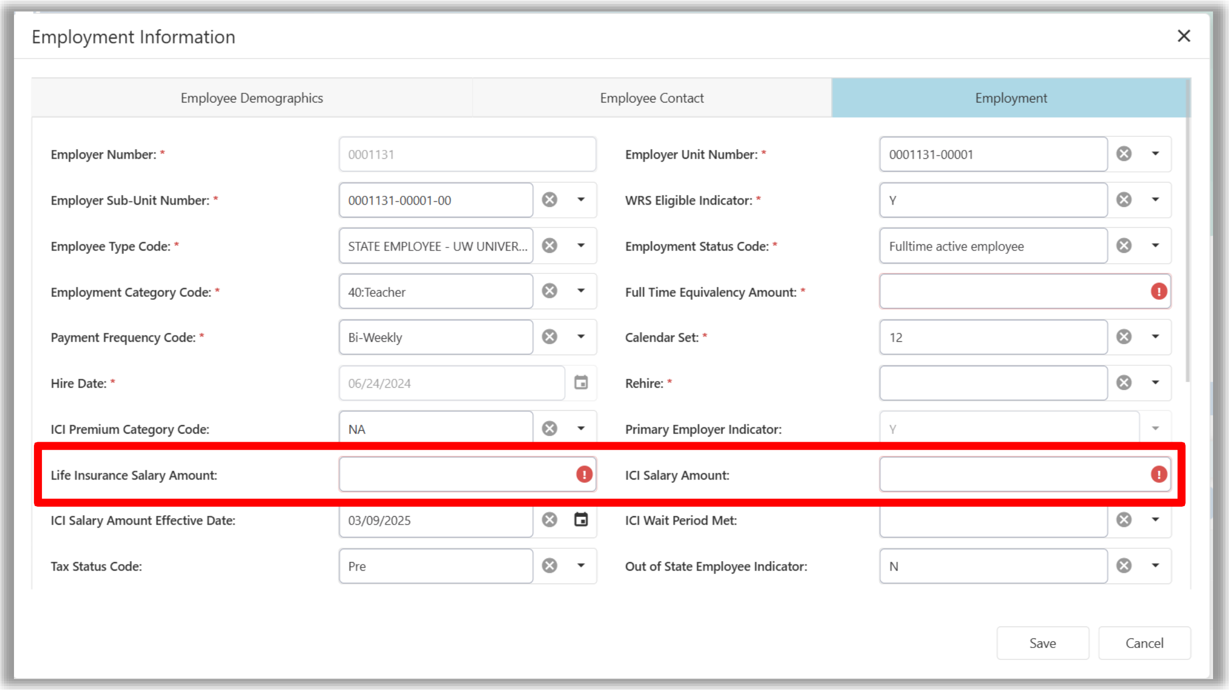
- *State Agency Health Insurance Standards, Guidelines and Administration Employer Manual* (ET-1118).
  - Chapter 4, 401E.
- *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).
  - Chapter 4, 401G, 402B.
- *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
  - Chapter 1.
- *Income Continuation Insurance Administration Manual - State* (ET-1119).
  - Chapter 2, Section 208.
- *The Wisconsin Public Employers Income Continuation Insurance Administration Manual* (ET-1145).
  - Chapter 2, Section 204

Procedure

Two Positions at UWs:

7. The UWs employer will hire the employee in the Employer Transaction Application (ETA).
   a. ETF and My Insurance Benefits will process the job and create the employee member account.
   b. The employee can then enroll in benefits in My Insurance Benefits.

8. When the employee starts their second position, the UWs employer updates their employment record on the ETA with aggregated salaries and updated FTE % *(see screenshot: UWs ETA Employment Info for Life Insurance & ICI)*.
   a. NOTE: If the employee is dual employed in both a UWs Staff (general category) and UWs FAASLI position, they would be under the UWs Faculty ICI plan and would have to select an elimination period, ICI and life insurance benefit amounts will reflect the aggregate salaries.
   b. ETF and My Insurance Benefits will update the member record.

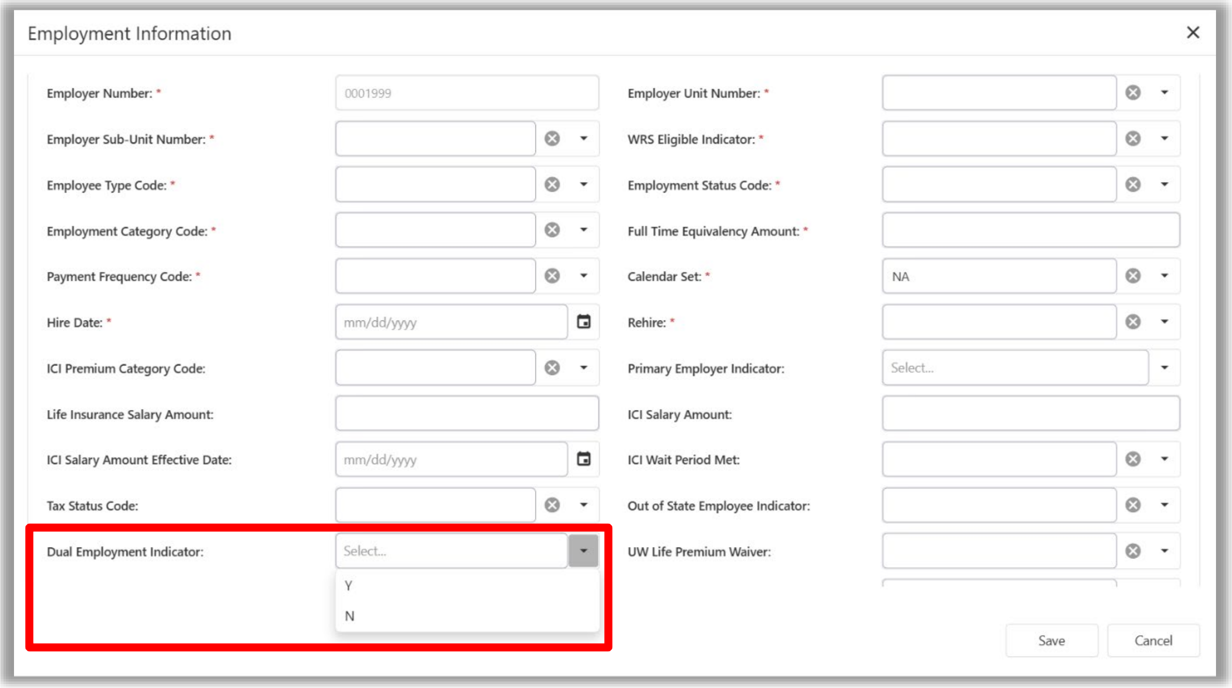


UWs ETA Employment Info for Life Insurance & ICI

Two Positions at Central Payroll Employers:

5. The employer will hire the employee in the Employer Transaction Application (ETA).
    a. ETF and My Insurance Benefits will process the job and create the employee member account.
    b. The employee can then enroll in benefits in My Insurance Benefits.

6. When the employee starts their second position, the employer updates employee record in the ETA.
    a. The employer sets the Dual Employment indicator to Y *(see screenshot: Central Benefits ETA Dual Employment Indicator)*.



Central Benefits ETA Dual Employment Indicator

b. No primary employer indicator is needed.
c. The first position salary should indicate the aggregated salaries, while the second position should indicate $0. The ICI and life insurance benefit amounts will reflect the aggregate salaries.
d. ETF and My Insurance Benefits will update the member record.

Two Positions at Different State Sponsors:

1. The first employer will hire the employee in the Employer Transaction Application (ETA).
   a. ETF and My Insurance Benefits will process the job and create the employee member account.
   b. The employee can then enroll in benefits in My Insurance Benefits.

2. When the employee starts their second position, the second employer creates a second employee record in the ETA.
   a. ETF and My Insurance Benefits will update the member record.

3. If the second employer is UWs, they will also notify the member of a new enrollment opportunity for UWs-only benefits:
   a. Individual Family and Life (not through ETF).
   b. Accident Plan (not through ETF).
   c. FAASLI.

Two Positions at State & Local Sponsors or Two Local Sponsors:

1. The first employer will hire the employee in the Employer Transaction Application (ETA).
   a. ETF and My Insurance Benefits will process the job and create the employee member account.
   b. The employee can then enroll in benefits in My Insurance Benefits.

2. When the employee starts their second position, the second employer creates a second employee record in the ETA.
   a. ETF and My Insurance Benefits will update the member record.
   b. NOTE: With this dual employment configuration, the employee has two separate enrollment opportunities for ICI and life insurance, and the salaries are not aggregated.

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.

Employer Error – Life and ICI

Background

- When an employee becomes eligible for life insurance or income continuation insurance (ICI), the employee should enroll or decline the benefits in My Insurance Benefits.
- If the employee cannot enroll through My Insurance Benefits, then they will submit paper applications to their employer to enroll or decline benefits.
- If the employer receives the paper application(s) and did not enter the employee within the enrollment period in the ETA or if the employer does not process the paper application during the enrollment period, the employer will have to submit an employer error request to seek coverage or request coverage through Evidence of Insurability.

Resources

- *State of Wisconsin Supplemental Benefit Plans Administration Manual* (ET-1158).
- *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).
- *Wisconsin Retirement System Administration Manual* (ET-1127).
- *ICI Administration Manual – State* (ET-1119).
- *Wisconsin Public Employer ICI Administration Manual – Local* (ET-1145).

Procedure

Member or Employer Identifies Error

1. Errors an employer may make regarding life insurance and ICI enrollment include:
    a. The employer does not provide the employee with an enrollment opportunity.
    b. The employer does not provide a timely enrollment opportunity.
    c. The employer does not set up the employee in the ETA.
    d. The employer does not key a paper application they received timely from the employee.

2. The member or the employer will identify an error:
    a. The member will identify that payroll deductions for life insurance or income continuation insurance premiums have not been taken from the their paycheck; OR,
    b. The employer will identify that they are deducting premiums, but the enrollment was not keyed into My Insurance Benefits; OR,

   c. The employer will identify an employee should have been enrolled in the WRS and never was, so the employee never got an opportunity to enroll in benefits (for example, this is discovered when the employer conducts a "rolling look-back").
      i. See Section 308 "Evaluation on a 12-Month Rolling Look-Back" in the *Wisconsin Retirement System Administration Manual* (ET-1127).

Employer received a timely application

1. The employer will verify if they received a timely application from the employee.
   a. The employee either enrolled timely in My Insurance Benefits or submitted a timely paper application.

2. The employer will submit the paper application (if applicable), as well as a letter of explanation to ETF.
   a. Life Insurance: Refer to Chapter 19 "Employer Error Corrections" in *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
   b. ICI: Refer to Chapter 10 "Reinstatement of Coverage Lost Due to (Through) Employer Error" *ICI Administration Manual – State* (ET-1119) and *Wisconsin Public Employer ICI Administration Manual – Local* (ET-1145).

3. ETF will receive the materials, review them, and verify if the member is in My Insurance Benefits.
   a. If the member is not in My Insurance benefits, ETF will notify the employer, who will add the employee via the ETA (Employer Transaction Application) or UI (User Interface).

4. ETF will update the employee's benefits and notify the employer to notify their employee.

Employer did not receive a timely application

1. The employer will verify why they have not received a timely application from the member:
   a. The employer did not offer an enrollment opportunity; OR,
   b. While conducting rolling look-back, the employer identifies the employee was WRS eligible and never enrolled in the WRS (and therefore not offered benefits).
      i. See Section 308 "Evaluation on a 12-Month Rolling Look-Back" in the *Wisconsin Retirement System Administration Manual* (ET-1127).

2. The employer will provide the employee with a paper application.
   a. The employee will complete the application within 30 days and submit it to their employer.

3. The employer will submit the application with a letter of explanation to ETF.
    a. Life Insurance: Refer to Chapter 19 "Employer Error Corrections" in *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
    b. ICI: Refer to Chapter 10 "Reinstatement of Coverage Lost Due to (Through) Employer Error" *ICI Administration Manual – State* (ET-1119) and *Wisconsin Public Employer ICI Administration Manual – Local* (ET-1145).

4. ETF will receive the materials, review them, and verify if the member is in My Insurance Benefits.
    a. If the member is not in My Insurance benefits, ETF will notify the employer, who will add the employee via the ETA (Employer Transaction Application) or UI (User Interface).

5. ETF will make a determination for the employer error and notify the employer to notify their employee.
    a. If ETF approves the correction, ETF will update the benefits in the system.

Employer Identifies Premiums Have Been Deducted Without Member Enrolled in My Insurance Benefits (this is rare)

1. The employer will submit the application with a letter of explanation to ETF.
    a. Life Insurance: Refer to Chapter 19 "Employer Error Corrections" Statutory and Insurance Policy Provisions in *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
    b. ICI: Refer to Chapter 10 "Reinstatement of Coverage Lost Due to (Through) Employer Error" sections A and B *ICI Administration Manual – State* (ET-1119) and *Wisconsin Public Employer ICI Administration Manual – Local* (ET-1145).

2. ETF will receive the materials, review them, and verify if the member is in My Insurance Benefits.
    a. If the member is not in My Insurance benefits, ETF will notify the employer, who will add the employee via the ETA (Employer Transaction Application) or UI (User Interface).

