



# **How to Become a Participating Employer Under the Wisconsin Public Employers Group Life Insurance Program**

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

Employer Communications Center  
1-877-533-5020

[etf.wi.gov](http://etf.wi.gov)

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# Group Life Insurance Plans

## General Information

The information in this booklet supplements the information contained in [The Wisconsin Public Employers Group Life Insurance Program \(ET-2101\) brochure](#).

The Basic group life insurance plan became available to state employees in 1958 and to local government employees in 1960. Spouse & Dependent, Supplemental, and Additional coverage is also available.

## Employer Eligibility

Public employers included under the Wisconsin Retirement System (WRS) or another private pension fund are eligible to file with the Department of Employee Trust Funds (ETF) a *Resolution for Inclusion under Group Life Insurance* to cover their employees under the Basic group life insurance plan. An employer may also elect by resolution to offer any or all of the following plans to employees already covered by Basic group life insurance:

- Spouse & Dependent Life Insurance (up to two units)
- Supplemental Life Insurance
- Additional Life Insurance (up to three units)

Initially, for example, an employer may choose to offer only the Basic life insurance plan to employees or all plans at once. The above plans may be added subsequently in any order, in any combination and at any time.

## Employee Eligibility

### a. When employer initially participates

All eligible employees may enroll without proof of insurability for the insurance plans filed by employer resolution and approved by ETF, provided the application is received by the employer within the initial open enrollment period. Eligible employees include *all* employees who have participated in the WRS or the employer's private pension plan. Employees who are on unpaid leave on the employer's effective date of participation may enroll upon returning to active employment.

Employees who are age 70 and older and who apply for insurance during the initial open enrollment will be insured under the Basic plan at the final reduced amount and at no cost. Employees who are age 70 and older may also apply for the Additional plan during the initial open enrollment provided the employer has filed a resolution to offer the Additional plan and ETF has approved it. The Supplemental plan and Spouse and Dependent plans are not available to employees who are age 70 and over.

Employees who are terminated, retired, or on unpaid leave of absence on the employer's effective date of participation are not eligible for coverage unless and until they return to active employment which is covered under the WRS (or another pension plan of the employer, if applicable).

### b. After the employer's initial participation date

New employees participating in the WRS or the employer's private pension plan may obtain coverage without proof of insurability by filing a [Life Insurance Application/Cancellation/Refusal \(ET-2304\) form](#) within 30 days of the date from hire. Employees age 70 and above when first eligible may only enroll in the Additional plan and must provide proof of insurability.

## Employer Cannot Limit Employee Participation

### Important

None of the group life insurance plans may be limited to a particular department, a classification of employees, special interest groups, union contract groups or to full-time versus part-time employees. When a resolution is adopted for any group life insurance plan described in this booklet, *all* employees who have been enrolled in the WRS or another private pension plan of the employer must be offered coverage.

When a resolution to participate in the Wisconsin Public Employers Group Life Insurance Program is received, instructions are sent to the employer together with forms for enrolling eligible employees. At least 50% of the *eligible* employees must elect to participate in the Basic plan in order for the resolution to take effect.

The Spouse & Dependent, Supplemental and Additional life insurance plans do not require a minimum level of participation. These insurance plans are optional and are available to all active employees under age 70 who have Basic coverage and provided that the employer files a resolution to participate in them. (Employees over age 70 are only eligible to enroll in the Additional plan and must provide Evidence of Insurability.)

### Continuation after Termination or Retirement

Employees who qualify, according to the continuation provisions in the policy, and provided premiums are paid, will be able to continue coverage until age 65. At age 65, all coverage ends except the Basic plan of insurance. The amount of Basic insurance will reduce and there will be no further premiums for the life of the insured.

Spouse & Dependent coverage ceases on the earlier of the employee's 70th birthday or the end of the month in which employment terminated.

### Conversion to an Individual Policy

An employee who has been insured for at least six continuous months at the time coverage ends but who is ineligible to continue group coverage may convert any or all coverages to an individual policy.

### Basic Life Insurance

Basic insurance has the following features:

- a. Group term life insurance equal to 100% of the employee's previous calendar year earnings, as reported to the retirement system, rounded to the next higher thousand dollars.
- b. Waiver of premium during the employee's total disability, occurring for any cause.
- c. Post-age 65 coverage for retirees at 25% or 50% of the pre-retirement level, at no cost to the insured after age 65.
- d. Accidental death and dismemberment benefits equal to the face amount of the Basic insurance, up to age 65 (age 70 if actively employed).
- e. Living benefits up to the face value, payable to the insured in case of terminal illness.
- f. Optional conversion of post-retirement life insurance to pay premiums for health insurance plans offered by ETF.

