

Income Continuation Insurance Local Employer Premium Contribution Election

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

Local government employers participating in the Income Continuation Insurance (ICI) Program *must* contribute toward ICI premiums for all employees who elect coverage.

Check one box to indicate why are you submitting this form:

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[Change the elimination period	d for w	hich the employer	pays the gross premium.
[Indicate the elimination period currently for the Insurance Ad			. ,
the 180 premiu)-day ms i	are required to pay a <i>minimur</i> elimination period. Employer n an amount equal to the grosperiods become shorter, the p	rs may ss pren	choose to contribution for a shorter of	
pay the	diff	ee can choose a shorter elimir erence in cost between their c as elected to pay the gross pr	choice	and the elimination	
For example, if an employer elects to pay the full premium for a 90-day elimination period, their employees will not have out-of-pocket premiums unless the employee elects the 60-day or 30-day elimination period. If the employee elected a shorter elimination period, the employee will pay the premium difference between that and the 90-day elimination period.					
Elect o	ne e	elimination period that your	emplo	oyer will pay the g	ross ICI premium for:
		30-day elimination period		60-day elimination	n period
		90-day elimination period		120-day elimination	on period
	☐ 180-day elimination period (required minimum of			ed minimum contrib	pution)
Employe	r's le	gal name			
69-036	3-				
		dentification number			
Authorized employer representative's signature					Date
Representative's title					Telephone, including area code