3. ETF will make a determination for the employer error and notify the employer to notify their employee.
    a. **For ICI**, if the member had premium deductions started within 60 days of hire, but was never enrolled through My Insurance Benefits, there was an error on the employer's part.
        i. The employee is considered insured and have 30 days to submit an application to complete proper enrollment in the benefit.

    ii. If they do not, coverage will end at the end of the month following 30 days from the date the error was discovered.

b. **For Life Insurance**, if premiums have been taken but no enrollment was ever submitted, then all premiums must be refunded and the employee must apply through employer error for prospective coverage. They have 30 days from the date of discovery to do so by following the steps for "Employer Did Not Receive a Timely Application" above.

c. If ETF approves the correction, ETF will update the benefits in the system.

Employment Termination Corrections and Late Submissions

Background

- Normally, employers will terminate employees in My Insurance Benefits in a timely manner after employment ends.
- Follow this procedure to:
    - Correct a termination date.
    - Correct a termination sent in error.
    - Terminate employees who terminated employment more than 90 days ago.

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

Correct Termination Date or Correct Termination Sent in Error:

1. The employer will have already submitted a termination date on the ETA when they will identify an incorrect term date, or a term date sent in error.

2. The employer will contact ETF (Ivanti ticket or email) with the following information:
    a. Employee name.
    b. ETF member ID.
    c. Correction needed.

3. 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.

Late Termination More than 90 Days:

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 (Ivanti ticket or 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..
    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.

End Dual Employment

Background

- Employees can work for two different WRS employers or two positions at the same employer.
- This is called dual employment.
- Generally, employees can only enroll in benefits through one employer with certain exceptions.
- This procedure examines how to process the end of dual employment.

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).

Procedure

When an employee has dual employment, their primary employer is most commonly the employer where the employee was first eligible for benefits. This procedure refers to the primary employer as Sponsor 1. The secondary employer will be referred to as Sponsor 2.

- NOTE: The primary and secondary employers can be switched manually in My Insurance Benefits.

Two Local Employers OR One State Employer and One Local Employer

Terminate with Primary Employer (Sponsor 1):

1. The employee will terminate with Sponsor 1.

2. Sponsor 1 will submit the termination record on the ETA.

3. ETF will process the termination.
    a. ETF will notify the employee that they are no longer dually employed, and that their primary employer has changed.
    b. If the employee wants to enroll in benefits offered from Sponsor 2 that were termed under Sponsor 1, ETF will enroll the employee.

Terminate with Secondary Employer (Sponsor 2):

1. The employee will terminate with Sponsor 2.

2. Sponsor 2 will submit the termination record on the ETA.
    a. NOTE: This is not a Loss of Other Coverage life event.

Two State Employers

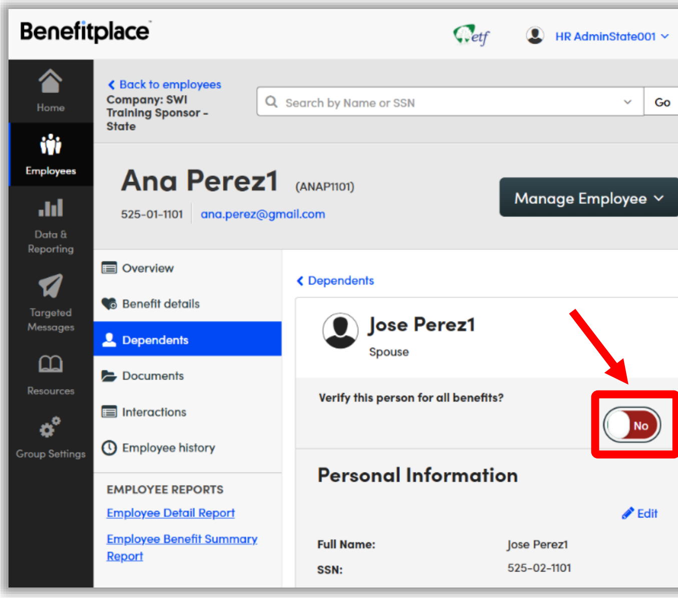
Terminate with Primary Employer (Sponsor 1):

1. The employee will terminate with Sponsor 1.

2. Sponsor 1 will send the termination record on the ETA.

3. ETF will process the termination.
    a. ETF will update Sponsor 2 in My Insurance Benefits.

4. The member will contact Sponsor 2 to transition their benefits.



Toggle to Verify Dependent

5. Sponsor 2 will transition the member's applicable benefits.
    a. Sponsor 2 will request Sponsor 1 pull the Benefit Details Report (BDR) from My Insurance Benefits and send it to Sponsor 2.
    b. Sponsor 2 will use the BDR information to enroll the member.
    c. Sponsor 2 will use the life event "Transition benefits from Previous Sponsor" in My Insurance Benefits to enroll the member in their previous benefits.
        i. Sponsor 2 will use the date of termination with Sponsor 1 as the event date.
    d. In My Insurance Benefits, Sponsor 2 will toggle the member's dependents to "verified" under the Dependent Profile *(see screenshot "Toggle to Verify Dependent").*
        i. Reason: The dependents do not need documentation if they were previously verified.
    e. Sponsor 2 will approve the pending task and the member's benefits will update in My Insurance Benefits

Terminate with Secondary Employer (Sponsor 2):

1. The employee will terminate with Sponsor 2.

2. Sponsor 2 will submit the termination record on the ETA.
    a. NOTE: This is not a Loss of Other Coverage life event.

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 ETFSMBEmployerInsurance@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.

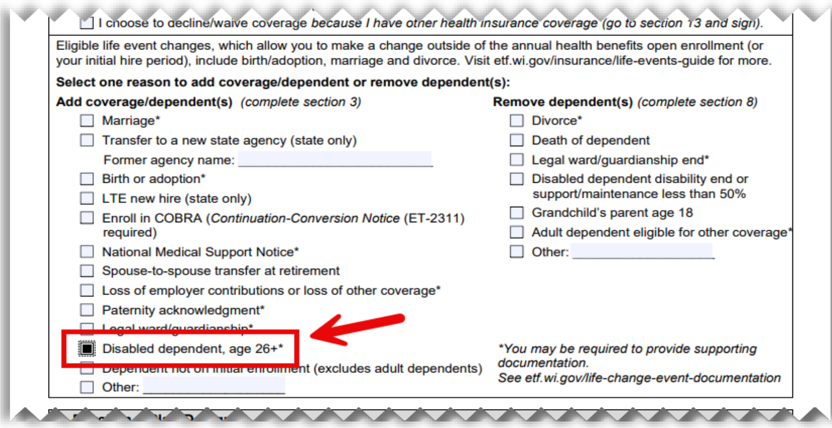
Resources

- *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: [Changing Health Plans Due to Life Events](#).

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.


☐ 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)*
- ☐ Marriage*
- ☐ Transfer to a new state agency (state only)
  Former agency name: ____
- ☐ Birth or adoption*
- ☐ LTE new hire (state only)
- ☐ Enroll in COBRA (*Continuation-Conversion Notice* (ET-2311) required)
- ☐ National Medical Support Notice*
- ☐ Spouse-to-spouse transfer at retirement
- ☐ Loss of employer contributions or loss of other coverage*
- ☐ Paternity acknowledgment*
- ☐ Legal ward/guardianship*
- ■ Disabled dependent, age 26+*
- ☐ Dependent not on initial enrollment (excludes adult dependents)
- ☐ Other: ____

Remove dependent(s) *(complete section 8)*
- ☐ Divorce*
- ☐ Death of dependent
- ☐ Legal ward/guardianship end*
- ☐ Disabled dependent disability end or support/maintenance less than 50%
- ☐ Grandchild's parent age 18
- ☐ Adult dependent eligible for other coverage*
- ☐ Other: ____

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

ET-2301 Disabled Dependent, age 26+

    c. If adding a dependent to supplemental insurance as a disabled dependent, employee must submit a [*Supplemental Insurance Application/Change* (ET-2339)](#).

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, UWs, 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.

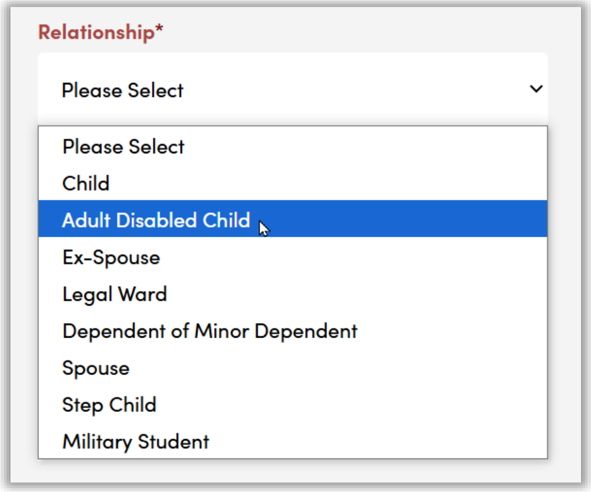
Eligibility Denied

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 <u>covered</u> 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.



"Adult Disabled Child" relationship to member

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*.
    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.

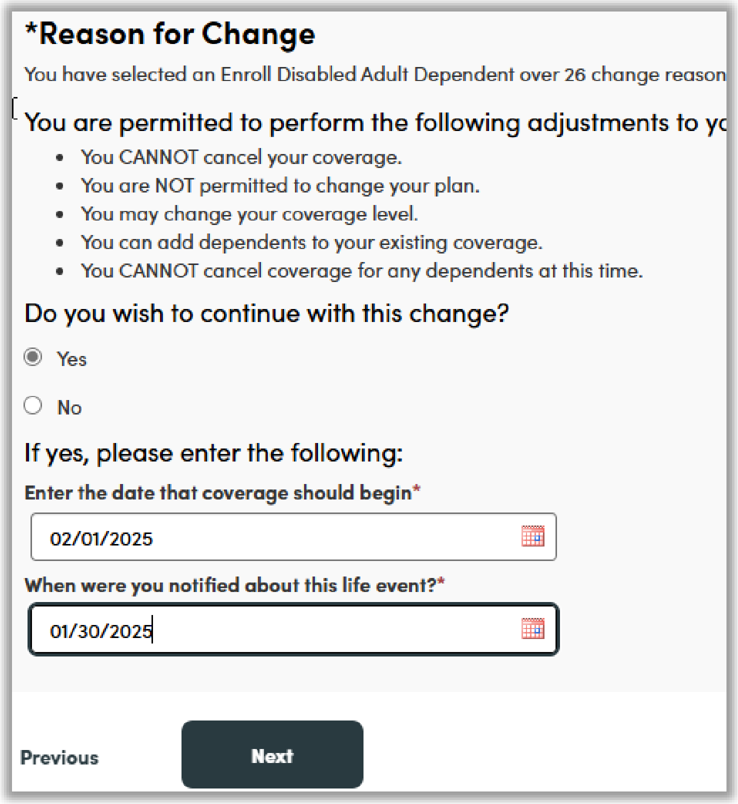
   a. “Event Date” is the day the coverage as a disabled dependent begins. This is normally the first of the month following the date the coverage ended if the dependent was on the coverage.

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

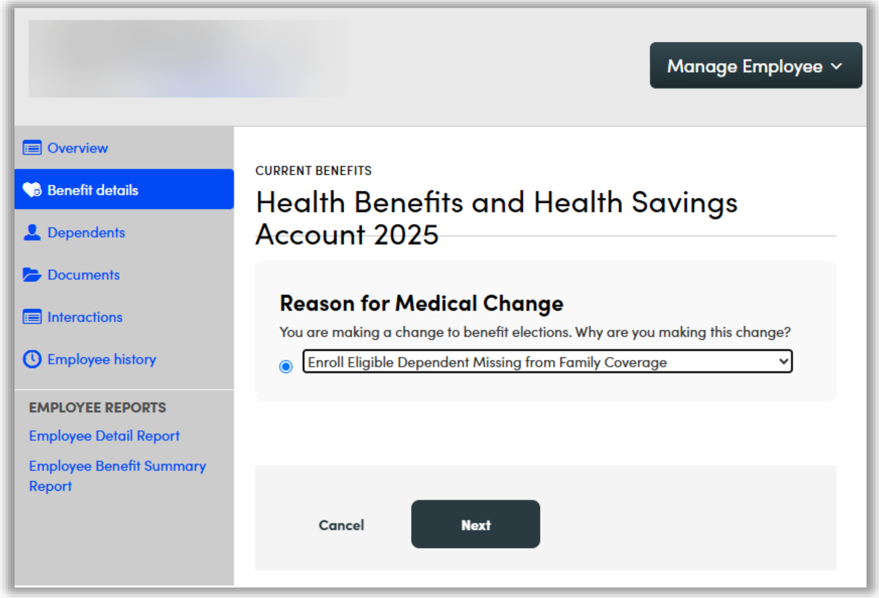
1. When the employer (or employee) discovers an eligible dependent is missing from the employee's family coverage, the employer will create a "Enroll Eligible Dependent Missing from Family Coverage" QLE in My Insurance Benefits.
2. The employer should determine if the dependent is already in My Insurance 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.