## Supplemental Life Insurance

Supplemental insurance is identical to Basic coverage except:

- a. Employee must have Basic coverage in order to be eligible.
- b. Supplemental coverage ceases completely by age 65 or at retirement, whichever is later, but no later than age 70.

## Additional Life Insurance

Additional insurance is identical to Basic coverage except:

- a. Employees must have the Basic plan in order to be eligible. However, employees over age 70 may apply through Evidence of Insurability even if they do not have Basic coverage.
- b. Employers may offer 1, 2, or 3 units of additional coverage. Each unit is equal to 100% of the employee's previous calendar year earnings.
- c. Additional coverage can be continued after age 70 for as long as the employee continues active employment.

## Employee Cost

The employee cost for each level of coverage is based on the previous year's WRS earnings and the employee's age as of July 1 of each year.

For example, a 48-year old employee who has three levels of coverage (Basic, Supplemental, and one unit of Additional) and whose annual earnings total \$53,200 would pay a monthly premium of \$19.44. ( $54 \times \$12 \times 3 = \$19.44$ ). (See the plan rates link below for monthly rates.)

Premiums for employees age 65-69 are required as long as employment continues. When an active employee reaches age 70, Basic coverage continues at a reduced level without further premiums and Supplemental coverage ceases. Additional coverage may be continued until the employee terminates employment, cancels coverage, or stops paying premium.

**Note:** Premium rates are subject to change upon annual review of the plan's experience. You can find the current premium rates at [Wisconsin Public Employers Group Life Insurance Plan Rates \(ET-2164\)](#).

There is no required employer contribution.

## Employer Cost for Basic Insurance

The employer cost for the Basic plan is computed for all covered local government employers as a group, not individually, thereby yielding a very high "premium-to-benefit" ratio. The minimum level of employer contribution toward the premium is set by the Group Insurance Board and is subject to change. Employer cost is based on which of the following two plans is elected:

### *25% Final Benefit Plan - Post-age 65*

This plan (elected by checking the box marked "Basic Group Life Insurance" on the Resolution) provides group life insurance coverage for an insured retiring employee in the amount of 25% of their pre-retirement coverage, after the employee reaches age 67. (See the Group Life Insurance brochure ET-2101, for more information on continuation of coverage after age 65.) The current employer cost for this plan is 20% of the total employee premium and is in addition to the employee rates shown above. For example, if the total monthly cost

for all employees is \$1,000, the employer's cost for that month would be \$200. The total monthly premium due would be \$1,000 (employee cost) + \$200 (employer cost) = \$1,200.

#### *50% Final Benefit Plan - Post-age 65*

This plan (elected by checking the box on the Resolution marked for increasing coverage to 50%) provides group life insurance coverage for an insured retiring employee in the amount of 50% of their pre-retirement coverage, after the employee reaches age 66. The current employer cost for this plan is 40% of the total employee premium for Basic Coverage and is in addition to the employee rates shown above. For example, a total monthly employee cost of \$1,000 requires a \$400 employer cost for that month. The total monthly premium due would be \$1,000 (employee cost) + \$400 (employer cost) = \$1,400.

#### **Employer Payment of Total Premium**

Employers may elect to pay all or any part of the employee cost for Basic and/or other coverage(s), in addition to its own required cost. Resolution(s) must be filed with ETF if the employer decides to pay the entire cost for *all* employees. Upon receipt of the resolution(s), all employees participating in the retirement system, including employees who previously declined coverage, may apply for the coverage specified by the resolution(s). (Basic coverage is a prerequisite to all other coverages except Additional coverage for when an employee is over 70.)

## Spouse and Dependent Life Insurance

Employers participating in the Basic plan may elect to offer Spouse & Dependent life insurance to their employees.

Spouse & Dependent Insurance has the following features:

- a. Employees covered by the Basic plan who have a spouse, and/or dependent children to insure are eligible.
- b. \$10,000 coverage for the insured employee's spouse.
- c. \$5,000 coverage for each of the insured employee's dependent children.
- d. The employee may elect to double the coverages provided in b. and c. above.
- e. Waiver of premiums during the employee's total disability, without payment of premiums.
- f. Living benefits up to the face value, payable to the insured in case of terminal illness.
- g. Conversion to an individual policy if the coverage was in effect for six continuous months prior to the employee's termination of employment, death, divorce, or dependent's loss of eligible status.

