

ET-1119a

**State of Wisconsin
Income Continuation Insurance (ICI)
Plan Language
(Effective 2/22/2024)**

ARTICLE I - DEFINITIONS	A-2
1.01 Claimant	A-2
1.02 Contractor.....	A-2
1.03 Days	A-2
1.04 Employee	A-2
1.05 Employer	A-2
1.06 ICI.....	A-2
1.07 Leave of Absence.....	A-2
1.08 Objective Medical Evidence.....	A-2
1.09 Physician	A-2
1.10 Regular Care and Attendance	A-2
1.11 Return to Full-Time Employment	A-3
1.12 Substantial Gainful Activity	A-3
1.13 Totally Disabled	A-3
1.14 UW Faculty Plan.....	A-3
1.15 Military Leave	A-3
1.16 Incidental Work Functions.....	A-4
ARTICLE II - ENROLLMENT AND BENEFIT PROVISIONS	A-4
2.01 Coverage.....	A-4
2.02 Initial Eligibility	A-4
2.03 Coverage After Initial Date of Eligibility	A-5
2.04 Initial Premiums	A-8
2.05 Continuation of Coverage During Periods of Authorized Leave	A-8
2.06 Waiver of Premiums	A-8
2.07 Termination of Coverage	A-9
2.08 Lapse of Coverage	A-9
2.09 Gross Monthly Premiums	A-9
2.10 Employer Contributions	A-9
2.11 Employee Contributions.....	A-11
2.12 Maximum Duration of Benefits.....	A-11
2.13 Elimination Period.....	A-11
2.135 Maximum Use of Sick Leave	A-12
2.14 Alternate Proof of Total Disability.....	A-13
2.15 Integrated Benefits and Offsets	A-13
2.16 Benefit Payments	A-16
2.161 Negotiated Lump Sum Buy-outs	A-17
2.165 Earnings Defined for Determination of Benefit Payments	A-17
2.17 Continued Proof of Disability.....	A-18
2.175 Return to Work with Prior Employer.....	A-20
2.18 Rehabilitative Training	A-20
2.19 Worldwide Coverage	A-22
2.20 Limitations	A-22
2.21 Claims Procedure	A-22
2.22 Assignment of Benefits.....	A-23

ARTICLE I - DEFINITIONS

The following terms, when used and capitalized in this Income Continuation Insurance plan or any supplements, endorsements or riders, are defined as follows and are limited to that meaning only:

- 1.01 "CLAIMANT" means an EMPLOYEE who has applied or been approved for benefits under this Plan, including an EMPLOYEE whose benefit is totally offset by other income sources.
- 1.02 "CONTRACTOR" means the entity that the Group Insurance Board has under contract to administer the provisions of the ICI plan.
- 1.03 "DAYS" means calendar days, unless otherwise specified.
- 1.04 "EMPLOYEE", when referring to the State Income Continuation Insurance Plan means a state EMPLOYEE who satisfies the definition of eligible EMPLOYEE set forth in § 40.02 (25) of the Wisconsin Statutes, except for § 40.02 (25) (a) 4.
- 1.05 "EMPLOYER", when referring to the State Income Continuation Insurance Plan, means the employing State agency.
- 1.06 "ICI" means Income Continuation Insurance.
- 1.07 "LEAVE OF ABSENCE" means the same as the definition of the leave of absence provided in § 40.02 (40), Wis. Stats., and in addition this means an EMPLOYEE who terminates and is re-employed within thirty (30) calendar days by the State of Wisconsin.
- 1.08 "OBJECTIVE MEDICAL EVIDENCE" means test results (e.g., blood tests, MRI, CAT scan, X-rays, etc.) and PHYSICIAN's notes of regular visits recording the PHYSICIAN's observations of disabling symptoms and conditions. The PHYSICIAN's opinion may rely in part on records of care provided by other medical professionals under the supervision of a PHYSICIAN, including but not limited to nurse practitioners, physician's assistants, midwives, psychologists, and psychotherapists (MSSW).
- 1.09 "PHYSICIAN" means a medical doctor, doctor of osteopathy or surgeon licensed to practice by a state within the United States of America. A licensed PHYSICIAN does not include the CLAIMANT. A PHYSICIAN also includes such other licensed medical professional (for example, a podiatrist, dentist, nurse practitioner, physician's assistant, psychologist) who is acting within the lawful scope of his/her license and performs a service which is supervised by a licensed medical doctor, doctor of osteopathy or surgeon (not required for D.P.M., D.D.S., or Nurse Practitioner).
- 1.10 "REGULAR CARE AND ATTENDANCE" wherever used in this Plan, means a planned program of observation and treatment requiring the personal attendance of the CLAIMANT by a PHYSICIAN, which once initiated, is continued in accordance with existing standards of medical practice for the condition or conditions rendering the CLAIMANT sick or injured. A CLAIMANT who is under REGULAR CARE AND ATTENDANCE of a medical specialist other than a licensed PHYSICIAN, who was recommended by the initial attending PHYSICIAN, shall qualify under the provisions of this section subject to prior authorization by the DEPARTMENT. However, if care is being provided by someone other than a licensed medical doctor, doctor of osteopathy or surgeon, then all certifications of disability required by the CONTRACTOR or DEPARTMENT shall be approved by a licensed medical doctor, doctor of osteopathy or

surgeon. Treatment must meet or exceed standards of the medical profession for a condition which is totally disabling as defined in § 1.13.

- 1.11 “RETURN TO FULL TIME EMPLOYMENT” means the CLAIMANT has returned to work or is certified by a PHYSICIAN as being able to return to work or OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT’s return to work in the same position. If the CLAIMANT, while TOTALLY DISABLED under § 1.13(b), chooses to accept other work for the same number of hours which they worked prior to becoming disabled, then this also shall constitute a RETURN TO FULL TIME EMPLOYMENT. If the CLAIMANT had been employed less than full time prior to approval for disability benefits, a return to work or a release to work at the prior part time level constitutes a release to full time employment. If the CLAIMANT is released to return to work and does not actually return to work, the provisions of § 2.17 of this Plan apply.
- 1.12 “SUBSTANTIAL GAINFUL ACTIVITY” means that the gross earnings for any period of ICI benefits that are paid or payable which are at least equal to the gross ICI benefit, excluding the \$75.00 per month supplement, payable to a CLAIMANT under § 1.13 (b) for the same period of time. This includes increased gross earnings for work performed in a different pay period.
- 1.13 TOTALLY DISABLED means:
- (a) During the first twelve (12) months of disability (short-term disability), where the CLAIMANT is under the REGULAR CARE AND ATTENDANCE of a PHYSICIAN, the CLAIMANT’s inability by reason of any medically determinable physical or mental impairment, supported by OBJECTIVE MEDICAL EVIDENCE as defined in § 1.08, to perform the duties of his or her position.
 - (b) After the first twelve (12) months (long-term disability), the CLAIMANT’s complete inability by reason of any medically determinable physical or mental impairment, as supported by OBJECTIVE MEDICAL EVIDENCE as defined in § 1.08, to engage in any SUBSTANTIAL GAINFUL ACTIVITY for which the CLAIMANT is reasonably qualified with due regard to the CLAIMANT’s education, training, and experience.
- House confinement shall not be required as a condition of disability, but a CLAIMANT must be under the REGULAR CARE AND ATTENDANCE of a licensed PHYSICIAN, other than self, during the period of disability.
- 1.14 “UW FACULTY PLAN” means a plan that covers UW faculty, academic staff, and others who have a selected elimination period option other than what is available to State EMPLOYEES.
- 1.15 “MILITARY LEAVE” means:
- (a) The EMPLOYEE is activated on or after January 1, 2003 to serve, or is serving, on military duty in the U.S. armed forces, other than for training purposes.
 - (b) On the date activated, the EMPLOYEE is a member of the Wisconsin National Guard or a member of a reserve component of the U.S. armed forces or is recalled to active military duty from the inactive reserve status.

- (c) EMPLOYEE has received a military leave of absence under ss. 230.32 (3) (a) or 230.35 (3), Wis. Stats. under a collective bargaining agreement under subch. V of ch. 111, or under rules promulgated by the Division of Personnel Management or is eligible for reemployment with the state under ss. 45.50, Wis. Stats. after completion of his or her service in the U.S. armed forces.
 - (d) The EMPLOYEE has not terminated employment with the insured EMPLOYER.
- 1.16 "INCIDENTAL WORK FUNCTIONS" means work tasks which are minor or inconsequential. This will be determined by the CONTRACTOR on a case-by-case basis.

ARTICLE II - ENROLLMENT AND BENEFIT PROVISIONS

2.01 COVERAGE

- (1) The ICI plan authorized by § 40.61, Wis. Stats. shall be an integrated plan of short- and long-term coverage. Participation under the Plan shall be voluntary for each EMPLOYEE, but each EMPLOYEE who elects to participate shall be insured for both the short- and long-term coverage.
- (2) Benefits are paid to an insured EMPLOYEE for covered earnings lost as a result of disability. No benefit is available for earnings which were lost due to disability, but which were not included under the provisions of § 2.165.

2.02 INITIAL ELIGIBILITY

- (1) Enrollment shall be limited to EMPLOYEES.
- (2) Each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the employing state agency within thirty (30) calendar days of becoming an eligible EMPLOYEE under § 40.02 (25) (a) 1 or 2, Wis. Stats.
 - (a) If an EMPLOYEE is employed in more than one position under different payroll centers, the EMPLOYEE must file separate applications under each payroll center.
 - (b) If an EMPLOYEE is employed in more than one position under a single payroll center, only one application is necessary. The EMPLOYEE's combined earnings from all WRS-eligible positions will be used to determine ICI premiums and benefits.
 - (c) If an EMPLOYEE at the UW is employed in both a University Staff position and a WRS-eligible UW Faculty or Academic Staff position, upon electing coverage, they must be enrolled in the UW FACULTY PLAN. The EMPLOYEE's combined earnings from both positions will be used to determine ICI premiums and benefits.
- (3) (Provision repealed as of 2/1/2024.)