Life event "Enroll Eligible Dependent Missing from Family Coverage"

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.

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, UWs, 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.

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, UWs, 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 ICI through EOI (Evidence of Insurability

Background

- Employees may enroll in ICI (income continuation insurance) on specific occasions:
    - Initial enrollment.
    - After one year of service *(UWs Faculty and Academic Staff)*.
    - Upon reaching a new ICI Premium Category *(state employees who are **not** UWs Faculty and Academic Staff)*.
    - Evidence of Insurability (EOI).
- Employees can request to enroll through EOI at any time, although they are not guaranteed approval.

Resources

- *Income Continuation Insurance Administration Manual – State* (ET-1119).
- *Wisconsin Public Employers Income Continuation Insurance Administration Manual – Local* (ET-1145).
- *Income Continuation Insurance – State brochure* (ET-2106).
- *Income Continuation Insurance – Local brochure* (ET-2129).
- *Evidence of Insurability Instructions—Income Continuation Insurance (ICI)* (ET-2308).

Procedure

1. The employee will complete the EOI application (ET-2308) and submit it to ETF.
    a. Employees should follow submission instructions in the ET-2308.

2. ETF will coordinate with the ICI vendor, who will approve or deny the application. The vendor will notify the employee, employer, and ETF of the determination.

3. If the vendor approves the application, ETF will enroll the member in My Insurance Benefits. The system will provide the employer with a payroll file.

4. The employer will update payroll deductions, reconcile billing and deductions, and pay the invoice.

Enroll in Life through Evidence of Insurability (EOI)

Background

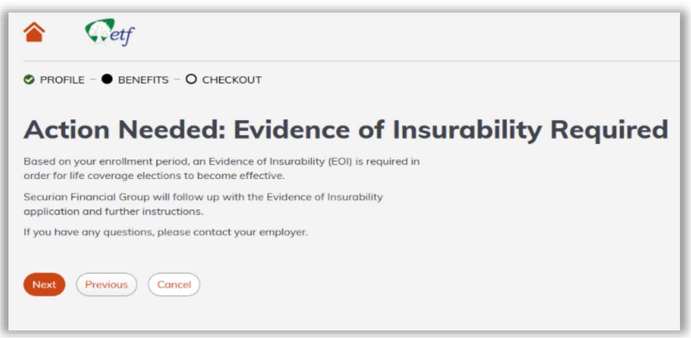
- Employees may enroll in Life Insurance through initial enrollment, certain qualified life events, or through submitting Evidence of Insurability (EOI).

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).

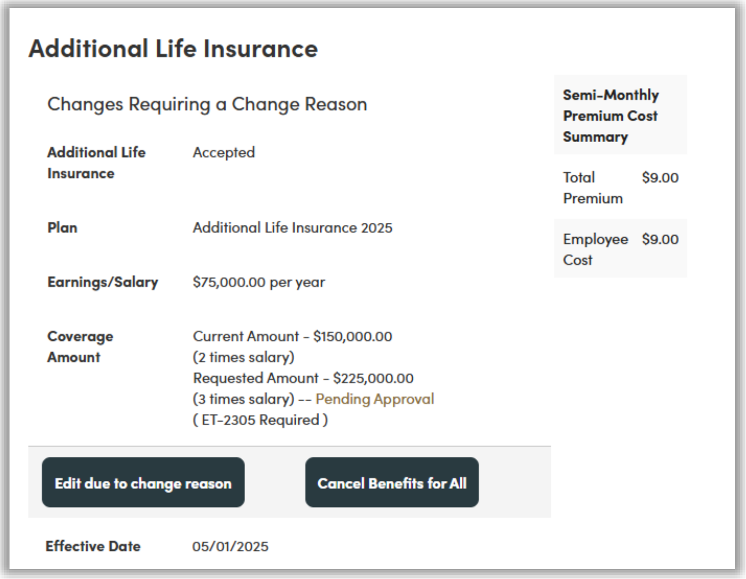
Procedure

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 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, UWs, 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.

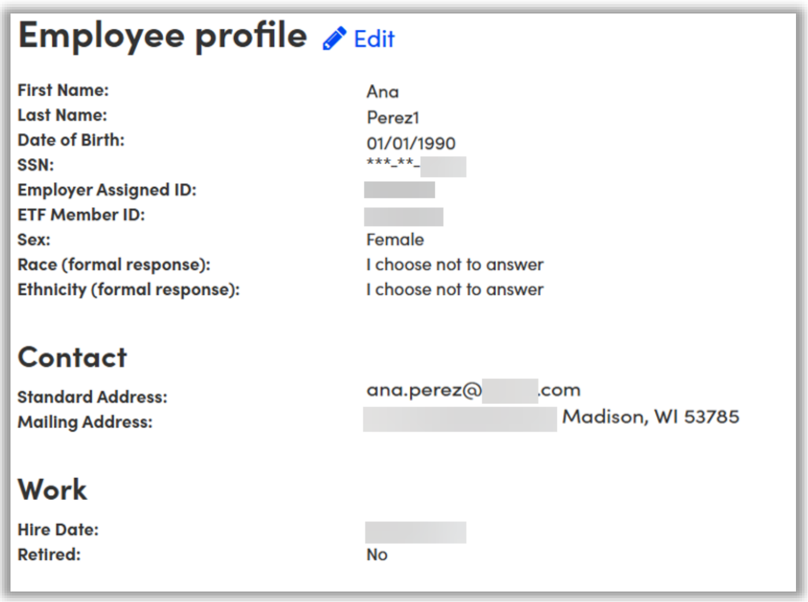
If QLE enrollment window is not open to employee, and employer has not approved QLE:

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 ETFSMBEmployerInsurance@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 from My Insurance Benefits

Graduate Assistant Coverage & WRS-Eligible Position - Prospective

Background

- Graduate assistants at UWs and UWHC have eligibility for the State Group Health Insurance Program (GHIP) at the Graduate assistant premium rate.
    - Graduate assistants have different premiums than WRS-eligible employees and may not enroll in the High-Deductible Health Plan (HDHP).
    - Graduate assistants may not participate in the Wisconsin Retirement System (WRS), Income Continuation Insurance (ICI), or Life Insurance offered through ETF.
- If a graduate assistant begins employment in a WRS-eligible position, they cannot remain enrolled in GHIP coverage at the graduate assistant rate while employed in the WRS-eligible position.
    - This rule still applies even if the WRS employer does not offer health insurance through ETF.

Resources

- *State Agency Health Insurance Standards, Guidelines and Administration Employer Manual* (ET-1118).
    - Chapter 3, Section 303: Employer Premium Contribution Eligibility.

Procedure

1. ETF, UWs, or UWHC will identify that a graduate assistant has State GHIP coverage at the graduate assistant rate (Grad coverage) and is concurrently employed in WRS-eligible position.
    a. The WRS-eligible position could be with any local or state employer, including at UWs or UWHC where they are a graduate assistant.

2. Either ETF or UWs or UWHC will identify the concurrent enrollment and employment several ways:
    a. ETF will identify effected graduate assistants when they run a query:
        i. The query will be run by an EIU BA monthly.
        ii. The query will identify members enrolled in Grad coverage and enrolled in WRS.
        iii. ETF will notify UWs or UWHC of any affected graduate assistants.
    b. UWs and UWHC will identify effected graduate assistants:
        i. The employer should verify monthly if any of their employees also have Grad coverage.
        ii. The employer will notify ETF of this situation.

3. UWs or UWHC will notify the graduate assistant of their options:
    a. Terminate the Grad coverage; OR,
    b. Terminate the WRS-eligible position.

4. After 30 days have passed since ETF notified UWs or UWHC of the situation, ETF will verify termination of Grad coverage or the WRS-eligible position.
    a. If no action has been taken, ETF will terminate the Grad coverage effective the end of the month.
    b. ETF will notify the employer to notify the graduate assistant of this action and the need to enroll in coverage as a WRS eligible employee or take COBRA (offered by ETF) until eligible for employer contributions if they have a wait period. ETF will issue the COBRA notice to the impacted employee.

If Graduate Assistant Chooses to Terminate Grad Coverage

1. UWs or UWHC will cancel Grad coverage in My Insurance Benefits:
    a. Use the "Now eligible for other coverage" QLE.
    b. Use an event date of the first of the month 30 days after ETF notifies UWs or UWHC.
    NOTE: ETF will issue a COBRA notice for the terminated grad coverage. If the former graduate assistant has a waiting period for employer contributions, they have the option of electing COBRA at the grad rate for the interim period.

2. 30 days after ETF notified the employer, ETF will verify the Grad coverage termination.

If Graduate Assistant Chooses to Terminate WRS-eligible Position

1. UWs or UWHC will submit an Ivanti ticket notifying ETF that the graduate assistant intends to terminate their WRS-eligible position.

2. The graduate assistant should terminate their employment within 30 days of UWs or UWHC receiving notice of GHIP eligibility concern from ETF.

3. ETF will verify termination.

If Graduate Assistant Terminates WRS-Eligible Position

1. No further action is needed, and the member can maintain Grad coverage.

If Graduate Assistant Does NOT Terminate WRS-Eligible Position

1. ETF will notify UWs or UWHC via an Ivanti ticket that:
    a. The graduate assistant did not terminate the WRS-eligible position.
    b. The employer will notify the graduate assistant that they cannot continue Grad coverage.

2. The employer will notify the graduate assistant that their Grad coverage will cancel at the end of the month.
    a. The employer will use “Approve Change to Benefits” as the change reason in My Insurance Benefits with an event date of the last day of the current month to cancel coverage.
    b. The UWs will notify the member to enroll in coverage through their WRS employer if eligible.
    c. See NOTE above.

3. UWs or UWHC will respond to the Ivanti ticket that they have canceled the member’s Grad coverage.

4. ETF will receive the ticket and verify coverage was canceled.

Grandchild Dependent Process

Background

- ETF permits employees enrolled in health insurance to add their grandchildren as dependents while their child dependent is under the age of 18.
- Once the employee's child dependent reaches age 18, the grandchild is no longer eligible for coverage as the employee's dependent.

Resources

- *State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual* (ET-1118).
    - Chapter 5—Changing Coverage, Section 507: Removing Dependents.
    - Chapter 15—Glossary of Definitions.
- *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).
    - Chapter 6—Changing Coverage, Section 607D: Removing Dependents.
    - Chapter 17—Glossary of Definitions.
- *My Insurance Benefits Qualifying Life Event and Change Reason Companion Guide* (ET-1141).
    - Section 8.3.20: Loss of Dependent Child Status.
- *My Insurance Benefits HR Administrator Guide* (ET-1110).
    - Chapter 7—Dependent Management and Verification.
    - Chapter 8—Document Management and Verification.

Procedure

6. To process any dependents—including grandchildren of employees—please see the Dependent Verification Task procedure.

7. The employer will determine if the documentation is valid and received within an acceptable timeframe.
    a. Refer to Chapter 7 and 8 of the *My Insurance Benefits HR Administrator Guide* (ET-1110) for more information.

If documentation is valid and received within an acceptable timeframe:

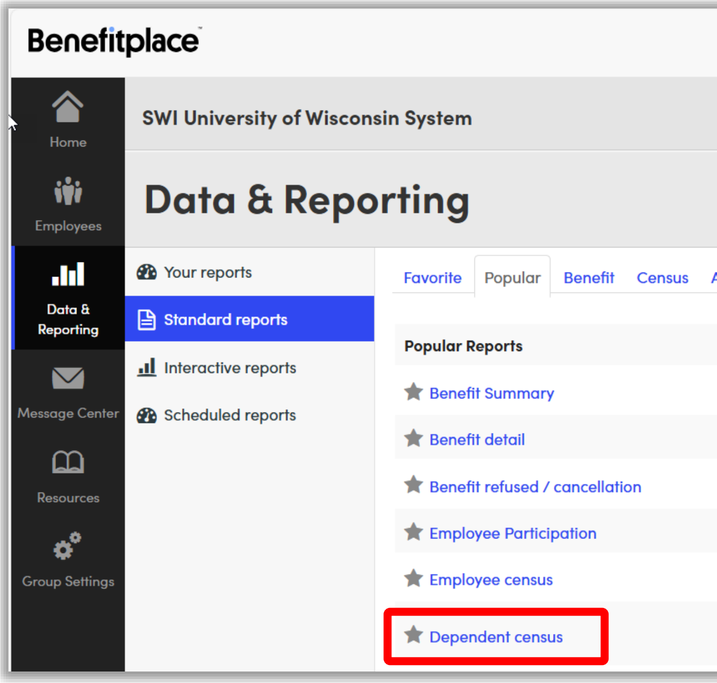
1. The employer will approve the dependent verification task in My Insurance Benefits.

2. The employer will determine if the employee is adding the grandchild as part of a QLE (e.g. birth).

If employee is not adding grandchild as part of QLE:

1. The employer will create a note in My Insurance Benefits under Manage Employee, Interactions that includes:
   a. Name of the grandchild.
   b. Name of the grandchild's parent (who is also a dependent of the employee).
   c. Parent's date of birth.
   d. Date parent turns age 18.

2. The employer will manually track when the dependent parent turns age 18.
   a. The employer can do so using the Dependent Census report in My Insurance Benefits.
   b. For more information to run reports in My Insurance Benefits, see Chapter 14 of the [My Insurance Benefits HR Administrator Guide (ET-1110)] *(see screenshot: Data & Reporting – Dependent census)*.



Data & Reporting - Dependent census

3. When the dependent parent turns age 18, the employer will terminate the grandchild's coverage in My Insurance Benefits.
   a. They should use the "Loss of Dependent Child Status" QLE to remove the grandchild.

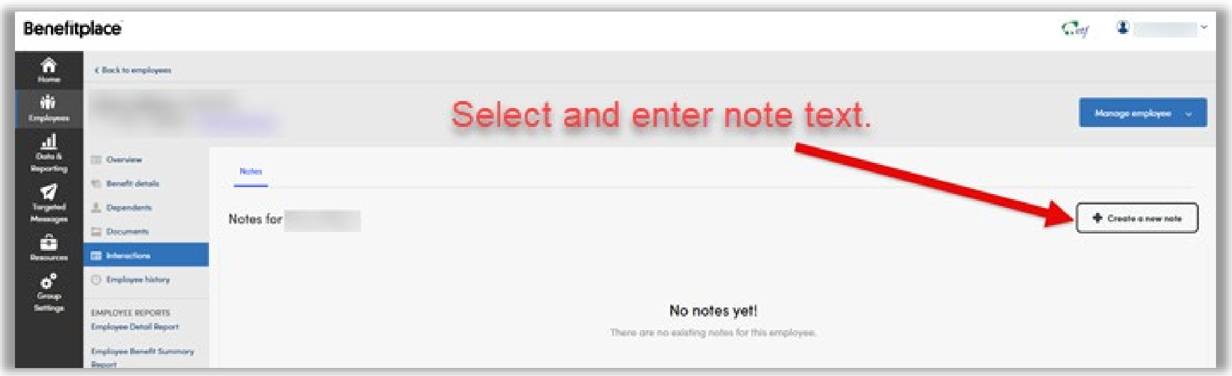
4. The employer will then hide the Grandchild Dependent from the Member Role.
   a. *See Section 7.3 "Hiding a Dependent" in the* [My Insurance Benefits HR Administrator Guide (ET-1110)].

If employee is adding grandchild as part of QLE:

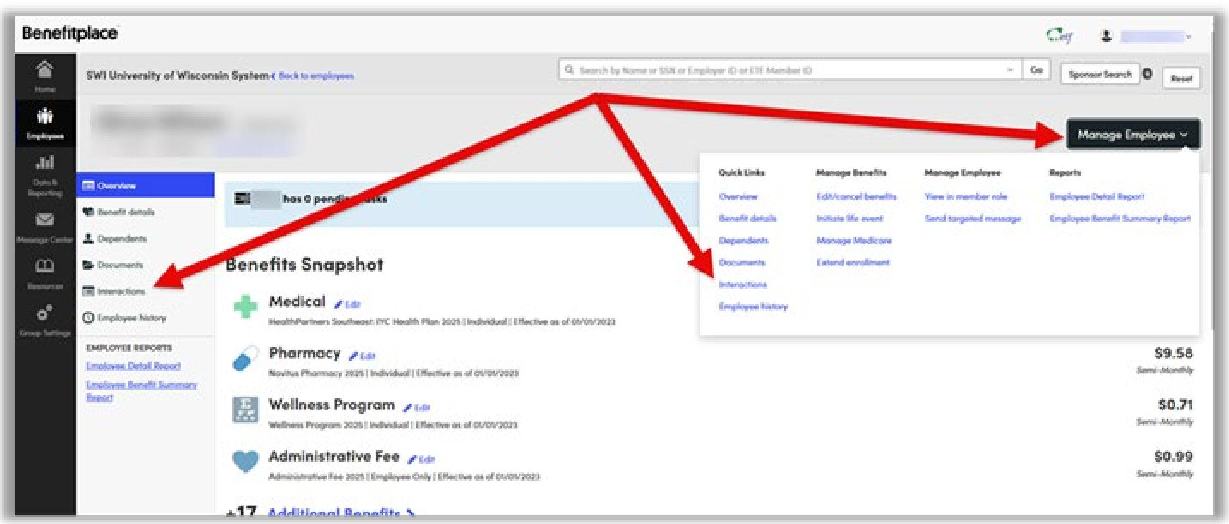
1. The employer will review the applicable QLE task (e.g. birth) in My Insurance Benefits and approve or deny the task.

2. If the employer denies the task, the grandchild cannot be added to the employee's coverage.

3. If the employer approves the task, they will then create a note in My Insurance Benefits that includes:
   a. Name of the grandchild.
   b. Name of the grandchild's parent (who is also a dependent of the employee).
   c. Parent's date of birth.
   d. Date parent turns age 18.
   e. *For reference, see screenshots: Adding note in My Insurance Benefits 1 and 2.*



Adding note in My Insurance Benefits 1



Adding note in My Insurance Benefits 2

4. The employer will manually track when the dependent parent turns age 18.
   a. The employer can do so using the Dependent Census report in My Insurance Benefits.

   b. For more information to run reports in My Insurance Benefits, see Chapter 14 of *My Insurance Benefits HR Administrator Guide* (ET-1110) *(see screenshot: Data & Reporting – Dependent census)*.

5. When the dependent parent turns age 18, the employer will terminate the grandchild's coverage in My Insurance Benefits.
   a. They should use the "Loss of Dependent Child Status" QLE to remove the grandchild.

6. The employer will then hide the Grandchild Dependent from the Member Role.
   a. *See Section 7.3 "Hiding a Dependent" in the My Insurance Benefits HR Administrator Guide* (ET-1110).

If documentation is not valid or received within timeframe:

1. The employer will deny the dependent verification task.

2. The employer will determine if the grandchild was added as part of a QLE (e.g. birth).

If grandchild was not added as part of QLE:

1. The employer determines if the enrollment window is still open.

2. If the enrollment window is still open:
   a. The employer will reverse the employee's benefit elections in My Insurance Benefits.

3. If the enrollment is not open:
   a. The employer will remove the grandchild using the "Remove Dependent due to being Unverified" QLE.
   b. This will then reverse the employee's benefit elections in My Insurance Benefits.

If grandchild was added as part of QLE:

1. The employer will determine if the QLE was used only to add the grandchild.

2. If the QLE was only used to add the grandchild but the parent is not under 18:
   a. The employer will deny the QLE HR Admin task (e.g. birth) in My Insurance Benefits.
   b. Example:
      i. John is an employee with family coverage.
      ii. John's child Leila is 18 and has a baby.
      iii. Leila is already covered under John's family coverage.
      iv. Since Leila was age 18 or older, the baby cannot be added to John's coverage.
      v. The QLE was only used to add the grandchild, so the employer would decline the HR Admin Birth QLE task.

3. If you have questions, such as how to handle when the child was born prior to parent turning 18, parent has since turned 18, and it is within 60 days of the grandchild’s date of birth; contact ETF.

4. If the QLE was used for other valid changes that were approved:
    a. The employer will use “Remove Dependent due to being Unverified QLE” in My insurance Benefits to remove the grandchild.
    b. The employer will approve the HR Admin Task.
    c. Example:
        i. John is an employee with single coverage.
        ii. John’s child Leila is 18 and has a baby.
        iii. Leila had other coverage, but she loses it.
        iv. Leila’s loss of other coverage is a QLE that allows John to add her to his coverage.
        v. Since Leila was age 18 or over, the baby cannot be added to John’s coverage.
        vi. The QLE was used to change John’s coverage from single to family and to add Leila to the coverage, so the employer would still approve the Loss of Other Coverage QLE.

Late Reported New Hire

Background

- Employers should use this procedure when they discover a newly hired employee is not enrolled in 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:

4. 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.

5. The employer will receive the late Open Enrollment request task and any required dependent verification documentation to approve.

6. 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.

Leave of absence and Temporary Layoff (State)

Background

- "Leave of absence" means any period during which an employee:
  - Is no longer working,
  - No longer receiving earnings, AND,
  - There has been no formal termination of the employer-employee relationship.
- "Temporary layoff" is defined under the applicable contract or administrative code and may include, for example, seasonal layoffs, school-year summer layoffs, etc., and is less than 36 months. During this time, the employee:
  - Is no longer working,
  - No longer receiving earnings, AND,
  - There has been no formal termination of the employer-employee relationship.
- NOTE: For military leave and approved union service, the leave of absence may extend beyond 36 months.

Resources

- *State Agency Health Insurance Standards, Guidelines and Administration Employer Manual* (ET-1118).
  - Chapter 7—Leave of Absence (LOA).
- Life Events Guide.
- My Insurance Benefits User Guide.
- My Insurance Benefits HR Admin Guide.
- *The Wisconsin Public Employer Group Life Insurance Program Administration Manual* (ET-1117).
  - Chapter 11 Coverage During Periods of No Earnings and Employment Gaps.

Health Insurance Procedure

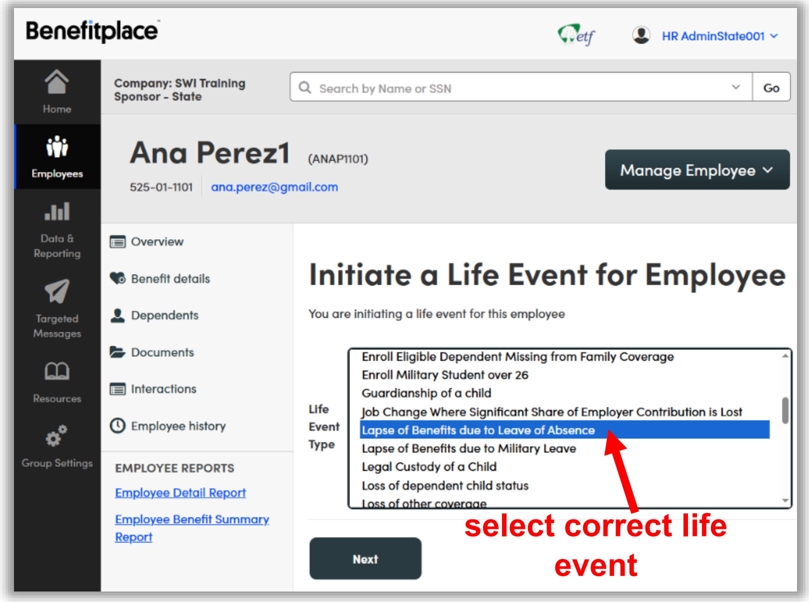
The employer will determine if an employee is going to take a Leave of Absence (LOA).

Starting Leave (non-military):

The employee will choose whether to continue their benefits or lapse coverage when starting the LOA.

If the employee chooses to lapse coverage

The employer will use the "Lapse of Benefits due to Leave of Absence" life event in My Insurance Benefits to lapse coverage. The benefits will then terminate in the system. *(See screenshot: Life Event Lapse of Benefits due to Leave of Absence").*



Life event Lapse of Benefits due to Leave of Absence

If the employee chooses to continue coverage when starting LOA:

1. The employer must continue contributing the employer premium share for three months.
    a. After three months, the employee will choose to continue their benefits and pay the entire premium or lapse coverage.
    b. For example:
        i. The employee begins their LOA on July 5.
        ii. Since the employer prepays their premium share (applicable to UWs only), the employer must contribute for:
            1. August (because the employer prepays, and the employee is still on payroll).
            2. September, October, and November (additional three months).

2. After three months, the employee will choose to continue their benefits and pay the entire premium or lapse coverage.
    a. If the employee chooses to lapse coverage, see the steps listed under that section of this procedure.
    b. If the employee chooses to continue coverage, the employer must send an update on the member through the ETA to change the employee's status to OF or OP.

3. To continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence.
    a. Premium contributions must be paid in advance, and each payment must be received by the employer at least thirty (30) days prior to the end of the period for which premiums had previously been paid.

i. For example: Payment for April must be received no later than March 2.

4. Employees on a leave of absence should not be advised to complete a cancellation and let their coverage lapse.
    a. Reason: If employees do not wish to pay premiums during their leave of absence, they can elect to have their coverage lapse and have the option to reinstate coverage upon their return to work. If coverage is voluntarily canceled, there is no reinstatement option.

Returning from Leave (non-military):

When an employee returns from LOA, the employer will determine if the employee had continued their benefits while on LOA or let their coverage lapse.

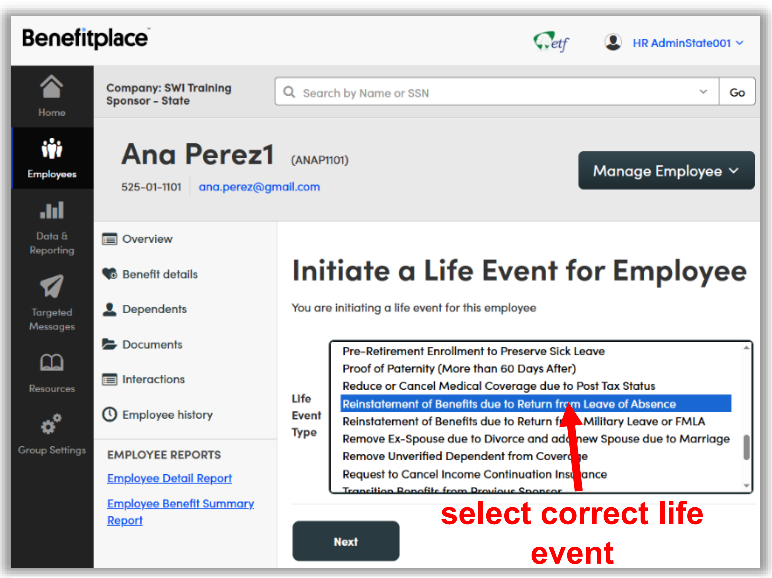
If the employee continued their coverage:

5. The employer will determine when the employee is eligible for employer contributions to premiums.
    a. Employer contributions begin the 1st of the month on or after the employee meets the return-to-work criteria of at least 50% FTE for 30 days.
    b. See 704C of the [*State Employer Health Insurance Manual* (ET-1118)]() for more information.

6. The employer will update the employee status category on the ETA (Employer Transaction Application (FT for full-time or PT for part-time).
    a. ETF will receive the employer update and process it for the system.

If the employee let their coverage lapse:

1. The employer will use the "Reinstatement of Benefits due to Return from Leave of Absence" life event in My Insurance Benefits to reenroll the employee in coverage, which will update the system. *(See screenshot: Life Event "Reinstatement of Benefits due to Return from Leave of Absence").*



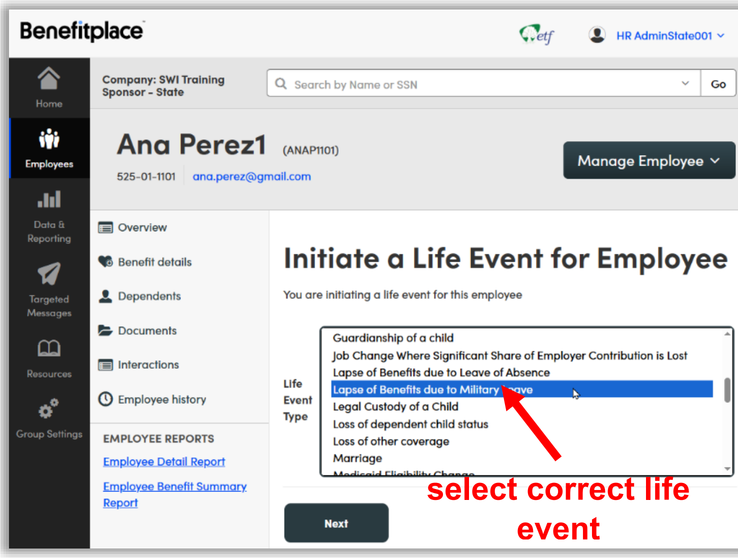
Life Event "Reinstatement of Benefits due to Return from Leave of Absence"

2. NOTE: If the employee missed open enrollment while on LOA and they want to make changes to their health coverage that they could have made during open enrollment:
    a. The employee can use the “OE Appeal” QLE in My Insurance Benefits if they do so within 30 days of returning to work.
    b. See 704C of the [*State Employer Health Insurance Manual* (ET-1118)] for more information.

Starting Leave (Military):

The employee will choose whether to continue their benefits or lapse coverage when starting the LOA.

1. The employee must complete the [*Health Insurance Election for Military Service Personnel* (ET-2350)] within 60 days of being activated.



Life Event: "Lapse Benefits due to Military Leave"

If the employee chooses to lapse coverage

The employer will use the “Lapse of Benefits due to Military Leave” life event in My Insurance Benefits to lapse coverage. The benefits will then terminate in the system. *(See screenshot: Life Event “Lapse of Benefits due to Military Leave”).*

If the employee chooses to continue coverage when starting LOA:

1. The employer must continue contributing the employer premium for three months.
    a. For example:
        i. The employee begins their military LOA on July 5.
        ii. Since the employer prepays their premium share (applicable to UWs only), the employer must contribute for:
            1. August (because the employer prepays, and the employee is still on payroll).
            2. September, October, and November (additional three months).
    b. NOTE: If the employee is 1) enrolled in an HDHP, and 2) receiving health insurance through the military, they MUST switch to the non-HDHP plan.
        i. Submit an Ivanti ticket or email ETF to make this change.

2. After three months, the employee will choose to continue their benefits and pay the entire premium or lapse coverage.

    a. If the employee chooses to lapse coverage, see the steps listed under that section of this procedure.
    b. If the employee chooses to continue coverage, the employer must send an update on the member through the ETA to change the employee's status to OF or OP.

3. To continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence.
    a. Premium contributions must be paid in advance, and each payment must be received by the employer at least thirty (30) days prior to the end of the period for which premiums had previously been paid.
        i. For example: Payment for April must be received no later than March 2.

4. Employees on a leave of absence should not be advised to complete a cancellation and let their coverage lapse.
    a. Reason: If employees do not wish to pay premiums during their leave of absence, they can elect to have their coverage lapse and have the option to reinstate coverage upon their return to work. If coverage is voluntarily canceled, there is no reinstatement option.

Returning from Leave (Military):

When an employee returns from military LOA, the employer will determine if the employee had continued their benefits while on LOA or let their coverage lapse.

If the employee continued their coverage:

1. The employer will update the employee status category on the ETA (Employer Transaction Application (FT for full-time or PT for part-time).

2. ETF will receive the employer update and process it for the system.

If the employee let their coverage lapse:

If the employee returns to work within 30 days after their military-provided health insurance ends:

1. The employee is eligible for coverage effective the day after their military-provided health insurance ends.

2. The employee has 30 days from their return to employment to file a health insurance application.

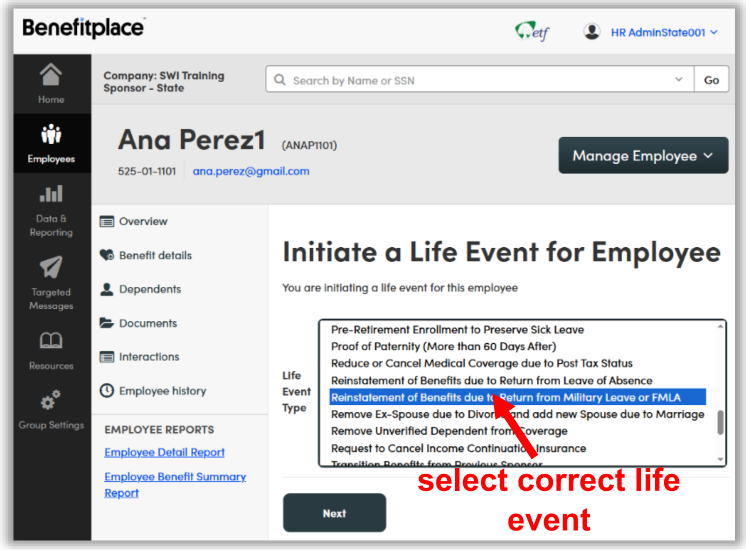
3. The employer will use the "Reinstatement of Benefits due to Return from Military Leave or FMLA" life event in My Insurance Benefits to reenroll the employee in coverage, which will update the system. *(See screenshot: Life Event "Reinstatement of Benefits due to Return from Military Leave or FMLA").*

If the employee returns to work within 31-180 days after their military-provided health insurance ends:

1. They have up to 90 days from when they were released from active duty to apply for reemployment, but they have up to 180 days to resume employment.

2. Coverage is effective upon the date of reemployment.

3. The employer will use the “Reinstatement of Benefits due to Return from Military Leave or FMLA” change reason in My Insurance Benefits to reenroll the employee in coverage, which will update the system. *(See screenshot: Life Event “Reinstatement of Benefits due to Return from Military Leave or FMLA”)*



Life Event "Reinstatement of Benefits due to Return from Military Leave or FMLA"

If the employee was not yet eligible for employer contributions to premiums when they were called to active duty:

1. The employee chooses to:
    a. Begin coverage the day after their military coverage ends, although they will pay the full premium, or;
    b. Begin coverage when employer contributions begin the 1st of the month on or after the employee resumes work or has met the contribution waiting period.

2. See 705 of the [*State Employer Health Insurance Manual* (ET-1118)] for more information.

3. NOTE: If the employee missed open enrollment while on LOA and they want to make changes to their coverage that they could have made during open enrollment:
    a. The employee can use the “OE Appeal” QLE in My Insurance Benefits if they do so within 30 days of returning to work.
    b. See 704C of the [*State Employer Health Insurance Manual* (ET-1118)] for more information.

Life Insurance Procedure

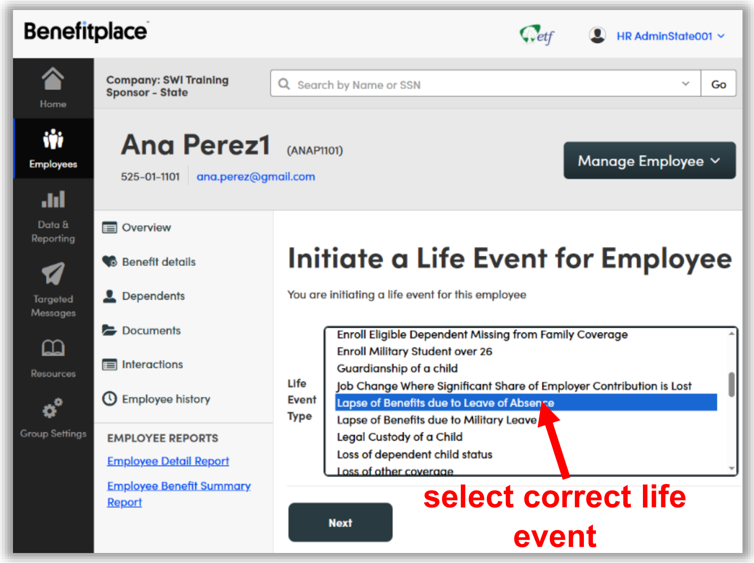
The employer will determine if an employee is going to take a Leave of Absence (LOA).

Starting Leave (military AND non-military)

The employee will choose whether to continue their benefits or lapse coverage when starting the LOA.

If the employee chooses to lapse coverage

The employer will use the "Lapse of Benefits due to Leave of Absence" life event in My Insurance Benefits to lapse coverage. The benefits will then terminate in the system. *(See screenshot: Life Event Lapse of Benefits due to Leave of Absence").*



Life event Lapse of Benefits due to Leave of Absence

If the employee chooses to continue coverage

1. The employer must continue contributing the employer premium share for the entire 36 months while the employee is on leave.

2. To continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence.
    a. Premium contributions must be paid in advance, and each payment must be received by the employer at least thirty-one (31) days prior to the end of the period for which premiums had previously been paid.
        i. For example: Payment for May must be received no later than March 31.

3. Employees on a leave of absence should not be advised to complete a cancellation and should let their coverage lapse.
    a. Reason: If employees do not wish to pay premiums during their leave of absence, they can elect to have their coverage lapse and have the option to reinstate coverage upon their return to work. If coverage is voluntarily canceled, there is no reinstatement option.

Returning from Leave (military AND non-military):

When an employee returns from LOA, the employer will determine if the employee had continued their benefits while on LOA or let their coverage lapse.

If the employee continued their coverage:

The employer will update the employee status category on the ETA (Employer Transaction Application (FT for full-time or PT for part-time).

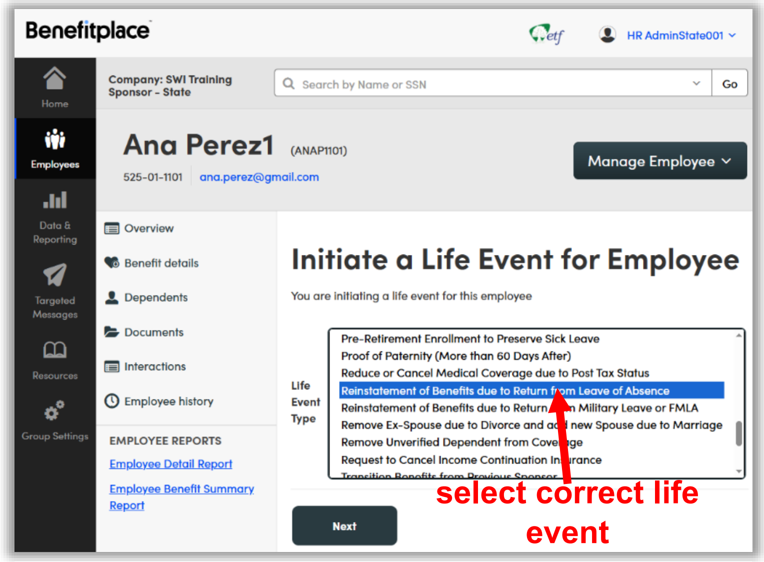
1. ETF will receive the employer update and process it for the system.

If the employee let their coverage lapse:

1. The employee must complete a paper application of the [*Life Insurance Application/ Cancellation/ Refusal*](#) [(ET-2304)](#) and submit to their employer.