## Premiums for Spouse and Dependent Insurance

The total cost is \$2.26 per month regardless of the number of dependents insured for state employees and \$1.60 per month for local government employees. If the employee elects double coverage, the premium is double per month. Unless the employer agrees to pay part or all of the premium, the employee pays the entire premium for Spouse & Dependent Life Insurance.

## Administration

The employer is responsible for the day-to-day administration of the programs. An administration manual is available on line at ETF's internet website, [etf.wi.gov](http://etf.wi.gov). The insurance carrier provides a detailed monthly billing.

## How to Join

The governing body of the employer must adopt a resolution to be included under the Basic group life plan. If the employer is already participating under the Basic group life plan, a new resolution is needed to participate in the Spouse & Dependent plan, Supplemental plan, or Additional plan. Included at the back of this booklet is a blank resolution. A sample resolution is also included for your convenience.

Action to adopt a resolution must be taken by one of the following governing bodies:

### Public Employer

County  
City  
Village  
School District  
Other Political Subdivision

### Corresponding Governing Body

County Board  
Common Council  
Village Board  
School Board  
Governing Body

**Effective Date of Resolution to Participate**

The resolution must be certified by the WRS agent for that employer or, for non-WRS pension plans only, by the authorized employer representative. Coverage will be effective on the first day of the fourth month following receipt of the certified resolution at ETF.

**Example**

Resolution received by ETF in February

Application due date is April 15

Coverage effective date is June 1

Send resolution(s) to: Department of Employee Trust Funds  
Division of Insurance Services  
PO Box 7931  
Madison WI 53707-7931

or

[ETFMBESSNewEmployer@etf.wi.gov](mailto:ETFMBESSNewEmployer@etf.wi.gov)

After a resolution is filed, ETF will provide you with enrollment materials. During the enrollment period, all active employees under age 70 participating in the retirement system are eligible to elect the coverage(s) provided in the resolution without proof of insurability. Basic coverage is a prerequisite for all other coverages. Spouse & Dependent, Supplemental, and Additional enrollment is limited to employees of employers participating in the Basic plan which have submitted specific resolution(s) to offer those plans.

During an employer's initial enrollment period, employees over age 70 may elect premium-free Basic coverage (at the post-retirement amount) without proof of insurability. They are required to give Evidence of Insurability in order to enroll for Additional coverage. Supplemental and Spouse & Dependent coverage is not available to those over age 70.

If an eligible employee does not elect to participate in a life insurance plan during the enrollment period, he or she may obtain coverage by providing the insurer with satisfactory evidence of insurability at the employee's expense. The evidence of insurability application for Basic, Supplemental or Spouse & Dependent\* life insurance must be received by the insurer prior to the employee reaching age 70. Employees of any age may apply for Additional coverage.

\* Effective January 1, 2016, employees enrolling for Spouse & Dependent coverage outside of an open enrollment opportunity no longer have to provide evidence of insurability for dependent children.

**Effective Date of Resolution to Pay 100% of the Premium**

Your resolution will take effect either on the first of the month following the date your resolution is received by ETF, or the first day of the second month following the date your resolution is received by ETF. Be sure to make your election for the effective date on the resolution form which asks you to indicate your choice. Premiums will be due beginning on the effective date that you elect.



**Carrier**

Securian Financial Group (underwritten by its affiliate, Minnesota Life) is the primary insurer with EPIC Life Insurance Company functioning as reinsurer.

**Termination of Participation**

The group life insurance plans are optional. Covered employers may withdraw from any plan or may rescind paying 100% of premium for any level of coverage at any time. Rescinding resolutions may be filed with ETF at any time during the year and will take effect on the first day of the fourth month following its receipt by ETF.

**More Information**

If you have any questions not covered in this booklet or the employee booklet, you may obtain additional information by writing to:

Department of Employee Trust Funds  
Division of Insurance Services  
Group Life Insurance  
PO Box 7931  
Madison WI 53707-7931

or

[ETFSMBESSNewEmployer@etf.wi.gov](mailto:ETFSMBESSNewEmployer@etf.wi.gov)

You may also call the Employer Communication Center toll free at (888) 681-3952, option 1.