- (4) Pursuant to § 40.61 (2) coverage shall be effective the first day of the calendar month that first occurs during the initial 30-day enrollment period if the employee files a timely application per 2.02 (2).

2.03 COVERAGE AFTER INITIAL DATE OF ELIGIBILITY

(1) EVIDENCE OF INSURABILITY

Any EMPLOYEE, who does not elect to be covered during the initial enrollment period or who previously cancelled ICI coverage, or an EMPLOYEE who desires at a later date to change to a shorter elimination period, may complete an application of evidence of insurability furnished by the DEPARTMENT. An application of evidence of insurability, completed more than thirty (30) days prior to the date the DEPARTMENT receives it, will be rejected. The EMPLOYEE shall be required to complete a new application. The evidence of insurability application shall be reviewed by the CONTRACTOR subject to the health underwriting standards approved for the program by the BOARD.

- (a) (Provision repealed as of 2/1/2024.)
- (b) If the EMPLOYEE's application is approved, insurance coverage shall become effective on the first day of the calendar month following the date of approval. Premium shall be based on earnings as determined under § 2.11 and sick leave accumulation as of the last complete payroll period of the previous calendar year or the selected elimination period for UW faculty. If the EMPLOYEE was on an unpaid LEAVE OF ABSENCE in the previous calendar year, earnings will be determined as if the EMPLOYEE were newly hired under § 2.11 (2) (a). Charges for medical examinations and records, if required, shall be the responsibility of the EMPLOYEE.
- (c) If the application cannot be approved by the CONTRACTOR due to lack of medical evidence, the CONTRACTOR will notify the EMPLOYEE. If medical evidence is not received within thirty (30) days of notice to the EMPLOYEE, the CONTRACTOR shall deny the application.
- (d) If the application is denied by the CONTRACTOR following review of medical evidence, the EMPLOYEE has the right to request reconsideration of the denial. The CONTRACTOR shall be responsible for the reconsideration of the denied application. To request reconsideration of the initial denial, the EMPLOYEE must submit a written request to the CONTRACTOR which must be received by the CONTRACTOR within ninety (90) days of the date of the initial denial. If the CONTRACTOR upholds the initial denial on reconsideration, the EMPLOYEE has the right to request a subsequent review of the denial. The DEPARTMENT shall be responsible for the subsequent review of the CONTRACTOR's denial and rendering a Departmental Determination. To request a Departmental Determination, the EMPLOYEE must submit a written request which must be received by the DEPARTMENT within ninety (90) days of the date of the CONTRACTOR's reconsideration denial.
- (e) A new application may not be considered until a period of one (1) calendar year has elapsed from the date of denial of the previous application.

- (f) If an EMPLOYEE submits an application while on a LEAVE OF ABSENCE, the application will be rejected. The EMPLOYEE may reapply upon return to work.

(2) DEFERRED COVERAGE

- (a) The requirement of submitting evidence of insurability shall be waived for any EMPLOYEE who does not elect to be insured during the initial enrollment period or who previously cancelled ICI coverage, but who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state. The EMPLOYEE must complete the application form furnished by the DEPARTMENT and submit it to the EMPLOYER.
- (b) A deferred coverage application from a UW Faculty EMPLOYEE must be received by the EMPLOYER within sixty (60) days after completing one (1) year of state service. Coverage shall be effective the first of the month which occurs on or following the completion of one (1) year of state service.
- (c) A deferred coverage application from any other EMPLOYEE shall be received by the EMPLOYER within 60 days of becoming eligible for the change in state contribution. If the 60-day enrollment period ends on a weekend day the application shall be due by the next business day. Coverage shall be effective April 1.
- (d) Any EMPLOYEE in 2.03 (2) (c), who has a sick leave balance of more than 1040 hours at the end of the calendar year, may be insured by filing an application with the EMPLOYER during the 60-day enrollment period for an April 1 effective date. If the 60-day enrollment period ends on a weekend day the application shall be due by the next business day.
- (e) Premium determinations and eligibility shall be predicated on the accrual or total accumulation of sick leave recorded and credited to the last complete pay period for the previous calendar year.
- (f) An EMPLOYEE who accumulates sick leave while on MILITARY LEAVE, who initially becomes eligible for state contribution toward premium or an increase in the premium contribution paid by the state, must submit an enrollment application for coverage to be received by the EMPLOYER within sixty (60) days after return to work from MILITARY LEAVE. Coverage shall be effective on the first day of the month that first occurs during the 60-day enrollment period but no earlier than April 1st of the year in which the EMPLOYEE becomes eligible.
- (g) (Provision repealed as of 2/1/2024.)
- (h) (Provision repealed as of 2/1/2024.).
- (i) Eligible EMPLOYEES on LEAVE OF ABSENCE during the deferred coverage enrollment period have 60 days from their return to work to apply for coverage to be effective the first day of the month that first occurs during the 60-day enrollment period, but no earlier than April 1st of the year in which the EMPLOYEE becomes eligible.

- (3) EMPLOYEES who do not elect coverage within thirty (30) days after the initial date of eligibility or during subsequent periods of eligibility provided under sub. (2) (a) may enroll only by submitting evidence of insurability under sub. (1).
- (4) TRANSFERS BETWEEN STATE AGENCIES
 - (a) An insured EMPLOYEE who transfers employment from one state agency to another under a different payroll center must file an enrollment application with the new agency within thirty (30) days of hire to prevent coverage from lapsing.
 - (b) Notwithstanding the conditions outlined in par. (a), coverage will not lapse if premium payroll deductions continue uninterrupted even though an application was not timely filed. Following DEPARTMENT notice of improper enrollment, insurance shall continue in effect for thirty (30) calendar days during which time proper enrollment shall be completed by the EMPLOYEE. Coverage shall cease after thirty (30) calendar days unless proper enrollment has been completed.
 - (c) Notwithstanding the conditions outlined in par. (a), if an EMPLOYEE moves from one state agency to another as a result of an agency merger or reorganization, a new application will not be required.

(5) CANCELLED COVERAGE

An EMPLOYEE, who previously had coverage and who completes an enrollment application to cancel coverage, other than an EMPLOYEE on MILITARY LEAVE is subject to medical evidence of insurability or deferred enrollment should they desire to re-enroll for coverage. An EMPLOYEE on MILITARY LEAVE who completed an enrollment application to cancel coverage may re-enroll, without providing evidence of insurability, by submitting an enrollment application for coverage to be received by the EMPLOYER within thirty (30) days after return to work from MILITARY LEAVE.

(6) EMPLOYER ERROR

- (a) If, as a result of employer error, an eligible employee has not filed an application for ICI and has not made premium contributions within 60 days after becoming eligible for ICI coverage, the employee is considered not to be insured. The employee may become insured by filing a new application within 30 days after the employee receives from the employer written notice of the error. An employee is not required to furnish evidence of insurability to become insured. An employee becomes insured on the first day of the first month beginning after the date on which the employer receives the employee's new application and upon approval by the DEPARTMENT.
- (b) An EMPLOYEE who began paying premiums within 60 days after becoming eligible, and has continued to pay premiums, even though not properly enrolled, is deemed to be insured. Following EMPLOYER notice of improper enrollment, insurance shall continue in effect for thirty (30) days during which time proper enrollment must be completed by the EMPLOYEE. Coverage shall cease after thirty (30) days unless proper enrollment has been completed.

2.04 INITIAL PREMIUMS

When coverage becomes effective, multiple premium contributions may be required to pay premiums on a current basis.

2.05 CONTINUATION OF COVERAGE DURING PERIODS OF AUTHORIZED LEAVE

- (1) An insured EMPLOYEE may continue to be insured for a maximum of thirty-six (36) months during any period of leave specifically authorized by the EMPLOYER, while that person continues to be an EMPLOYEE but receives no earnings from the EMPLOYER. An insured EMPLOYEE on union leave, as defined under § 40.02 (56), Wis. Stats., or on MILITARY LEAVE, may continue to be insured for the duration of that leave.
- (2) The EMPLOYEE must authorize a payroll deduction in an amount sufficient to make the initial premium payment.
- (3) The premium for time periods beyond the initial premium payment shall be received by the EMPLOYER prior to the end of coverage so there is no lapse in coverage.
- (4) The first three (3) months of authorized leave qualify for EMPLOYER contribution. For subsequent months, the EMPLOYEE must pay the gross premium including the amount normally considered state contribution. The premium category and earnings which the gross premium is based on shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated using the same premium category and earnings which were in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment or, if applicable, at the time of a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).
- (5) Any insured EMPLOYEE who allows coverage to lapse during a period of unauthorized or authorized leave, or MILITARY LEAVE by not authorizing or making advance premium payments under sub. (2) or (3) may reinstate coverage with the same premium category or elimination period and without furnishing medical evidence of insurability by submitting an application to the EMPLOYER within thirty (30) days following the return to active employment or return to active employment after MILITARY LEAVE. Coverage shall be effective on the first day of the month that first occurs during the 30-day enrollment period. Premium shall resume in the same amount as before unless there has been an annual premium or salary adjustment in the interim.

2.06 WAIVER OF PREMIUMS

A CLAIMANT who is TOTALLY DISABLED shall pay no premiums for the coverage period beginning on the first of the month on or following the date of the first ICI benefit payment, or upon termination of employment, whichever occurs first. The waiver of premiums shall continue through the last day of the month in which the EMPLOYEE's LEAVE OF ABSENCE ends pursuant to §40.02 (40) Wis. Stat. or ICI benefits are terminated, whichever is later. The EMPLOYER shall not pay the EMPLOYER contribution of premium for same period as the CLAIMANT's waiver period.

2.07 TERMINATION OF COVERAGE

(1) The insurance coverage of an EMPLOYEE who is not TOTALLY DISABLED shall immediately terminate on the date the EMPLOYEE resigns, is dismissed, terminates, retires or dies, whichever occurs first. A former EMPLOYEE can file a claim after their coverage termination date if their PHYSICIAN indicates they were TOTALLY DISABLED prior to resigning, being dismissed, terminating or retiring. When coverage lapses under § 2.05 (5), coverage terminates the end of the month through which premiums were paid. A full month's premium is required for any month or portion of a month for which earnings are paid.

(a) An EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, is still eligible for benefits, with the first date of disability being the EMPLOYEE's termination date.

(2) An EMPLOYEE may cancel ICI coverage by giving written notice of cancellation to the EMPLOYER on a form provided by the DEPARTMENT. Such notice of cancellation must be forwarded by the EMPLOYER to the DEPARTMENT immediately. Cancellation of coverage shall be effective with the first day of the calendar month which occurs on or after the date the form is received by the EMPLOYER.

2.08 LAPSE OF COVERAGE

ICI coverage shall be deemed to have lapsed if an EMPLOYEE in active employment has not submitted the EMPLOYEE portion of premiums when due. This EMPLOYEE may again obtain coverage only under § 2.03.

2.09 GROSS MONTHLY PREMIUMS

- (1) The gross monthly premiums shall be based on the earnings as determined under § 2.11 and accumulated sick leave or appropriate elimination period. Limited-term EMPLOYEES, who are not concurrently appointed to a permanent state position, are eligible for ICI coverage under premium category 1 only.
- (2) The available elimination periods for the UW FACULTY PLAN are 30 days, 90 days, 125 days, and 180 days.

2.10 EMPLOYER CONTRIBUTIONS

- (1) EMPLOYER contributions toward premium shall be made in accordance with the provisions of § 40.05 (5), Wis. Stats., and the rates established by the board. The determination of State contribution toward premium shall be made each year based on the total accumulation of unused sick leave recorded and credited in the last complete payroll period, regardless of the date paid, in the previous calendar year. Changes in EMPLOYER contribution toward premiums shall be effective for coverage beginning April 1st of each calendar year.
- (2) A permanent record of each EMPLOYEE's accumulated sick leave shall be maintained so that the proper EMPLOYER contribution may be determined in subsequent years; even though an EMPLOYEE's total accumulated sick leave may be less because of increased utilization.
- (3) When an EMPLOYEE returns to employment after a period of authorized leave, the State contribution toward premium shall be reinstated at the rate category which

was in effect prior to the date the authorized leave began until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment or, if applicable, at the time of a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).

- (4) Pursuant to § 40.05 (5), Wis. Stats., the following 6 premium categories of sick leave accumulations are established. Except for premium category 3 which is prorated for part-time EMPLOYEES, for purposes of § 40.05 (5), Wis. Stats., and this section, a day of sick leave is equal to 8 hours.

Category	Sick Leave Hours
1	Less than 10 working days (80 hours) in the preceding calendar year and less than 23 working days (184 hours) total accumulation.
2	Less than 10 working days (80) hours in the preceding calendar year and 23 to 64 working days (184 to 520 hours) of total accumulation.
3	At least 10 working days (80 hours) in the preceding calendar year but less than 65 working days (520 hours) total accumulation. For purposes of this category only, one day equals 8 hours of sick leave for a full time EMPLOYEE. For a part time EMPLOYEE, the daily equivalent shall be prorated as a percentage of full time, based on the EMPLOYEE's most recent appointment.
4	65 working days (520 hours) but less than 91 working days (728 hours) total accumulation.
5	91 working days (728 hours) through 130 working days (1040 hours) total accumulation.
6	More than 130 working days (1040 hours) total accumulated sick leave.

- (5) Pursuant to § 40.05 (5), Wis. Stats., permanent part time EMPLOYEES shall pay premiums which will be determined on the total amount of sick leave accumulated for premium categories 2, 4, 5 or 6 above or the prorated accrual of sick leave by said EMPLOYEES for category 3 above. Benefits will be paid according to the provisions of § 2.165.
- (6) Pursuant to § 40.05 (5) an EMPLOYEE eligible for an EMPLOYER contribution in premium category 4, 5, or 6 shall continue to be eligible for an EMPLOYER contribution of that same premium category until the EMPLOYEE is eligible for a higher level even if, as a result of disability or illness, the accumulated sick leave is subsequently reduced. This includes an EMPLOYEE whose employment was previously terminated but has been rehired and is still within their sick leave restoration period pursuant to § ER 18.03 (5), Wis. Admin. Code. An EMPLOYEE eligible for premium category 3 will not remain eligible for an EMPLOYER contribution if their accumulated sick leave falls below the number of hours required to be eligible for premium category three.

2.11 EMPLOYEE CONTRIBUTIONS

- (1) EMPLOYEE contributions toward premium shall be made in accordance with the rates established by the board.
- (2) Except as provided in par. (a), the monthly premium shall be determined based on the annual earnings and sick leave credits (or the selected elimination period for UW Faculty). The earnings shall be the total earnings paid to the insured EMPLOYEE by the EMPLOYER during the previous calendar year as reported to the Wisconsin Retirement System, rounded to the next higher thousand.
 - (a) If the EMPLOYEE is newly hired or if there is a permanent change in the EMPLOYEE's percentage of appointment, the EMPLOYER shall estimate the base salary earnings to be received during the ensuing twelve (12) months rounded to the next higher thousand, and that projection shall be the basis for establishing premiums until the employee has worked for one full calendar year.
 - (b) (Provision repealed as of 2/1/2024.)
 - (c) Annual changes in contributions towards premiums shall be effective for coverage beginning April 1 of each calendar year.

2.12 MAXIMUM DURATION OF BENEFITS

Except as provided in sub. (2) through (4), the maximum duration of benefits for a CLAIMANT shall be as follows:

- | <u>(1) Age at Disablement</u> | <u>Maximum Duration of Benefits from Date of Disablement</u> |
|--|--|
| On or before 60 th birthday | to age 65 |
| After 60 th birthday | 5 years |
- (2) A CLAIMANT who qualifies for ICI benefits will receive the benefits through the end of the month in which the CLAIMANT turns 65, or through the end of the month the maximum duration is reached, whichever is applicable.
 - (3) A CLAIMANT who returns to part time employment while receiving ICI benefits will have ICI benefits terminated at the end of the month in which maximum duration in sub. (1) is reached.
 - (4) Notwithstanding sub. (1) through (3), ICI benefits shall be terminated the end of the day in which the CLAIMANT dies.

2.13 ELIMINATION PERIOD

- (1) A CLAIMANT on the UW FACULTY PLAN qualifies for ICI benefits on the day after their last day worked and once they have been continuously and TOTALLY DISABLED under §1.13 (a) for the selected elimination period, but no benefit payment may be made while earnings are payable for accumulated sick leave hours. All other CLAIMANTS qualify for ICI benefits on the day after their last day worked and once they have been continuously and TOTALLY DISABLED under §1.13 (a) for thirty (30) calendar days, but no benefit payment may be made while earnings are

payable for accumulated sick leave hours. All CLAIMANTS are also subject to (2), (3) and (4).

- (3) The first day of the elimination period shall be the day after the last day worked or the day the CLAIMANT becomes continuously and TOTALLY DISABLED, whichever is later. The CLAIMANT must be TOTALLY DISABLED pursuant to § 1.13 (a) and not working during the elimination period unless the CONTRACTOR determines that the performance of INCIDENTAL WORK FUNCTIONS does not constitute a return to work. The performance of INCIDENTAL WORK FUNCTIONS shall extend the elimination period by one (1) day for every day or portion of a day spent performing INCIDENTAL WORK FUNCTIONS.
 - (a) The first date of disability for an EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, shall be the EMPLOYEE's termination date.
- (4) The elimination period for benefits for a CLAIMANT who becomes TOTALLY DISABLED under §1.13 (a) while on authorized leave shall be the same period the CLAIMANT would have been required to serve if the CLAIMANT had been in pay status at the time of disability.
- (5) The elimination period or use of sick leave or both shall begin on the first date of disability and continue without a break even if the CLAIMANT has a summer, seasonal or semester break in service. If the CLAIMANT does not have access to sick leave during a summer, seasonal or semester break in service, and if the CLAIMANT's accumulated sick leave exceeds the selected elimination period, the benefit will not start until the number of days of sick leave up to 130 days has elapsed.

2.135 MAXIMUM USE OF SICK LEAVE

- (1) A CLAIMANT may not be required to use more than 130 working days of accumulated sick leave before benefit payments may begin. If a CLAIMANT elects to continue to receive sick leave beyond 130 working days, benefits under this plan shall be made in accordance with the provisions of § 2.13. For purposes of this section, the number of hours in a day of sick leave is based on the CLAIMANT's appointment percentage, with 8 hours being equivalent to full time.
- (2) If it is determined that a CLAIMANT is eligible for disability benefits under § 40.63, Wis. Stats., § ETF 50.40, Wis. Admin. Code or § 40.65, Wis. Stats., they will not be required to exhaust their accumulated sick leave as indicated in (1). Sick leave credits converted to pay health insurance premiums no longer qualify as earnings and will not be taken into consideration in determining the elimination period. If the CLAIMANT is not subsequently approved for one of these benefits, sick leave exhaustion as indicated in (1) will apply.
- (3) If an EMPLOYEE has terminated all WRS employment, and, therefore, no longer has use of accumulated sick leave, the previous sick leave balance will not be taken into consideration when determining the benefit effective date. The sick leave exhaust date will be considered to be the same as the EMPLOYEE's termination date.

2.14 ALTERNATE PROOF OF TOTAL DISABILITY

- (1) A CLAIMANT who is approved for benefits under the disability provisions of the Wisconsin Retirement System (WRS) under § 40.63, Wis. Stats., § ETF 50.40, Wis. Admin. Code, or the United States Social Security Act and has ICI coverage in effect on the effective date of the other disability provisions mentioned, shall not initially be required to furnish further proof that the CLAIMANT meets the definition of TOTALLY DISABLED, but thereafter proof of continued disability may be required.
 - (a) If either a § 40.63, Wis. Stats., WRS disability benefit or § ETF 50.40, Wis. Admin. Code, Long-Term Disability Insurance (LTDI) referenced in sub. (1) is approved, the first date of disability will be the day after the last day worked.
 - (b) If a Social Security Disability Insurance Benefit is approved, the first date of disability will be the date the Social Security Administration found the CLAIMANT disabled, but no earlier than the day after the last date worked.
 - (c) Par. (b) is not applicable if ICI coverage has lapsed before the effective date of the Social Security Disability Insurance Benefit.

2.15 INTEGRATED BENEFITS AND OFFSETS

- (1) The CLAIMANT must apply and complete the application or claim process for all other benefit programs for which the CLAIMANT may be eligible, including, but not limited to, Social Security Disability (through the hearing level if denied initially), Wisconsin Retirement System (WRS) disability and retirement plans; unemployment compensation, and worker's compensation.
 - (a) A CLAIMANT applying for ICI benefits must submit written evidence acceptable to the CONTRACTOR that the CLAIMANT has taken all necessary action to obtain and assign any other benefits available from the sources listed in sub. (2) which the CLAIMANT may be eligible to receive. This includes completion of any necessary records release.
 - (b) If the CONTRACTOR ascertains a CLAIMANT has not acted in a timely fashion to apply, reapply or file all required supporting documents for benefits for which the CLAIMANT is eligible through any applicable process, the CONTRACTOR may reduce the ICI benefits by an estimated amount the DEPARTMENT or CONTRACTOR determines would have been payable from that source. ICI benefit offset shall not be reduced, changed or stopped because of actual or alleged failure on the part of the CONTRACTOR or the DEPARTMENT to notify the CLAIMANT of his or her rights under other benefit programs. The ICI benefit will be reduced by the straight life annuity amount for any disability or retirement benefit available from the Wisconsin Retirement System or the estimated Wisconsin Retirement System Long - Term Disability Insurance (LTDI) monthly benefit, whichever is greater.
- (2) Benefit payments from ICI shall be reduced by benefits paid or payable to the CLAIMANT at the rate of 100% from the following sources, except as specified for the Wisconsin Retirement System (WRS) disability or retirement plan in par. (e):

- (a) Worker's Compensation Act, any payment except those specifically identified as permanent partial disability (PPD) or permanent total disability (PTD), penalties assessed against EMPLOYERS, medical expenses and attorney fees. Worker's Compensation settlement agreements which do not identify a specific amount, type of benefit or time period shall be offset from the ICI benefit effective the date the Worker's Compensation benefit is paid. The amount by which any such lump sum settlement benefit exceeds the monthly ICI benefit otherwise payable shall be carried over to reduce ICI benefits payable in future months until the amount of the lump sum has been completely offset.
- (b) Any EMPLOYER liability law, including the amount of § 40.65 Duty Disability payments. The offset for § 40.65 will be the gross amount of the benefit, prior to offsets, on the § 40.65 effective date. The offsets to the gross §40.65 benefit include, but are not limited to, offsets for PPD and PTD payments, notwithstanding the provisions of par. (a). Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the exception of computation correction errors.
- (c) Any occupational disease law.
- (d) Any benefit from the United States Social Security Act as amended or any similar act of any State or county to which the CLAIMANT is eligible.

1. Benefits will be reduced by the gross amount of Social Security (OASDHI). If the claimant elects to receive benefits based on the spouse's account in lieu of the CLAIMANT's own account, the ICI benefit will be reduced by the amount received by the CLAIMANT. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation correction errors, late reported earnings.
2. The CONTRACTOR, with prior approval from the DEPARTMENT, may hire an advocate or facilitator to assist the CLAIMANT with a disability process. Failure to cooperate with an advocate or facilitator shall result in the suspension or termination of ICI benefits.

If Social Security disability benefits are awarded following an appeal, and the CLAIMANT had retained an attorney, the amount of the attorney fees not considered an offset will be based on the amount of the fees that were approved by the Social Security Administration and paid to the attorney. The CONTRACTOR will require proof of the amount paid to the attorney before any reduction in the overpayment amount will be made.

3. If an EMPLOYEE was receiving disability benefits continuously from Social Security Administration programs prior to becoming insured, and subsequently becomes TOTALLY DISABLED while insured under this Plan, the disability benefits will be offset only if the amount received from the other program is increased as a result of the subsequent disability and only by the amount of the increase.

4. Once the CLAIMANT reaches full retirement age under Social Security, the ICI benefit will be offset by the gross amount of Social Security retirement benefits payable to the CLAIMANT. If the CLAIMANT does not apply for their Social Security retirement benefit at full retirement age, the offset will be based on an estimated amount.

If the CLAIMANT begins receiving Social Security benefits prior to reaching full retirement age, even though not required to apply at that point, the ICI benefit will be offset by the gross amount received from Social Security.

- (e) Any WRS disability or retirement plan. WRS periodic disability and retirement payments and lump sum payments will be offset at the equivalent straight life monthly annuity amount using the DEPARTMENT's current actuarial tables.

1. Benefits will be reduced by all applicable WRS benefits. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation correction errors, late reported earnings, and adjusted Long-Term Disability Insurance (LTDI) benefits due to retirement or separation benefit offsets.
2. Once the CLAIMANT reaches normal retirement age under the WRS, or age 62, whichever occurs later, the ICI benefit will be offset by the straight life amount from the WRS. If the CLAIMANT does not apply for their WRS retirement benefit at normal retirement age, or age 62, whichever occurs later, the offset will be based on an estimated straight life amount.

If the CLAIMANT begins receiving WRS retirement benefits prior to reaching normal retirement age, or age 62, whichever occurs later, even though not required to apply at that point, the ICI benefit will be offset by the straight life amount.

- (f) Any EMPLOYER sponsored or sanctioned salary continuation plan, including any plan whose premiums are paid or collected via payroll deduction.
- (g) Earnings, which means the gross amount of wages and salary received from any employment, whether or not it is Wisconsin Retirement System covered employment, for personal service rendered on or after the disability effective date, including any amount which would have been available for payment to the CLAIMANT except for the CLAIMANT's election that part or all of the amount be used for other purposes. The gross amount shall be determined prior to deductions for taxes, insurance premiums, retirement contributions, charitable contributions, etc.
 1. Notwithstanding 2.15 (2) (g) intro., earnings received by a CLAIMANT who has returned to work less than full time with their prior WRS employer will be offset per 2.175 (1).
 2. Earnings also include any payment or award from an EMPLOYER for lost wages or lost earnings regardless of whether treated as earnings for

purposes of the Wisconsin Retirement System under § 40.02 (22), Wis. Stats., or § ETF 20, Wis. Admin. Code, and regardless of whether received from the EMPLOYER or a third party, including a third-party subrogation or an insurer.

3. Earnings for personal services rendered also include the net profit of any business enterprise owned, controlled or conducted by the individual, in addition to any salary, wages or other compensation drawn from such a business.
4. Earnings will be offset as of the date of payment for the gross amount paid.
5. Unless the CLAIMANT has returned to work with the prior EMPLOYER, payments for vacation, sabbatical, holiday time, and compensatory time paid to the CLAIMANT after the date the ICI benefit first becomes payable, will be offset at 100%.

(h) Unemployment compensation.

(i) The following payments are NOT offsets to ICI benefits:

- 1) VA benefits.
- 2) Non-WRS retirement benefits.
- 3) Payments for longevity pay or uniform allowances.
- 4) Health insurance "opt-out" incentives.
- 5) Severance packages.
- 6) Supplemental Security Income (SSI).
- 7) Payments made to survivors or an estate after the death of a CLAIMANT.
- 8) Other payments as determined by the DEPARTMENT.

- (3) Notwithstanding delays in benefit payments from sources listed under sub. (2), ICI benefits may be made and adjusted, retroactively if necessary, when benefit payments from other sources are actually made to the CLAIMANT or become known to the DEPARTMENT or CONTRACTOR. Any overpayments created due to retroactive approval of sources listed under sub. (2) must be repaid by the CLAIMANT or the CLAIMANT's representative or estate. Any retroactive benefits paid to an estate or beneficiary after the CLAIMANT's death are not offsetable.
- (4) Notwithstanding the provisions of sub. (2), if a CLAIMANT elects not to apply for a disability benefit, although eligible to do so, and applies for a WRS or Social Security retirement or separation benefit, the amount offset under this section shall be set at the greater of the disability, retirement or separation benefit which the CLAIMANT would have been eligible to receive.
- (5) Benefits listed in sub. (2) that began on or after the ICI coverage effective date will be offset against the ICI benefit.

2.16 BENEFIT PAYMENTS

- (1) Benefit payments shall be based on 75% of the CLAIMANT's earnings as determined under § 2.165 less offsets as provided in section 2.15.

- (2) ICI benefits may be denied, suspended or terminated if information necessary to determine such benefits is not received within ninety (90) days of the date of request.
- (3) The BOARD has approved the following maximum monthly benefit(s) for a TOTALLY DISABLED CLAIMANT.
 - (a) The maximum monthly benefit is \$7,500.00 per month, not including any add-on approved by the Board.
- (4) An additional amount of \$75.00 per month is payable to those CLAIMANTS receiving benefits under § 1.13 (b)
- (5) ICI benefits may be terminated if medical evidence shows that the CLAIMANT no longer meets the definition of TOTALLY DISABLED. If the CLAIMANT had a medical condition while employed which was accommodated by the EMPLOYER, and that condition has not significantly changed, that condition is not considered in determining whether the EMPLOYEE is capable of returning to their own position.
- (6) ICI benefits will be paid monthly with checks dated the first of the month for the previous month's benefit period, and at one-thirtieth (1/30) of the monthly benefit for each day of the benefit period which is less than one month.
- (7) ICI benefits received by the CLAIMANT due to error, mistake, fraud or misrepresentation shall be repaid to the ICI plan by the CLAIMANT or the CLAIMANT's legal representative or estate, or through withholding of funds per §40.08 (4), Wis. Stats.

2.161 NEGOTIATED LUMP SUM BUY-OUTS

The DEPARTMENT will establish guidelines and parameters to identify ICI claims that may be suitable for negotiated lump sum buy-outs. Buy-outs will be offered on a voluntary basis only. The CONTRACTOR will periodically identify suitable claims, draft a release when indicated, and submit a list to the DEPARTMENT for review and approval prior to sending a buy-out option to the claimant. Buy-outs will be considered benefits under this plan.

2.165 EARNINGS DEFINED FOR DETERMINATION OF BENEFIT PAYMENTS

- (1) The average monthly earnings in effect on the first date of disability shall be the total earnings paid to the insured EMPLOYEE by the EMPLOYER during the previous calendar year as reported to the Wisconsin Retirement System, rounded to the next higher thousand and divided by twelve (12).
 - (a) If the EMPLOYEE was newly hired or had a permanent change in percentage of appointment that is not accurately reflected in the previous year's earnings, the estimated base salary earnings that was used to determine the most recent premiums will be rounded to the next higher thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings for the determination of benefits.
 - (b) If the EMPLOYEE has had a permanent change in their rate of pay but has had no change in their percentage of appointment, then the average monthly

earnings shall be based on either a new projection using the new rate of pay OR 2.165 (1) whichever is higher.

- (c) If the EMPLOYEE returns to employment after a period of disability or authorized leave, then goes out on a new disability as defined by 2.17, earnings shall be the same as the prior disability/authorized leave or based on 2.165 (1), whichever is higher.

2.17 CONTINUED PROOF OF DISABILITY

- (1) After satisfaction of the elimination period as provided in § 2.13, benefits under §1.13 (a) shall be payable commencing at the end of the elimination period and continuing until the end of the twelve (12) month period subsequent to the first date of disability.
 - (a) Successive periods of disability under § 1.13 (a) due to the same or related medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least fourteen (14) consecutive calendar days during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.
 - (b) Successive periods of disability under §1.13 (a) due to unrelated medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least one (1) day the CLAIMANT is scheduled to work and does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.
- (2) ICI benefits under §1.13 (b) shall begin after the twelve (12) month period specified in sub. (1) if the CLAIMANT meets the disability definition as indicated in § 1.13 (b).
 - (a) Successive periods of disability under §1.13 (b) due to the same or related medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least six (6) consecutive months during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT, or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT or the ICI benefit was terminated due to the CLAIMANT earning or capable of earning wages equivalent to the SUBSTANTIAL GAINFUL ACTIVITY.
 - (b) Successive periods of disability under § 1.13 (b) due to unrelated medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least fourteen (14) consecutive calendar days during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.

- (3) A PHYSICIAN's certification that a CLAIMANT is able to return to work cannot be retroactive. The certification must take effect on the date written or on a future effective date.
- (4) Rehabilitative employment, as provided under §2.18, shall not be considered a RETURN TO FULL TIME EMPLOYMENT under subs. (1) and (2).
- (5) If a TOTALLY DISABLED CLAIMANT does RETURN TO FULL TIME EMPLOYMENT as defined in § 1.11, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT for the periods specified in subs. (1) and (2) benefit payments shall be terminated. If the CLAIMANT is subsequently TOTALLY DISABLED again, it shall be considered a new disability and the elimination period established under § 2.13 shall apply.
- (6) Benefit payments will terminate if the CLAIMANT is capable of returning to SUBSTANTIAL GAINFUL ACTIVITY.
- (7) No benefits shall be payable for any period after the date of CLAIMANT'S death.
- (8) ICI benefits may be denied, suspended or terminated if information necessary to determine such benefits cannot be obtained within sixty (60) days of the date of the request.
- (9) If a CLAIMANT is certified by a PHYSICIAN or the CLAIMANT is supported by the OBJECTIVE MEDICAL EVIDENCE as being able to return to less than full time work, but the CLAIMANT does not return to work, the ICI benefit will be reduced by an estimated earnings offset. Pursuant to § 2.175 (1) and § 2.18 (4), estimated earnings shall be offset at the rate of 75% if the CLAIMANT was in a DEPARTMENT approved rehabilitation plan, or the DEPARTMENT would have approved a rehabilitation plan under § 2.18 (2).
 - (a) The estimated offset for an employee who has not returned to work will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate the CLAIMANT was earning when the CLAIMANT first became TOTALLY DISABLED.
 - (b) The estimated offset for an employee who returned to part time work but does not work the number of hours released or ceases employment will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate in effect at the time the CLAIMANT ceased or reduced the part-time employment.
- (10) In consultation with the DEPARTMENT, the CONTRACTOR may initially and at reasonable intervals require the CLAIMANT to furnish proof that the claimant is TOTALLY DISABLED and may require independent medical examinations by a licensed PHYSICIAN or other medical specialist of the CONTRACTOR's or DEPARTMENT's choosing, participation in a functional capacity assessment,

participation in a vocational assessment, a labor market survey, work with a Social Security facilitator or other services as directed by the DEPARTMENT.

- (a) If a CLAIMANT is receiving either Wisconsin Retirement System (WRS) disability (§ 40.63, Wis. Stats., or LTDI benefits) or Social Security disability benefits, continued proof of disability will not be required. If the WRS or Social Security disability benefit, or both if applicable, is terminated for any reason, medical evidence will be required to support continued ICI payments.

2.175 RETURN TO WORK WITH PRIOR EMPLOYER

- (1) Gross earnings without regard to taxes or other deductions, earned by a CLAIMANT who returns to work for less than full time with the CLAIMANT's prior EMPLOYER shall be offset, based on the check or payment date, at the rate of 75%. Sick leave earned will be offset at 100%.
 - (a) The estimated offset for an employee who has not returned to work will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate the CLAIMANT was earning when the CLAIMANT first became TOTALLY DISABLED.
 - (b) The estimated offset for an employee who returned to part time work but does not work the number of hours released or ceases employment will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate in effect at the time the CLAIMANT ceased or reduced the part-time employment.
- (2) OBJECTIVE MEDICAL EVIDENCE shall be obtained at least on a quarterly basis to substantiate continued benefits. If the OBJECTIVE MEDICAL EVIDENCE indicates that the CLAIMANT does not meet the definition of TOTALLY DISABLED, benefit payments will terminate pursuant to § 2.17.

2.18 REHABILITATIVE TRAINING

- (1) The DEPARTMENT must approve in writing in advance any individualized rehabilitative plan. A plan will only be approved if the DEPARTMENT or the Wisconsin Division of Vocational Rehabilitation determines that rehabilitative training will aid the CLAIMANT to return to SUBSTANTIAL GAINFUL ACTIVITY. The CLAIMANT must be receiving benefits under 1.13 (b) to participate in approved rehabilitative training. Benefits will terminate upon completion of the plan and the CLAIMANT is determined to be capable of SUBSTANTIAL GAINFUL ACTIVITY. A rehabilitative plan must be in writing and include specific goals and dates for meeting those goals which are agreed to by the CLAIMANT and approved in advance by the DEPARTMENT.
- (2) A rehabilitative plan may include:
 - (a) An education program which has as its primary purpose the training or retraining of a CLAIMANT so that the CLAIMANT may engage in

SUBSTANTIAL GAINFUL ACTIVITY. A rehabilitation plan need not be limited to formal vocational rehabilitative training.

- (b) Any on-the-job training or retraining from any source.
 - (c) Return to less than full time employment in a position other than with the CLAIMANT's prior EMPLOYER, whether or not the employer is a Wisconsin Retirement System covered EMPLOYER, if such employment is approved by the DEPARTMENT as rehabilitative.
 - (d) A RETURN TO FULL TIME EMPLOYMENT at an hourly rate that is less than what would be considered SUBSTANTIAL GAINFUL ACTIVITY, whether or not the employer is a Wisconsin Retirement System covered EMPLOYER, if OBJECTIVE MEDICAL EVIDENCE or rehabilitative specialist supports such employment.
- (3) ICI benefits shall not be reduced because the CLAIMANT is participating in an educational program provided under sub. (2) (a), if the CLAIMANT receives no earnings from such program. Benefits may be increased by an amount equal to any reduction in the CLAIMANT's income from sources listed under § 2.15 to the maximum benefit payable to the CLAIMANT, if such reduction is caused by the CLAIMANT's participation in the educational program. Supplemental benefits shall be available to pay all or part of the reasonable cost of educational programs including tuition, course fees, books and other necessary materials not available from other sources.
- (4) ICI benefits shall be reduced by an amount equal to 75% of the gross earnings that a CLAIMANT receives or is capable of earning from rehabilitative training provided under sub. (2) and by 100% of any payable sick leave. The DEPARTMENT may waive all or part of the offsets under this paragraph in order to promote the return to SUBSTANTIAL GAINFUL ACTIVITY for a period not to exceed nine (9) months. The DEPARTMENT will apply the following guidelines in determining whether the waiver is appropriate:
- (a) The CONTRACTOR and the DEPARTMENT will review the CLAIMANT's job-related expenses that are incurred due to the CLAIMANT's medical condition, which are over and above the normal expenses, and are not covered by other sources. The CLAIMANT must receive prior approval from the DEPARTMENT before waiving the offset of earnings because of the CLAIMANT's medical condition.
 - (b) The CONTRACTOR and the DEPARTMENT will only consider expenses directly related to accommodating a CLAIMANT's needs in getting to work and/or having an appropriate workstation. Such items as childcare, gasoline, bus fare, etc., will not be considered covered job-related expenses. Such expenses must be thoroughly documented.
 - (c) The ICI plan will require appropriate documentation (receipts, tax returns, etc.) to support expenses claimed under par. (b). Any expenses for a caregiver will be considered only if the care is provided by a properly trained caregiver and approved in advance by the DEPARTMENT.