2. The employer will submit the ET-2304.

3. The employer will use the "Reinstatement of Benefits due to Return from Leave of Absence" life event in My Insurance Benefits to reenroll the employee in coverage, which will update the system. *(See screenshot: Life Event "Reinstatement of Benefits due to Return from Leave of Absence").*



Life Event "Reinstatement of Benefits due to Return from Leave of Absence"

Supplemental Benefits Procedure

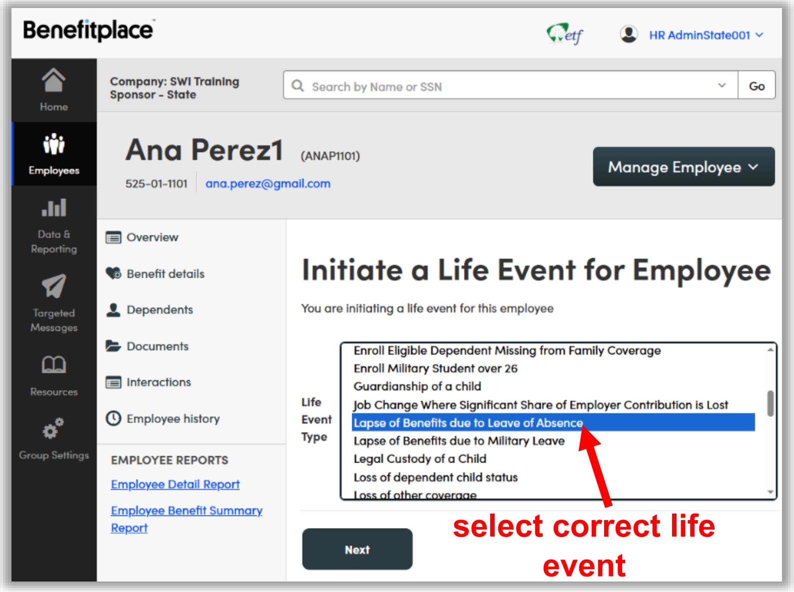
The employer will determine if an employee is going to take a Leave of Absence (LOA).

Starting Leave (military AND non-military):

The employee will choose whether to continue their benefits or lapse coverage when starting the LOA.

If the employee chooses to lapse coverage

The employer will use the "Lapse of Benefits due to Leave of Absence" life event in My Insurance Benefits to lapse coverage. The benefits will then terminate in the system. (*See screenshot: Life event "Lapse of Benefits due to Leave of Absence").*



Life event "Lapse of Benefits due to Leave of Absence"

If the employee chooses to continue coverage

1. To continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence.
    a. Premium contributions must be paid in advance.
    b. For non-military leave, the employer can collect up to three months' worth of premiums using payroll deduction.
    c. For military leave, the employer can collect up to one year's worth of premiums.

2. Employees on a leave of absence should not be advised to complete a cancellation and let their coverage lapse.
    a. Reason: If employees do not wish to pay premiums during their leave of absence, they can elect to have their coverage lapse and have the option to reinstate coverage upon their return to work. If coverage is voluntarily canceled, there is no reinstatement option.

Returning from Leave (military AND non-military):

When an employee returns from LOA, the employer will determine if the employee had continued their benefits while on LOA or let their coverage lapse.

If the employee continued their coverage:

The employer will update the employee status category on the ETA (Employer Transaction Application (FT for full-time or PT for part-time).

1. ETF will receive the employer update and process it for the system.

If the employee let their coverage lapse:

1. The employer will use the "Return from LOA" change reason in My Insurance Benefits to reenroll the employee in coverage, which will update the system.

2. NOTE: If the employee missed open enrollment while on LOA and they want to make changes to their coverage that they could have made during open enrollment:
    a. The employee can use the “OE Appeal” QLE in My Insurance Benefits if they do so within 30 days of returning to work.

Income Continuation Insurance (ICI) Procedure

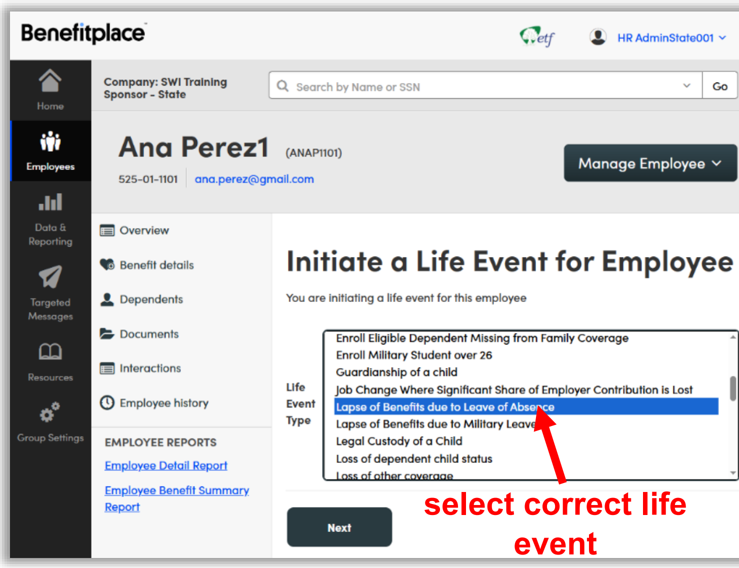
The employer will determine if an employee is going to take a Leave of Absence (LOA).

Starting Leave (military AND non-military):

The employee will choose whether to continue their benefits or lapse coverage when starting the LOA.

If the employee chooses to lapse coverage

The employer will use the “Lapse of Benefits due to Leave of Absence” life event in My Insurance Benefits to lapse coverage. The benefits will then terminate in the system. *(See screenshot: Life Event Lapse of Benefits due to Leave of Absence”).*



Life event Lapse of Benefits due to Leave of Absence

If the employee chooses to continue coverage

1. The employer must continue contributing the employer premium share for three months.
    a. After three months, the employee will choose to continue their benefits and pay the entire premium or lapse coverage.

2. To continue the insurance in force during an approved unpaid leave of absence, the employee must contact the employer to make premium payments during the leave of absence.
    a. Premium contributions must be paid prior to coverage ending so that there is no lapse in coverage.
        i. For example: Payment for April must be received no later than April 30.

3. Employees on a leave of absence should not be advised to complete a cancellation and should let their coverage lapse.
    a. Reason: If employees do not wish to pay premiums during their leave of absence, they can elect to have their coverage lapse and have the option to reinstate coverage upon their return to work. If coverage is voluntarily canceled, there is no reinstatement option.

Returning from Leave (military AND non-military):

When an employee returns from LOA, the employer will determine if the employee had continued their benefits while on LOA or let their coverage lapse.

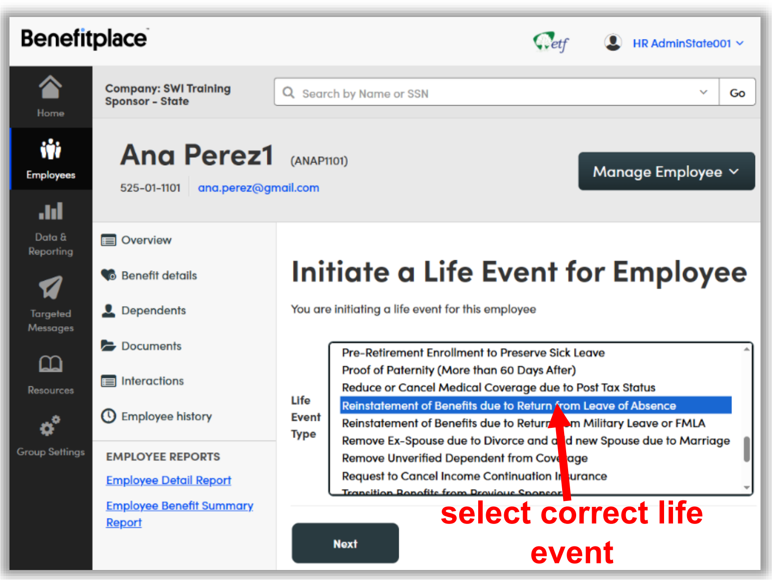
If the employee continued their coverage:

1. The employer will determine when the employee is eligible for employer contributions to premiums.
    a. The employee's coverage will begin the 1st of the month on or after reemployment.

2. The employer will update the employee status category on the ETA (Employer Transaction Application (FT for full-time or PT for part-time).
    a. ETF will receive the employer update and process it for the system.

If the employee let their coverage lapse:

1. The employer will use the "Reinstatement of Benefits due to Return from Leave of Absence" life event in My Insurance Benefits to reenroll the employee in coverage, which will update the system. *(See screenshot: Life Event "Reinstatement of Benefits due to Return from Leave of Absence").*



Life Event "Reinstatement of Benefits due to Return from Leave of Absence"

2. The employee's coverage will begin the 1st of the month on or after reemployment.

Life Insurance and ICI Premium Waiver

*** IMPORTANT!!! PLEASE READ***
Until all employers go live with My Insurance Benefits (not just UWs), for ICI premium waivers, please refer to the procedure When to Contact ETF (Ivanti or email) procedure. For life insurance premium waivers, see below.

Background

- Typically, members enrolled in Life Insurance and ICI (Income Continuation Insurance) pay monthly premiums.
- However, there are certain circumstances where they may request a premium waiver while remaining enrolled in Life Insurance.
- ICI premiums are waived when a member starts receiving ICI benefit payments.
    - See Chapter 8 “Claims Processing” in the state or local ICI administration manuals (see links in resources).

Resources

- *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
- Employee brochure: *Wisconsin Public Employers Group Life Insurance Program* (ET-2101).
- *Request for Premium Disability Waiver* (ET-5306). (Life insurance only)
- *ICI Administration Manual – State* (ET-1119).
- *Wisconsin Public Employer ICI Administration Manual – Local* (ET-1145).

Procedure

Life Insurance

1. The employer will determine if an employee takes a leave of absence.
    a. For more information, please see the “Leave of Absence (LOA) and Temp Layoff” procedure in this document.

2. The employer will complete a *Request for Premium Disability Waiver* (ET-5306) application and submit securely to ETF via Box.
    a. For more information about submitting documents securely, see here.

3. Securian will make a determination and notify the employer and employee.

4. If approved:
    a. My Insurance Benefits will provide state employers with a payroll deduction file or report.
    b. Securian will send the updated invoice to local employers.

c. Employers will update payroll deductions, reconcile billing and deductions, and pay the invoice on time.

Life Insurance Over 70 (UWs only; Interim Process)

Background

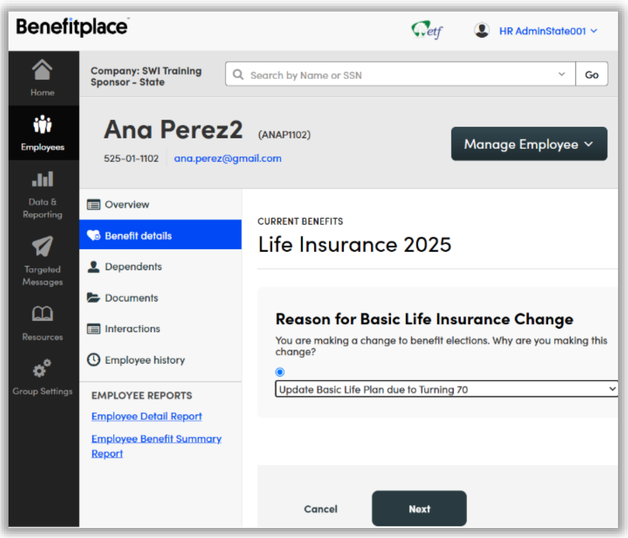
- When active employees enrolled in life insurance turn age 70, their life insurance benefits change.
- This procedure explains how to process those changes in My Insurance Benefits.

Resources

- *Wisconsin Public Employers Group Life Insurance Administration Manual* (ET-1117).
    - Chapter 2: Eligibility

Procedure

1. When an employee turns age 70, My Insurance Benefits will generate an employer task called "Invalid category enablement."



Change reason "Update Basic Life Plan due to Turning 70"

2. The employer will create the change reason "Update Life due to Age 70" in My Insurance Benefits for the employee.
    a. When adding this change reason in the system, the employee's current life insurance plan will show as no longer being eligible for the employee.
    b. The employer will select the other Basic Life plan with the event date of the 1^{st} of the month when the employee turned 70.
    c. If applicable, the employer will cancel Supplemental Life Insurance and Spouse & Dependent Life Insurance while using this change reason.
        i. These coverages cancel retroactively on last day of the month prior to the 70^{th} birthday.

3. The employee's new Basic Life insurance plan will display as effective the 1^{st} of the month when the employee turned 70.