## Resolution for Inclusion Under Group Life Insurance

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

RESOLVED, by the Town Board of the Town of Anywhere  
Governing body Employer legal name

that pursuant to the provisions of Chapter 40 of the Wisconsin Statutes such Town Board  
Governing body

hereby determines to be included under the following Group Life Insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:

Check box(es) for coverage desired:

- ☒ Basic Group Life Insurance (1x earnings)  
☐ Supplemental Group Life Insurance (1x earnings)  
☐ Additional Group Life Insurance  
☐ 1 Unit (1x earnings)  
☐ 2 Units (2x earnings)  
☐ 3 Units (3x earnings)  
☐ Spouse and Dependent Group Life Insurance  
☐ Amount of insurance for any insured employee who attains age 65 on or after the effective date of this resolution shall be 50% rather than 25%

BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.

BE IT FURTHER RESOLVED, that the Town of Anywhere WRS Agent submit a certified copy of this  
Employer name  
resolution to the State of Wisconsin Department of Employee Trust Funds.

### Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the Town Board of the Town of Anywhere on the  
Governing body Employer name

1 day of March 2014, and that said resolution has not been repealed or amended, and is now in full force and effect. Dated this the 1 day of March 2014.

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Employer Identification Number (EIN) 69-036-0000-000

WRS agent signature: Betsy Ross WRS agent title: Board President

Mailing address: 1234 Main Street, Anywhere, WI 53456

Telephone: (608) 123-4567

Email: bross@townofanywhere.gov

The resolution shall be effective on the first of the fourth month after receipt in the office of the Department of Employee Trust Funds.

For ETF use only  
EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:





## Resolution for Inclusion Under Group Life Insurance

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

RESOLVED, by the \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_  
Governing body Employer legal name

that pursuant to the provisions of Chapter 40 of the Wisconsin Statutes such \_\_\_\_\_  
Governing body

hereby determines to be included under the following Group Life Insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:

Check box(es) for coverage desired:

- ☐ Basic Group Life Insurance (1x earnings)
- ☐ Supplemental Group Life Insurance (1x earnings)
- ☐ Additional Group Life Insurance
  - ☐ 1 Unit (1x earnings)
  - ☐ 2 Units (2x earnings)
  - ☐ 3 Units (3x earnings)
- ☐ Spouse and Dependent Group Life Insurance
- ☐ Amount of insurance for any insured employee who attains age 65 on or after the effective date of this resolution shall be 50% rather than 25%

BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.

BE IT FURTHER RESOLVED, that the \_\_\_\_\_ WRS Agent submit a certified copy of this  
Employer name  
resolution to the State of Wisconsin Department of Employee Trust Funds.

### Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ on the  
Governing body Employer name  
\_\_\_\_ day of \_\_\_\_\_, and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this \_\_\_\_ day of \_\_\_\_\_.

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Employer Identification Number (EIN) 69-036- \_\_\_\_\_

WRS agent signature: \_\_\_\_\_ WRS agent title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

The resolution shall be effective on the first of the fourth month after receipt in the office of the Department of Employee Trust Funds.

For ETF use only  
EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:

ET-1303 (REV 1/7/2016)



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**Employer Resolution to Pay Entire Premium (ET-1301) form**



**Employer Resolution  
to Pay Entire Premium**

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

**Employer resolution to pay entire premium for (check box(es)):**

- ☐ Basic Group Life Insurance (1x earnings)  
☐ Supplemental Group Life Insurance (1x earnings)  
☐ Additional Group Life Insurance  
    ☐ 1 Unit (1x earnings)  
    ☐ 2 Units (2x earnings)  
    ☐ 3 Units (3x earnings)  
☐ Spouse and Dependent Group Life Insurance

Your resolution will take effect either on the first of the month following the date your resolution is received by ETF, or the first day of the second month following the date your resolution is received by ETF. Premiums will be due beginning on the effective date that you elect.

**I elect to pay the entire premium beginning (check one box):**

- ☐ On the effective date of my resolution.  
☐ On the first of the next month following the effective date of my resolution.

I hereby certify that pursuant to Wis. Stat. 40.05 (6)(e), a resolution to pay the entire group life insurance premium for all employees for the plan(s) indicated above was duly made by the

\_\_\_\_\_  
(Governing body)

of the \_\_\_\_\_  
(Employer name)

Employer Identification Number (EIN): 69-036-

on \_\_\_\_\_  
(Date action taken)

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false or fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Agent Signature	Title	Date (MM/DD/CCYY)
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For ETF use only: Effective date of coverage entered by ETF:

