Group Health Insurance Program Continuation Application

For State Employees
With 20 Years of WRS-Creditable Service

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: This application is intended for insured state employees who are terminating Wisconsin Retirement System employment with 20 or more years of WRS-creditable service, who may qualify to continue health insurance coverage, and who may not begin a WRS retirement benefit immediately. Complete Parts A, B and C. Make a copy for your records and give the application to the employee.

Employee: You may continue your group health insurance coverage if you meet the eligibility criteria and complete this application form. **If you do not apply, your coverage will end and you could lose your sick leave credits if you are over minimum retirement age.** You cannot reapply until the next open enrollment period.

ETF must receive your application for continuation coverage no later than 90 days after your employer-paid group health insurance coverage ends. (This is the coverage you have as an employee.)

Am I eligible to continue my health insurance?
You are eligible to remain covered in your current health insurance after termination of employment if you have 20 years of WRS-creditable service and have not taken a separation benefit. You need to complete this form to do so. This is not COBRA coverage and does not have an end date. You can cancel coverage and re-enroll during open enrollment.

You are eligible if you are a state employee with 20 years of WRS-creditable service and

- eligible to retire.
- Not yet eligible to retire. You must pay full premiums and cannot use sick leave credits to pay your premiums. Your sick leave will be saved until you are eligible to retire.

Note: In most cases military service is not creditable until retirement. Therefore, military service credit cannot be used to meet the 20-year requirement.

If you do not meet the eligibility requirements, you may be eligible for COBRA Continuation coverage. If you have not received a COBRA application, *Continuation - Conversion Notice* (ET-2311), reach out to your employer.

Note: If you take a separation benefit, you will lose eligibility for your sick leave credits.

How do I apply?

1. Review this form to determine if you are eligible to continue group health insurance coverage.
2. Your employer must complete the Employer sections (A, B, and C).
3. Complete the Employee section. Check the statement that applies to you and sign.
4. Submit the completed form to ETF.

Note: Do not use this form if you will receive your WRS retirement annuity payment within 30 days of when your employer-paid health insurance coverage ends. In that case, ETF determines your eligibility and will automatically arrange for continued premium payments through sick leave or annuity deduction when you apply for that retirement benefit.

How much does it cost and how do I pay?
When you continue group health insurance coverage, you pay premiums at the group rate that is in effect for the appropriate individual or family coverage level. This amount is listed on the following page in section B.

If you are over minimum retirement age when you terminate employment and eligible to take an annuity but choose not to, your premiums will be deducted from your sick leave credits. If you are under minimum retirement age and not yet eligible to take an annuity, you will pay your premiums directly to the health plan. Minimum retirement age is age 55 for most members (age 50 for members with protective category service).

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A. Employee Information

Employee name (first, middle, last, former/maiden)	
Member ETF ID	Date employment terminated with this employer (MM/DD/YYYY)

B. Current Coverage Level and Premium Amount

Coverage level	Health plan name	Total monthly premium amount
☐ Individual ☐ Family		$

C. Employer: Complete before giving this form to the employee with 20 years of WRS-creditable service

Employer name		Employer billing unit number
Prepared by	Employer ETF ID 69-036-	Telephone, including area code
Employer agent signature		Date prepared (MM/DD/YYYY)

D. Employee

Complete the information below, sign and date the form, and return it to ETF within 90 days after the date your insurance coverage ends. Make a photocopy for your records.

Check the statement that apply to you:

☐ I have 20 years of WRS-creditable service, I am over minimum retirement age, and I am eligible to apply for an immediate annuity but am not applying at this time and want to continue my insurance.

☐ I have 20 years of WRS-creditable service, I am under minimum retirement age and am not eligible for an immediate annuity and am terminating state employment.

If neither statement applies, you do not qualify to continue your current health insurance unless you are eligible for COBRA Continuation. After applying for coverage, if you wish to discontinue coverage, you must submit your request to cancel coverage in writing to ETF. Coverage ends at the end of the month after ETF receives your written request.

Other Coverage/Medicare: Your coverage may be affected by other group health insurance coverage that is effective after the qualifying event on this application and by Medicare enrollment. You **must** notify ETF if you become eligible for other group health insurance coverage or Medicare. If you are eligible for Medicare, you must fill out the *Medicare Eligibility Statement* (ET-4307), available from ETF.

Certification/signature: I have read the entire *Group Health Insurance Program Continuation Application* and I understand it. I wish to continue my group health insurance coverage. I understand that if I fail to pay premiums in the future, my insurance coverage will lapse on the last day for which premiums were paid. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that to the best of my knowledge and belief, the information is true and correct.

Employee Signature	Date (MM/DD/YYYY)	Telephone, including area code
Employee address		