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, UWs 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

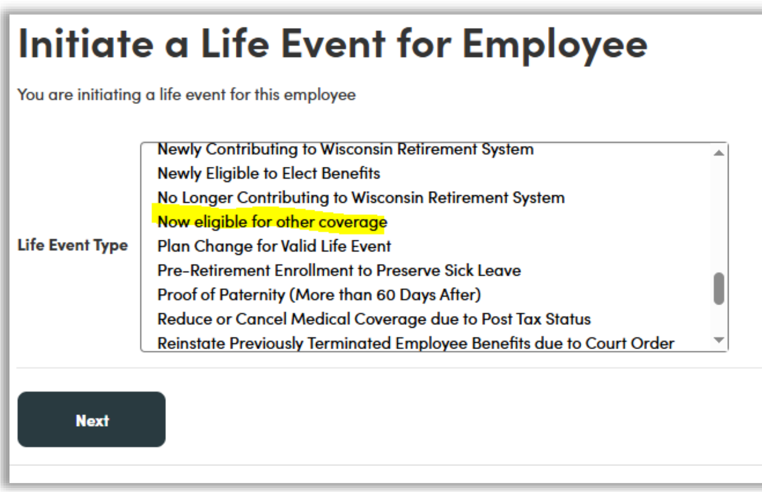
- Employees and dependents enrolled in coverage can gain eligibility for other coverage, which creates a qualified life event (QLE) where they can cancel their coverage through ETF.
- For example, if an employee is enrolled in coverage and their spouse gets a new job that offers family coverage, the 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”)*



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 must 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, UWs, 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 (UWs 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.

Processing Living Benefits

Background

- Life insurance benefits are usually paid after a member dies.
- However, when a member (employee, annuitant) has a terminal diagnosis of less than twelve months, the member can receive all or part of their benefit while they are alive.
- If a covered spouse or dependent has a terminal diagnosis of less than twelve months, the member can receive the full benefit for that spouse or dependent while they are still alive.

Resources

- *Wisconsin Public Employers Group Life Insurance Program Manual* (ET-1117).
    - Chapter 9: Benefits Payable During Lifetime
- *Life Insurance Summary and Application for Living Benefits* (ET-2323).
    - Contact Securian for form.

Procedure

1. The member will contact the life insurance administrator Securian to initiate a Living Benefits application (ET-2323).

2. Securian will receive the request and request ETF to determine coverage amount.

3. Securian will send the member an application.

4. The member's attending physician will complete the form, which the member then submits to Securian.

5. Securian receives and reviews the attending physician's form, then makes a determination and informs the member. Securian will also notify ETF.

6. If the application is approved for an employee or annuitant:
    a. ETF cancels the level(s) of converted benefits from the life insurance plan (up to all levels).
    b. For example:
        i. Subscriber has been approved to convert their life insurance benefit to Living Benefits.
        ii. Subscriber has Basic and Supplemental coverage.
        iii. On the ET-2323, the subscriber only wants to convert Supplemental coverage to Living Benefits.
        iv. ETF staff will review the Living Benefits Report to determine which coverage level is cancelled.

        v. ETF cancels Supplemental coverage.
    c. The employer will see an adjustment in premiums on their invoice.

7. If the application is approved for a spouse or dependent:
    a. The member must take the entire benefit for the spouse or dependent coverage being converted to a living benefit.
    b. ETF cancels the coverage if the spouse or dependent is the last person covered by the spouse and dependent coverage.
    c. The employer will see an adjustment in premiums on their invoice if ETF cancels spouse and dependent coverage due to last spouse/dependent on coverage.

Reduce or cancel medical due to post tax (actives)

Background

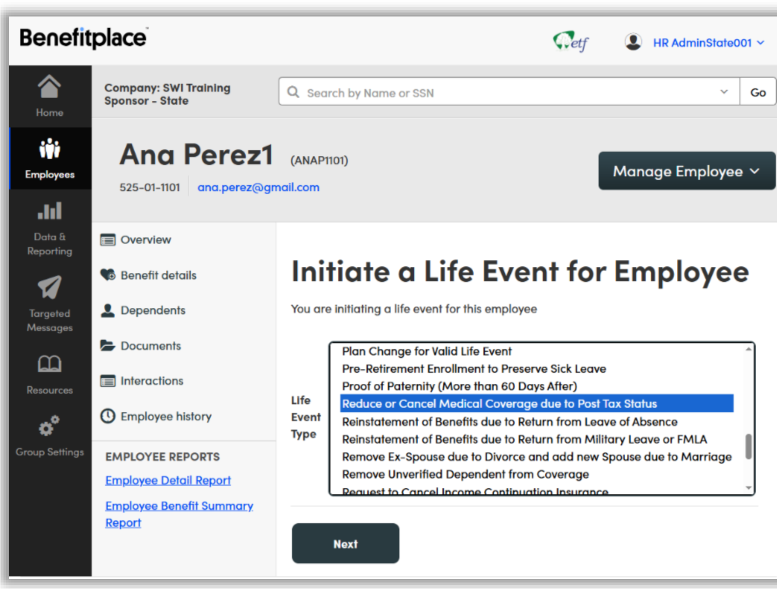
- When state or local employees enroll in health insurance, they can choose to pay their premiums with pre- or post-tax contributions.
    - In order to have post-tax contributions for health insurance, the employer and employee must fill out the form *Automatic Premium Conversion Waiver/Revocation of Waiver* (ET-2340).

Resources

- *Automatic Premium Conversion Waiver/Revocation of Waiver* (ET-2340)
- *Health Insurance Application/Change Form* (ET-2301).
- *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).
    - Chapter 9, Section 904 Cancellation of Coverage.
- *State Agency Health Insurance Standards, Guidelines and Administration Employer Manual* (ET-1118).
    - Chapter 8, Section 804 Voluntary Cancellation of Coverage.

Procedure

1. If the employee is paying their premium contribution post-tax (see background above) and they want to reduce or cancel their coverage, they will complete the ET-2301 and submit to their employer.
2. The employer will receive the ET-2301 and ensure their tax status is "post-tax" in My Insurance Benefits.



Life Event Reduce or Cancel Medical Coverage due to Post Tax Status

3. If the employee's tax status is correct, the employer will navigate to the Manage Employee screen and initiate a "Reduce or Cancel Medical Coverage due to Post

Tax Status" QLE in My Insurance Benefits *(see screenshot "Life Event Reduce or Cancel Medical Coverage due to Post Tax Status")*.

   a. They will enter the event date as the date of notification.

4. The employer will notify the employee that they have 30 days to cancel or reduce their coverage in My Insurance Benefits.

5. The employee will use "Reduce or Cancel Medical Coverage due to Post Tax Status" as their change reason in My Insurance Benefits.

If the employee is reducing coverage from Family to Single:

1. They will use the QLE to reduce their coverage.

2. The Employer will approve the QLE task and delete the Loss of Other Coverage documentation task (if applicable).

If the employee is canceling coverage:

The employer will use the QLE to cancel their coverage.

If the employer is not electing Preventative Dental:

The employer will approve the QLE task and delete the Loss of Other Coverage documentation task (if applicable).

If the employee is electing Preventative Dental:

1. They will use the "Loss of Other Coverage" QLE with an event date of the date they are no longer eligible for their health insurance.
2. The employer will approve the QLE task and delete the Loss of Other Coverage documentation task (if applicable).

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 fax at 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 (RA1, RA2, or RA3).
        1. RA1 – 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. RA2 – 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. RA3 – 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.

Retire in Lieu of Permanent Layoff

Background

- Occasionally, a state employee's position may be eliminated.
- Laid off state employees are eligible for certain benefits.
- However, state employees eligible for a WRS retirement *may* opt to retire in lieu of being laid off.

Resources

- *State Agency Health Insurance Standards, Guidelines, and Administration Employer Manual* (ET-1118)
- *Sick Leave Conversion Program Employer Manual* (ET-1170)
- *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
- Leave of Absence Procedure.
- Permanent Layoff (state only) procedure.

Procedure

1. The employer will notify the employee 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 and will consult Chapter 3 of the Sick Leave manual to make this determination.
    b. If the employee is not eligible to retire in lieu of being laid off or they choose *not* to retire, the employer will refer to the Permanent Layoff procedure.

2. The employer will provide the employee with a termination packet.
    a. The packet will include a *Wisconsin Public Employers' Group Life Insurance Program Continuation Application* (ET-2154).
    b. The insurance third party administrator (TPA)—currently Voya—will send the employee COBRA materials. Employees should not apply for COBRA for health insurance or supplemental dental and vision if they are retiring. They should apply for COBRA for their FSA.

3. The employee has a special enrollment opportunity to preserve their sick leave if the employee is not currently enrolled in health insurance and would like to enroll via the qualified life event (QLE) "Pre-Retirement Enrollment to Preserve Sick Leave" (see Section 403A in the State Health Manual) for retiring employees. Employee should notify employer if they are going to retire instead of going on layoff.
    a. The employer will update the member record for the "Employment Status" code field in the ETA to **RL** for "Retiree in Lieu of Layoff". Please note

changing the employment status code to RL does cancel all the employee's benefits other than Health Insurance.

b. 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.
c. The employer must contribute up to three months of employer contributions towards the health insurance premium.
d. The employer will track the contributions during this time (see Chapter 3 of the Sick Leave Manual).
e. After three months, the employer will terminate the member on the ETA.
f. The employer will create a sick leave certification in Accumulated Sick Leave (AcSL) system online.
    i. The employer will add notes to the certification indicating the employee's share of the premiums during the three months after the employee's layoff.

Termination Code Correction with Changes to COBRA

Background

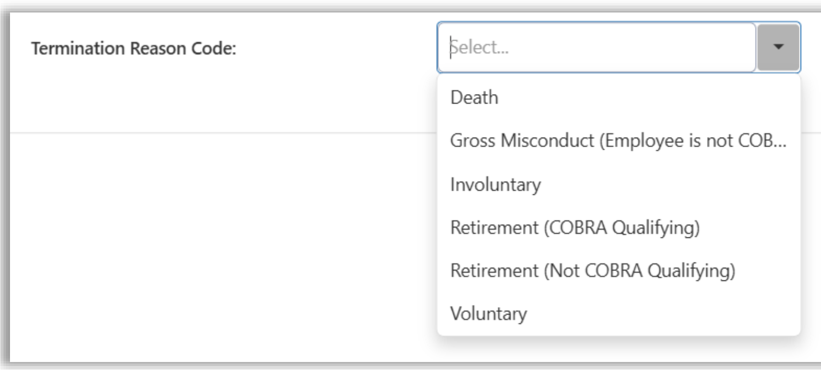
- When an employer terminates employment for an employee with COBRA-eligible insurance coverage, this triggers an offer of COBRA benefits.
- The employer selects a termination code in the ETA (Employer Transaction Application) for terminating employment.
- If the employer selects the incorrect termination code, 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).
- *Continuation – Conversion Notice* (ET-2311).

Procedure

1. If the employer selects the incorrect termination code, they need to contact ETF **immediately** to ensure the former employee receives the correct COBRA offer *(see screenshot "ETA Termination Codes")*.



ETA Termination Codes

2. ETA (Employer Transaction Application) example:
    a. An employee was on a leave of absence and terminates employment.
    b. The employer mistakenly selects "Gross Misconduct" as the termination code in the ETA rather than "Involuntary."
        i. Gross misconduct means the employee is not COBRA-eligible.
        ii. Involuntary termination is COBRA-eligible.
    c. The employer notices the error after the ETA has already processed their transaction. They MUST immediately contact ETF.

Transfers to UWs

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
  - UWs
  - 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 UWs-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 UWs-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. UWs will submit the new hire to ETA.

2. UWs will submit an Ivanti ticket for ETF to identify a State-to-State transfer crossing months.

3. ETF will notify UWs the hire date has been adjusted by responding to the same Ivanti ticket.

4. UWs will receive notification Hire date updated.

5. UWs 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. UWs will notify the employee to enroll in My Insurance Benefits (only previously covered benefits and UWs-only benefits).

7. The member will receive a notification to enroll in My Insurance Benefits and enrolls.

Transition to Retiree and Inactive Sponsor with 20+ Years

Background

- Former employees who do not take an annuity are known as “inactive” employees.
- Inactive employees *may* qualify to continue receiving benefits.
- This procedure is for inactive employees who qualify by having 20+ years of WRS-creditable service.
    a. NOTE: This employee would have 20+ years of WRS service and be under the minimum retirement age (MRA) or be over MRA with 20+ years of service and not choosing to take an immediate annuity.

Resources

- *Wisconsin Public Employers Group Life Insurance Program Administration Manual* (ET-1117).
    - Chapter 15 – Maintaining Coverage After Termination of Employment.
- *Wisconsin Public Employer Group Life Insurance Program Brochure* (ET-2101).
- *Termination Checklist for State Employees* (ET-2500S).
- *Termination Checklist for Local Employees* (ET-2500L).
- *Group Life Insurance Continuation Application* (ET-2154).
- *Group Health Insurance Program Continuation Application* (ET-2155).
    - State employees only.
    - 20+ years WRS-creditable service.
    - May not begin WRS.
- *Employee/Employer Certification Annuitant Continuant Coverage—Private Pension Fund* (ET-4620).
    - 20+ years of service with employer.
- *Sick Leave Credit Conversion Program Brochure* (ET-4132).
    - Eligibility to Use Sick Leave Credits to Pay Health Insurance Premiums – 20 Years of Service and Under Minimum Retirement Age.

State Inactive Employees Procedure

Life Insurance

1. The inactive employee will send ETF an ET-2154 if they want to continue life insurance benefits after they terminate employment.
    a. Their former employer can provide them this form as part of the termination process (see the termination checklist).
    b. The inactive employee can send it via mail, fax, or submitting it through Box.

2. ETF will process the ET-2154 and notify the inactive employee of their continuation approval or denial.
    a. If approved, the employee will pay their premium directly to the life insurance third party administrator (currently Securian).

Health Insurance

1. The inactive employee will send ETF an ET-2155 if they want to continue health insurance benefits after they terminate employment.
    a. NOTE: The employee would pay the entire premium and cannot use sick leave credits if under MRA or if over MRA and have not taken an annuity .
    b. NOTE: If the employee cancels coverage, they may not reenroll until they reach MRA or during the annual open enrollment period.

2. ETF will process the ET-2155 and notify the inactive employee of their continuation approval or denial.
    a. If approved, the employee will pay their premium directly to the health insurance third party administrator.

Supplemental Dental and Vision

1. The employer provides their terminating employee with a *Delta Dental of Wisconsin ETF Supplemental Dental Retiree/Continuant Change Form*.
    b. The employer can provide them this form as part of the termination process (see the termination checklist).

2. The inactive employee submits the documents to Delta (directions on the form).

Local Inactive Employees Procedure

Life Insurance

1. The inactive employee will send ETF an ET-2154 (or ET-4620 for private pension employers) if they want to continue life insurance benefits after they terminate employment.
    a. Their former employer can provide them this form as part of the termination process (see the termination checklist).
    b. The inactive employee can send it via mail, fax, or submitting it through Box.

2. ETF will process the ET-2154 (or ET-4620 for private pension employers) and notify the inactive employee of their continuation approval or denial.
    a. If approved, the employee will pay their premium directly to the life insurance third party administrator (currently Securian).

Supplemental Dental and Vision

1. The employer provides their terminating employee with a *Delta Dental of Wisconsin ETF Supplemental Dental Retiree/Continuant Change Form*.
    c. The employer can provide them this form as part of the termination process (see the termination checklist).

2. The inactive employee submits the documents to Delta (directions on the form).

Two Married Employees Changing Coverage Levels

Background

- Employees cannot change their level of coverage (single or family) outside of open enrollment or qualifying life events (QLEs).
- When both members of a married couple have state or local employers that participate in the Wisconsin Group Health Insurance Program (GHIP), employers should process coverage level changes according to 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).
- *Health Insurance Application/Change* (ET-2301)

Procedure

Note: If both members have the same employer, they do not need to upload documentation showing loss or gaining other coverage.

Two Single Contracts to Family Contract

1. Member 1 is the member who will have the family contract and Member 2 is the member who will join their spouse's coverage.

2. Member 1 will use My Insurance Benefits to:
    a. Add a life event that adds a dependent (e.g. birth, adoption).
    b. Add their new dependent.
    c. Add their new dependent to coverage.
    d. Upload documentation for dependent verification.

3. Member 1's employer will use My Insurance Benefits to:
    a. Pull and approve the QLE task.
    b. Verify and approve the dependent's documentation.
    c. Notify Member 1 of their benefit update (i.e. switch to family coverage).

4. Member 2 will use My Insurance Benefits to:
    a. Add "Now eligible for other Coverage" life event.
    b. Use the 1st of the month on or after the QLE date.
    c. Upload documentation showing proof of eligibility (e.g. screenshot showing proof of their spouse's family coverage).

5. Member 2's employer will use My Insurance Benefits to:
    a. Pull and approve the QLE task.
    b. Notify Member 2 of their benefit update (i.e. cancelling their coverage).

6. Once Member 2's coverage terminates in My Insurance Benefits, Member 1 will use My Insurance Benefits to:
    a. Add "Loss of other coverage" as a QLE to add their spouse to their family coverage.
    b. Use their spouse's last day of coverage as the event date.
    c. Upload documentation showing loss of other coverage (e.g. screenshot from Member 2's My Insurance Benefits showing loss of coverage).
    d. Upload documentation for dependent verification (e.g. marriage certificate).

7. Member 1's employer will use My Insurance Benefits to:
    a. Pull and approve the QLE task.
    b. Verify the dependent documents.
    c. Notify Member 1 of the benefit update.

8. Example:
    a. Kate (Member 1) and Bill (Member 2) are married.
    b. Both are employed with employers that participate in GHIP (could be the same employer or different ones).
    c. Each has single coverage.
    d. Bill and Kate have a newborn.
    e. Kate adds the child to her plan and changes to family coverage.
    f. Bill cannot keep his single coverage (GHIP rules), so he uses the "Now eligible for other coverage" QLE in My Insurance Benefits using the 1st of the month after the child's birth date.
    g. Once Bill's coverage terminates, Kate adds him to her family coverage with an event date for Bill's last day of coverage.

Family Contract to Two Single Contracts

1. Member 1 is an employee at a GHIP employer with family coverage.

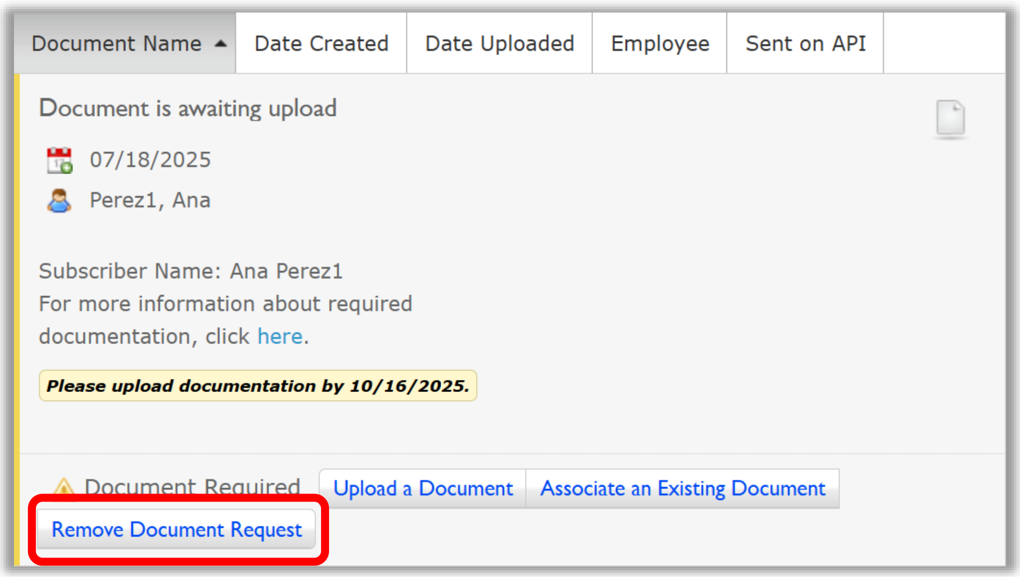
2. Member 2 is Member 1's spouse and only dependent.

3. Member 2 has gained eligibility for their own separate coverage with a different GHIP employer.

4. Member 1 will use My Insurance Benefits to:
    a. Add a QLE "Now eligible for other coverage" to drop Member 2 as a dependent.
    b. Use the day other coverage begins as the event date.

c. NOTE: My Insurance Benefits will prompt the member to upload documentation, but if their spouse is taking insurance through a GHIP employer, they do not need to upload document.

5. Member 1's employer will use My Insurance Benefits to:
    a. Pull and approve the QLE task.
        i. NOTE: the employer can bypass the documentation requirement by selecting the "Remove Document Request" button in the Document Center of the member profile in My Insurance Benefits *(see screenshot: Member Profile Document Center)*.
    b. Notify Member 1 of the update.



Member Profile Document Center

6. If Member 2 is still in the new hire or newly eligible window:
    a. Member 2 will enroll in single coverage in My Insurance Benefits.
    b. Their employer will use My Insurance Benefits to:
        i. Pull and approve the QLE task.
        ii. Notify the member of their benefit update.

7. If the Member is NOT in the new hire or newly eligible window:
    a. The member will complete a *Health Insurance Application/Change (ET-2301)* and submit it to their employer.
    b. Their employer will use the ET-2301 to key the enrollment in My Insurance Benefits.
    c. If the employer is outside of 60 days from the hire date, they will need to contact ETF.

8. Example:
    a. Jack (Member 1) and Diane (Member 2) are married with no other dependents.

b. Jack is an employee with a GHIP employer and has family coverage.
c. Diane gets hired as a new employee at a GHIP employer (it could be the same employer or a different one).
d. Jack uses My Insurance Benefits to remove Diane from his family coverage and switch his own coverage to single coverage.
e. Diane as a new employee starts her own single coverage.

Moving Family Contract from One Employee to the Other

1. Member 1 is a retiring employee at a GHIP employer with family coverage.

2. Member 2 is Member 1's spouse and is an active employee at another GHIP employer but currently doesn't have any coverage.

3. Member 1 submits retirement documents to ETF:
    a. State employees:
        i. *Retirement Benefit Estimates and Application* (ET-4301).
        ii. *Health Insurance Application/Change for Retirees* (ET-2331).
        iii. *Sick Leave Escrow Application* (ET-4305).
    b. Local employees:
        i. *Local Employer Verification of Health Insurance Coverage* (ET-4814).
        ii. *Retirement Benefit Estimates and Application* (ET-4301).
        iii. *Health Insurance Application/Change for Retirees* (ET-2331).

4. Member 1's employer will terminate the employee due to retirement on the ETA.
    a. The system will process the transaction and terminate the coverage in My Insurance Benefits.

5. ETF will set up Member 1 as a retiree.

6. Member 2 will use the "Loss of other coverage" QLE to enroll in family coverage through My Insurance Benefits.

7. Example:
    a. Charlie (Member 1) and Lucy (Member 2) are married and employed by separate GHIP employers.
    b. Charlie retires and submits his documents to ETF.
    c. ETF will set up Charlie as a retiree and notify him.
    d. Lucy uses My Insurance Benefits to enroll in family coverage.

When to Contact ETF (Ivanti or Email)

Background

- When using ETF's systems—including My Insurance Benefits, the Employer Transaction Application (ETA), and the Employer Payment Application (EPA)—employers will periodically need to contact ETF.
- This procedure catalogs situations when the employer should open an Ivanti ticket (if applicable) or email ETFSMBEmployerInsurance@etf.wi.gov.

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

The employer will contact ETF (Ivanti or email) for the following scenarios:

Topic	Additional Notes & Resources
Adult Disabled Dependent life event	See Procedure: Enroll Adult Disabled Dependent
Cancelling Life Insurance coverage with Spouse and Dependent	*- This process should automate once UWs holds open enrollment.*
Change effective date for when an employment category change	*- UWs open an Ivanti ticket in this scenario.*
Coordination of Benefits and Recovery (COB&R) Demand letter from CMS.	See procedure: Coordination of Benefits and Recovery (COB&R) Demand Letters from CMS
Court order to: Lapse in benefits	See procedure: Court Order – Termination Appeal
Court order to: No lapse in benefits	See procedure: Court Order – Termination Appeal
Court order to: Reinstate coverage	See procedure: Court Order – Termination Appeal
Demographic Sync Failure—Employer cannot identify error	See procedure: Demographic Sync Failure
Divorce—late reported	See procedure: Divorce
Emergency update—Health or pharmacy vendor does not have member's enrollment	See procedure: Emergency Update Process

Employer Error – Life Insurance and ICI (Income Continuation Insurance)	See procedure: Employer Error – Life and ICI
Employment termination date corrections, Terminations sent in error, and Terminations submitted more than 90 Days Late	See procedure: Employment Termination Corrections & Late Submissions
Enroll eligible dependent missing from coverage—Employee is refusing to add dependent to coverage	See procedure: Enroll Eligible Dependent Missing from Family Coverage
Error in event date	See procedure: Error in Event Date
Hire date correction	*- UWs open an Ivanti ticket in this scenario.*
Income Continuation Insurance (ICI) premium waivers	*- The Hartford will inform employer claim was approved.* *- Employer will use ETA to update member's category.* *- Employer will contact ETF to review and process the change.* *- ICI premiums are automatically waived once the member starts receiving ICI benefits.*
Incorrect Life Event selected: Member makes elections & HR Admin approves	*- UWs open an Ivanti ticket in this scenario.*
Late open enrollment requests	See procedure: Late Reported Open Enrollment
Late reported life event (also: "QLE," "Change Reason")	See procedure: Late Reported Qualified Life Event (QLE)
Life insurance or ICI corrections	*- UWs open an Ivanti ticket in this scenario.*
Life Insurance Premium Waiver	See procedure: Life Insurance and ICI Premium Waiver
Medicaid eligibility	See procedure: Cancelling Coverage: Medicaid, CHIP, & Tricare
New hire submitted 76+ days after hire date	See procedure: Late Reported New Hire
Rehire reason correction in ETA	*- Procedure pending full go-live.* *- UWs open an Ivanti ticket in this scenario.*
Removing ex-spouse from coverage due to Divorce & adding new spouse due to marriage	See procedure: Divorce
State-to-state transfers to UW	See Procedure: Transfers to UWs
Termination reason correction with changes to COBRA	See procedure: Termination Code Correction with Changes to COBRA
Wait period corrections (if employee made elections and employer approved them)	*- UWs open an Ivanti ticket in this scenario.*