- (5) Earnings received from employment or training which has not been approved as rehabilitative will be offset from the ICI benefit at an amount equal to 100% of the gross earnings. The offset will be based on the date of check or payment date.
- (6) If a CLAIMANT is determined to be physically and mentally capable of rehabilitative training but refuses to participate or continue to participate in such a program, or does not work the number of hours indicated by a PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), the DEPARTMENT may authorize the termination or suspension of disability benefit payments or may authorize the offset of benefits by the amount of earnings the CLAIMANT could have received if engaged in rehabilitative employment.
- (7) Return to work with the prior EMPLOYER in the same or equivalent position is not considered rehabilitation.

2.19 WORLDWIDE COVERAGE

An insured EMPLOYEE shall not be denied coverage solely because of travel or residency in any geographic location.

2.20 LIMITATIONS

Benefits shall not be payable for total disability which begins prior to the effective date of coverage or disability which is:

- (1) The direct result of war, declared or undeclared. The fact of war shall be determined by the BOARD.
- (2) The direct or indirect result of intentional self-inflicted injury for monetary gain.
- (3) The direct or indirect result of participation in the commission of a crime other than a misdemeanor.
- (4) The direct or indirect result of cosmetic surgery.

2.21 CLAIMS PROCEDURE

- (1) An Income Continuation Insurance Claim form (ET-5352) and Income Continuation Insurance (ICI) Medical Report form (ET-5350) prescribed by the DEPARTMENT shall be available to the CLAIMANT if they wish to file a paper claim from the EMPLOYER or from the DEPARTMENT. The CLAIMANT may file an ICI claim via telephone according to CONTRACTOR procedures.
- (2) An ICI claim (either claim form ET-5352 received by the DEPARTMENT or through telephone initiation with the CONTRACTOR) must be completed by the CLAIMANT or the CLAIMANT's representative. In no event will a paper or telephone claim be approved if received more than twelve (12) months from the last day paid as determined by the CONTRACTOR. In no event will benefits be payable for the period which is more than ninety (90) days prior to the date the DEPARTMENT receives the paper claim or the CONTRACTOR receives the telephone claim. A claim may be submitted up to thirty (30) days prior to the last day worked in cases of scheduled surgery or impending childbirth; however, no benefits will be payable until

after the last day worked based on the first date of disability determined by the CONTRACTOR and subject to the CLAIMANT's elimination period.

- (3) An Income Continuation Insurance Medical Report form (ET-5350) must be signed by a PHYSICIAN or health care provider meeting the definition under § 1.09 of the plan if submitted as part of the claim process. The CONTRACTOR may obtain medical information to make a benefit determination by contacting the CLAIMANT's PHYSICIAN or health care providers by telephone in lieu of the Income Continuation Insurance medical report.
- (4) After an Income Continuation Insurance claim is received (either ET-5352 or telephone-initiated), the CONTRACTOR will request that the CLAIMANT's EMPLOYER complete an Income Continuation Insurance Employer Statement (ET-5351) either on paper or electronically. This information must be received by the DEPARTMENT and processed by the CONTRACTOR before any benefits are payable.
- (5) Administrative Review Process
 - (a) The CLAIMANT has the right to request in writing the reconsideration of an approval, denial, termination, or other benefit determination by the CONTRACTOR, but it must be received by the CONTRACTOR no later than ninety (90) days after the date of the CONTRACTOR's letter which contains the denial, termination or other benefit determination.
 - (b) The CLAIMANT may provide any additional information as part of the request for reconsideration, but it must be received by the CONTRACTOR no later than ninety (90) days after the date of the CONTRACTOR's letter which contains the approval, denial, termination or other benefit determination.
 - (c) If the CLAIMANT does not agree with the CONTRACTOR's reconsideration decision, the CLAIMANT has the right to request in writing a Departmental Determination of the approval, denial, termination, or other benefit determination by the CONTRACTOR, but it must be received by the DEPARTMENT no later than ninety (90) days after the date of the CONTRACTOR's reconsideration letter.
 - (d) The CLAIMANT may provide any additional information as part of the request for a Departmental Determination, but it must be received by the DEPARTMENT no later than ninety (90) days after the date of the CONTRACTOR's reconsideration letter.
 - (e) If the CLAIMANT does not agree with the DEPARTMENT's Departmental Determination, the CLAIMANT has the right to request in writing an appeal to the Group Insurance Board, but it must be received by the DEPARTMENT's Board Coordinator no later than ninety (90) days after the date of the Departmental Determination letter.

2.22 ASSIGNMENT OF BENEFITS.

Benefits payable under this Plan may be assigned to fulfill child or family support obligations pursuant to s. 40.08 (1c).

ATTACHMENT B

**WISCONSIN PUBLIC EMPLOYERS
INCOME CONTINUATION INSURANCE PLAN (ICI)
LOCAL EMPLOYEES PLAN
(Effective 2/22/2024)**

ARTICLE I - DEFINITIONS	B-2
1.01 Claimant	B-2
1.02 Contractor	B-2
1.03 Days	B-2
1.04 Employee	B-2
1.05 Employer	B-2
1.06 ICI	B-2
1.07 Leave of Absence	B-2
1.08 Objective Medical Evidence	B-2
1.09 Physician	B-2
1.10 Regular Care and Attendance	B-2
1.11 Return to Full-Time Employment	B-3
1.12 Substantial Gainful Activity	B-3
1.13 Totally Disabled	B-3
1.14 Military Leave	B-3
1.15 Incidental Work Functions	B-4
ARTICLE II - ENROLLMENT AND BENEFIT PROVISIONS	B-4
2.01 Coverage	B-4
2.015 Resolutions for Employer Participation	B-4
2.02 Initial Eligibility	B-4
2.03 Coverage After Initial Date of Eligibility	B-5
2.04 Initial Premiums	B-6
2.05 Continuation of Coverage During Periods of Authorized Leave	B-6
2.06 Waiver of Premiums	B-7
2.07 Termination of Coverage	B-7
2.08 Lapse of Coverage	B-8
2.09 Gross Monthly Premiums	B-8
2.10 Employer Contributions	B-8
2.11 Employee Contributions	B-8
2.12 Maximum Duration of Benefits	B-9
2.13 Elimination Periods	B-9
2.14 Alternate Proof of Total Disability	B-10
2.15 Integrated Benefits and Offsets	B-10
2.16 Benefit Payments	B-14
2.161 Negotiated Lump Sum Buy-outs	B-14
2.165 Earnings Defined for Determination of Benefit Payments	B-14
2.17 Continued Proof of Disability	B-15
2.175 Return to Work with Prior Employer	B-17
2.18 Rehabilitative Training	B-17
2.19 Worldwide Coverage	B-19
2.20 Limitations	B-19
2.21 Claims Procedure	B-19
2.22 Assignment of Benefits	B-21

ARTICLE I - DEFINITIONS

The following terms, when used and capitalized in this Income Continuation Insurance Plan or any supplements, endorsements or riders are defined as follows and are limited to that meaning only:

- 1.01 "CLAIMANT" means an EMPLOYEE who has applied or been approved for benefits under this Plan, including an EMPLOYEE whose benefit is totally offset by other income sources.
- 1.02 "CONTRACTOR" means the entity that the Group Insurance Board has under contract to administer the provisions of this ICI plan.
- 1.03 "DAYS" means calendar days, unless otherwise specified.
- 1.04 "EMPLOYEE", when referring to the Wisconsin Public Employers Income Continuation Insurance Plan means the same as prescribed in § 40.02 (46) of the Wisconsin Statutes.
- 1.05 "EMPLOYER", when referring to the Wisconsin Public Employers Income Continuation Insurance Plan means the local government participating under § 40.61 (3), Wis. Stats.
- 1.06 "ICI" means Income Continuation Insurance.
- 1.07 "LEAVE OF ABSENCE" means the same as the definition of the leave of absence provided in § 40.02 (40), Stats. and in addition this means an EMPLOYEE who terminates and is re-employed within thirty (30) calendar days by the same EMPLOYER.
- 1.08 "OBJECTIVE MEDICAL EVIDENCE" means test results (e.g. blood tests, MRI, CAT scan, X-rays, etc.) and PHYSICIAN's notes of regular visits recording the PHYSICIAN's observations of disabling symptoms and conditions. The PHYSICIAN's opinion may rely in part on records of care provided by other medical professionals under the supervision of a PHYSICIAN, including but not limited to nurse practitioners, physician's assistants, midwives, psychologists, and psychotherapists (MSSW).
- 1.08 "PHYSICIAN" means a licensed medical doctor, doctor of osteopathy or surgeon licensed to practice by a state within the United States of America. A licensed PHYSICIAN does not include the CLAIMANT. A PHYSICIAN also includes such other licensed medical professional (for example, a podiatrist, dentist, nurse practitioner, physician's assistant, psychologist) who is acting within the lawful scope of his/her license and performs a service which is supervised by a licensed medical doctor, doctor of osteopathy or surgeon (not required for D.P.M., D.D.S., or Nurse Practitioner).
- 1.10 "REGULAR CARE AND ATTENDANCE" wherever used in this Plan means a planned program of observation and treatment requiring the personal attendance of the CLAIMANT by a PHYSICIAN, which once initiated, is continued in accordance with existing standards of medical practice for the condition or conditions rendering the CLAIMANT sick or injured. A CLAIMANT who is under REGULAR CARE AND ATTENDANCE of a medical specialist other than a licensed PHYSICIAN, who was recommended by the initial attending PHYSICIAN, shall qualify under the provisions of this section subject to prior authorization by the DEPARTMENT. However, if care is being provided by someone other than a licensed medical doctor, doctor of osteopathy or surgeon, then all certifications of disability required by the CONTRACTOR or DEPARTMENT shall be approved by a licensed medical doctor, doctor of osteopathy or

surgeon. Treatment must meet or exceed standards of the medical profession for a condition which is totally disabling as defined in § 1.13.

1.11 “RETURN TO FULL TIME EMPLOYMENT” means the CLAIMANT has returned to work or is certified by a PHYSICIAN as being able to return to work or OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT’s return to work in the same position. If the CLAIMANT, while TOTALLY DISABLED under §1.13 (b), chooses to accept other work for the same number of hours which they worked prior to becoming disabled, then this also shall constitute a RETURN TO FULL TIME EMPLOYMENT. If the CLAIMANT had been employed less than full time prior to approval for disability benefits, a return to work or a release to work at the prior part time level constitutes a release to full time employment. If the CLAIMANT is released to return to work and does not actually return to work, the provisions of § 2.17 of this Plan apply.

1.12 “SUBSTANTIAL GAINFUL ACTIVITY” means that the gross earnings for any period for which ICI benefits that are paid or payable which are at least equal to the gross ICI benefit, excluding the \$75.00 per month supplement, payable to a CLAIMANT under § 1.13 (b) for the same period of time. This includes increased gross earnings for work performed in a different pay period.

1.13 “TOTALLY DISABLED” means:

- (a) During the first twelve (12) months of disability (short-term disability), where the CLAIMANT is under the REGULAR CARE AND ATTENDANCE of a PHYSICIAN, the CLAIMANT’s inability by reason of any medically determinable physical or mental impairment, supported by OBJECTIVE MEDICAL EVIDENCE as defined in § 1.08, to perform the duties of his or her position.
- (b) After the first twelve (12) months (long-term disability), the CLAIMANT’s complete inability by reason of any medically determinable physical or mental impairment, as supported by OBJECTIVE MEDICAL EVIDENCE as defined in § 1.08, to engage in any SUBSTANTIAL GAINFUL ACTIVITY for which the CLAIMANT is reasonably qualified with due regard to the CLAIMANT’s education, training, and experience.

House confinement shall not be required as a condition of disability, but a CLAIMANT must be under the REGULAR CARE AND ATTENDANCE of a licensed PHYSICIAN, other than self, during the period of disability.

1.14 “MILITARY LEAVE” means:

- (a) The EMPLOYEE is activated on or after January 1, 2003 to serve, or is serving, on military duty in the U.S. armed forces, other than for training purposes.
- (b) On the date activated, the EMPLOYEE is a member of the Wisconsin National Guard or a member of a reserve component of the U.S. armed forces or is recalled to active military duty from the inactive reserve status.
- (c) EMPLOYEE has received a military leave of absence under ss. 230.32 (3) (a) or 230.35 (3), Wis. Stats. under a collective bargaining agreement under subch. V of ch. 111, or under rules promulgated by the Division of Personnel Management or is eligible for reemployment with the state under ss. 45.50, Wis. Stats. after completion of his or her service in the U.S. armed forces.

(d) The EMPLOYEE has not terminated employment with the insured EMPLOYER.

1.15 "INCIDENTAL WORK FUNCTIONS" means work tasks which are minor or inconsequential. This will be determined by the CONTRACTOR on a case-by-case basis.

ARTICLE II - ENROLLMENT AND BENEFIT PROVISIONS

2.01 COVERAGE

- (1) The ICI Plan authorized by § 40.61, Wis. Stats., shall be an integrated plan of short- and long-term coverage. Participation under the plan shall be voluntary for each EMPLOYEE, but each EMPLOYEE who elects to participate shall be insured for both the short- and long-term coverage.
- (2) Benefits are paid to an insured EMPLOYEE for covered earnings lost as a result of disability. No benefit is available for earnings which were lost due to disability but which were not included under the provisions of § 2.165.

2.015 RESOLUTIONS FOR EMPLOYER PARTICIPATION

- (1) The governing body of an EMPLOYER shall adopt a resolution for coverage under this Plan in the form prescribed by the DEPARTMENT. The effective date of coverage shall be the first day of the calendar month which begins on or after ninety (90) days following receipt by the DEPARTMENT of the resolution, unless the resolution specifies a later effective date. The EMPLOYER shall transmit all enrollment applications so they are received by the DEPARTMENT thirty (30) days prior to the effective date. If those applications represent less than 65% of all eligible EMPLOYEES, the resolution shall become void, unless the EMPLOYER is granted a temporary waiver of the 65% participation requirement by the DEPARTMENT. The waiver may be extended by the DEPARTMENT, if deemed appropriate and necessary.
- (2) If participation under the Plan is initially approved in accordance with the minimum requirements established under sub. (1) and subsequent participation drops below the minimum participation percentage, the BOARD may terminate the EMPLOYER's participation under the Plan. If the BOARD terminates such participation, the termination shall be effective at the end of the calendar year. The DEPARTMENT shall notify a local EMPLOYER by October 1 of the decision to terminate participation at the end of the calendar year, otherwise termination shall be effective at the end of the following calendar year.
- (3) Provided that the EMPLOYER has been in the Plan for a minimum of twelve (12) months, the EMPLOYER may withdraw from the Plan at the end of any calendar year by filing a resolution with the DEPARTMENT by October 1 of that year.

2.02 INITIAL ELIGIBILITY

- (1) Enrollment shall be limited to EMPLOYEES.
- (2) Subsequent to the EMPLOYER's effective date of participation, each EMPLOYEE shall be insured under the Plan without furnishing medical evidence of insurability, provided the EMPLOYEE completes and signs an application furnished by the DEPARTMENT and files it with the EMPLOYER within thirty (30) calendar days

after eligibility as determined in accordance with § ETF 50.10, Wis. Admin. Code. If an EMPLOYEE is employed by more than one EMPLOYER, the EMPLOYEE must file a separate application under each EMPLOYER.

- (3) (Provision repealed as of 2/1/2024.)
- (4) Pursuant to § 40.61 (2) coverage shall be effective the first day of the calendar month that first occurs during the initial 30-day enrollment period if the employee files a timely application per 2.02 (2).

2.03 COVERAGE AFTER INITIAL DATE OF ELIGIBILITY

(1) EVIDENCE OF INSURABILITY

Any EMPLOYEE, who does not elect to be covered during the initial enrollment period or who previously cancelled ICI coverage, or an EMPLOYEE who desires at a later date to change to a shorter elimination period, may complete an application of evidence of insurability furnished by the DEPARTMENT. An application of evidence of insurability, completed more than thirty (30) days prior to the date the DEPARTMENT receives it, will be rejected. The EMPLOYEE shall be required to complete a new application. The evidence of insurability application shall be reviewed by the CONTRACTOR subject to the health underwriting standards approved for the program by the BOARD.

- (a) (Provision repealed as of 2/1/2024.)
- (b) If the EMPLOYEE's application is approved, insurance coverage shall become effective on the first day of the calendar month following the date of approval. Premiums will be based on the selected elimination period and the earnings as determined under § 2.11. If the EMPLOYEE was on an unpaid LEAVE OF ABSENCE in the previous calendar year, earnings will be determined as if the EMPLOYEE were newly hired under § 2.11 (2) (a). Charges for medical examinations and records, if required, shall be the responsibility of the EMPLOYEE.
- (c) If the application cannot be approved by the CONTRACTOR due to lack of medical evidence, the CONTRACTOR will notify the EMPLOYEE. If medical evidence is not received within thirty (30) days of notice to the EMPLOYEE, the CONTRACTOR shall deny the application.
- (d) If the application is denied by the CONTRACTOR following review of medical evidence, the EMPLOYEE has the right to request reconsideration of the denial. The CONTRACTOR shall be responsible for the reconsideration of the denied application. To request reconsideration of the initial denial, the EMPLOYEE must submit a written request to the CONTRACTOR which must be received by the CONTRACTOR within ninety (90) days of the date of the initial denial. If the CONTRACTOR upholds the initial denial on reconsideration, the EMPLOYEE has the right to request a subsequent review of the denial. The DEPARTMENT shall be responsible for the subsequent review of the CONTRACTOR's denial and rendering a Departmental Determination. To request a Departmental Determination, the EMPLOYEE must submit a written request which must be received by the DEPARTMENT within ninety (90) days of the date of the CONTRACTOR's reconsideration denial.

- (e) A new application may not be considered until a period of one (1) calendar year has elapsed from the date of denial of the previous application.
 - (f) If an EMPLOYEE submits an application while on a LEAVE OF ABSENCE, the application will be rejected. The EMPLOYEE may reapply upon return to work.
- (2) **CANCELLED COVERAGE.** An EMPLOYEE who previously had coverage and who completes an enrollment application to cancel coverage, other than an EMPLOYEE on MILITARY LEAVE, is subject to medical evidence of insurability should they desire to re-enroll for coverage. An EMPLOYEE on MILITARY LEAVE who completed an enrollment application to cancel coverage may re-enroll, without providing evidence of insurability, by submitting an enrollment application for coverage to be received by the EMPLOYER within thirty (30) days after return to work from MILITARY LEAVE.
- (3) **EMPLOYER ERROR**
- (a) If, as a result of employer error, an eligible employee has not filed an application for ICI and has not made premium contributions within 60 days after becoming eligible for ICI coverage, the EMPLOYEE is considered not to be insured. The EMPLOYEE may become insured by filing a new application within 30 days after the EMPLOYEE receives from the EMPLOYER written notice of the error. An EMPLOYEE is not required to furnish evidence of insurability to become insured. An EMPLOYEE becomes insured on the first day of the first month beginning after the date on which the EMPLOYER receives the EMPLOYEE's new application and upon approval by the DEPARTMENT.
 - (b) An EMPLOYEE who began paying premiums within 60 days after becoming eligible, and has continued to pay premiums, even though not properly enrolled, is deemed to be insured. Following EMPLOYER notice of improper enrollment, insurance shall continue in effect for thirty (30) days during which time proper enrollment must be completed by the EMPLOYEE. Coverage shall cease after thirty (30) days unless proper enrollment has been completed.

2.04 INITIAL PREMIUMS

When coverage becomes effective, multiple premium contributions may be required to pay premiums on a current basis.

2.05 CONTINUATION OF COVERAGE DURING PERIODS OF AUTHORIZED LEAVE

- (1) An insured EMPLOYEE may continue to be insured for a maximum of thirty-six (36) months during any period of leave specifically authorized by the EMPLOYER, while that person continues to be an EMPLOYEE but receives no earnings from the EMPLOYER. An insured EMPLOYEE on union leave, as defined under § 40.02 (56), Wis. Stats., or on MILITARY LEAVE, may continue to be insured for the duration of that leave.
- (2) The EMPLOYEE must authorize a payroll deduction in an amount sufficient to make the initial premium payment.

- (3) The premium for time periods beyond the initial premium payment shall be received by the EMPLOYER prior to the end of coverage so there is no lapse in coverage.
- (4) The earnings which the gross premium is based on shall remain the same throughout the period of authorized leave. Upon the EMPLOYEE's return to employment, the premium shall be reinstated using the same earnings that were in effect prior to the date of the authorized leave until the EMPLOYEE has worked one full calendar year after which the premium shall be adjusted at the time of the annual adjustment or, if applicable, at the time of a permanent change in the EMPLOYEE's percentage of appointment (whichever is earlier).
- (5) Any insured EMPLOYEE who allows coverage to lapse during a period of unauthorized or authorized leave, or MILITARY LEAVE by not authorizing or making advance premium payments under sub. (2) or (3) may reinstate coverage with the same elimination period and without furnishing medical evidence of insurability by submitting an application to the EMPLOYER within thirty (30) days following the return to active employment or return to active employment after MILITARY LEAVE. Coverage shall be effective on the first day of the month that first occurs during the 30-day enrollment period. Premiums shall resume in the same amount as before unless there has been an annual premium or salary adjustment in the interim.

2.06 WAIVER OF PREMIUMS

A CLAIMANT who is TOTALLY DISABLED shall pay no premiums for the coverage period beginning on the first of the month on or following the date of the first ICI benefit payment, or upon termination of employment, whichever occurs first. The waiver of premiums shall continue through the last day of the month in which the EMPLOYEE's LEAVE OF ABSENCE ends pursuant to §40.02 (40) Wis. Stat. or ICI benefits are terminated, whichever is later. The EMPLOYER shall not pay the EMPLOYER contribution of premium for same period as the CLAIMANT's waiver period.

2.07 TERMINATION OF COVERAGE

- (1) The insurance coverage of an EMPLOYEE who is not TOTALLY DISABLED shall immediately terminate on the date the EMPLOYEE resigns, is dismissed, terminates, retires or dies, whichever occurs first. A former EMPLOYEE can file a claim after their coverage termination date if their PHYSICIAN indicates they were TOTALLY DISABLED prior to resigning, being dismissed, terminating or retiring. When coverage lapses under § 2.05 (5), coverage terminates the end of the month through which premiums were paid. A full month's premium is required for any month or portion of a month for which earnings are paid.
 - (a) An EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, is still eligible for benefits, with the first date of disability being the EMPLOYEE's termination date.
- (2) Whenever a participating EMPLOYER withdraws from the program pursuant to § 2.015 (3) or is terminated under § 2.015 (2), coverage for EMPLOYEES covered thereunder shall terminate at the end of that calendar year. Termination of coverage shall not apply to those EMPLOYEES who become TOTALLY DISABLED on or before the date the EMPLOYER withdrawal or termination is effective.

- (3) An EMPLOYEE may cancel ICI coverage by giving written notice of cancellation to the EMPLOYER on a form provided by the DEPARTMENT. Such notice of cancellation must be forwarded by the EMPLOYER to the DEPARTMENT immediately. Cancellation of coverage shall be effective with the first day of the calendar month which occurs on or after the date the form is received by the EMPLOYER.

2.08 LAPSE OF COVERAGE

ICI coverage shall be deemed to have lapsed if an EMPLOYEE in active employment has not submitted the EMPLOYEE portion of premiums when due. This EMPLOYEE may again obtain coverage only under § 2.03.

2.09 GROSS MONTHLY PREMIUMS

- (1) The gross monthly premiums shall be based on the earnings as determined under § 2.11 (2) and the selected elimination period.
- (2) The available elimination periods are 30 days, 60 days, 90 days, 120 days, and 180 days.
- (3) The annual premium adjustment shall be determined effective April 1st of each year.

2.10 EMPLOYER CONTRIBUTIONS

The minimum EMPLOYER contribution toward premium shall be 100% of the gross monthly premium for the 180-day elimination period option. An EMPLOYER may elect to contribute a greater amount toward the premium in an amount equal to 100% of the gross premium for one of the shorter elimination periods.

2.11 EMPLOYEE CONTRIBUTIONS

- (1) EMPLOYEE contributions toward premium shall be made in accordance with the rates established by the Board, less the contribution made by the EMPLOYER.
- (2) Except as provided in par. (a), the monthly premium shall be determined based on the annual earnings and the selected elimination period. The earnings shall be the total earnings paid to the insured EMPLOYEE by the EMPLOYER during the previous calendar year as reported to the Wisconsin Retirement System, rounded to the next higher thousand.
 - (a) If the EMPLOYEE is newly hired or if there is a permanent change in the EMPLOYEE's percentage of appointment, the EMPLOYER shall estimate the base salary earnings to be received during the ensuing twelve (12) months rounded to the next higher thousand, and that projection shall be the basis for establishing premiums until the employee has worked for one full calendar year.
 - (b) (Provision repealed as of 2/1/2024.)
 - (c) Annual changes in contributions towards premiums shall be effective for coverage beginning April 1 of each calendar year.

2.12 MAXIMUM DURATION OF BENEFITS

Except as provided in sub. (2) through (4), the maximum duration of benefits for disabled insured EMPLOYEES shall be as follows:

- | <u>(1) Age at Disablement</u> | <u>Maximum Duration of Benefits
from Date of Disablement</u> |
|--|--|
| On or before 60 th birthday | to age 65 |
| After 60 th birthday | 5 years |
- (2) A CLAIMANT who qualifies for ICI benefits will receive the benefits through the end of the month in which the CLAIMANT turns 65, or through the end of the month the maximum duration is reached, whichever is applicable.
- (3) A CLAIMANT who returns to part time employment while receiving ICI benefits will have ICI benefits terminated at the end of the month in which maximum duration in sub. (1) is reached.
- (4) Notwithstanding sub. (1) through (3), ICI benefits shall be terminated the end of the day in which the CLAIMANT dies.

2.13 ELIMINATION PERIOD

- (1) A CLAIMANT qualifies for ICI benefits on the day after their last day worked and once they have been continuously and TOTALLY DISABLED under §1.13 (a) for the elimination period selected, but no benefit payment may be made while payments for sick leave, vacation, holiday time, and compensatory time are paid to the EMPLOYEE by the EMPLOYER after the elimination period.
- (2) The first day of the elimination period shall be the day after the last day worked or the day the CLAIMANT becomes continuously and TOTALLY DISABLED, whichever is later. The CLAIMANT must be TOTALLY DISABLED pursuant to § 1.13 (a) and not working during the elimination period unless the CONTRACTOR determines that the performance of INCIDENTAL WORK FUNCTIONS does not constitute a return to work. The performance of INCIDENTAL WORK FUNCTIONS shall extend the elimination period by one (1) day for every day or portion of a day spent performing incidental work functions.
- (a) The first date of disability for an EMPLOYEE who has worked with medical restrictions up until the day they are medically terminated, shall be the EMPLOYEE's termination date.
- (3) The elimination period for benefits for a CLAIMANT who becomes TOTALLY DISABLED under § 1.13 (a) while on authorized leave shall be the same period the CLAIMANT would have been required to serve if the CLAIMANT had been in pay status at the time of disability.
- (4) The elimination period shall begin on the first date of disability and continue without a break even if the CLAIMANT has a summer, seasonal or semester break in service.

2.14 ALTERNATE PROOF OF DISABILITY

- (1) A CLAIMANT who is approved for benefits under the disability provisions of the Wisconsin Retirement System (WRS) under § 40.63, Wis. Stats., § ETF 50.40, Wis. Admin. Code, or the United States Social Security Act and has ICI coverage in effect on the effective date of the other disability provisions mentioned, shall not initially be required to furnish further proof that the CLAIMANT meets the definition of TOTALLY DISABLED, but thereafter proof of continued disability may be required.
 - (a) If either § 40.63, Wis. Stats., WRS disability benefit or § ETF 50.40, Wis. Admin. Code, Long-Term Disability Insurance (LTDI) referenced in sub. (1) is approved, the first date of disability will be the day after the last day worked.
 - (b) If a Social Security Disability Insurance Benefit is approved, the first date of disability will be the date the Social Security Administration found the CLAIMANT disabled, but no earlier than the day after the last date worked.
 - (c) Par. (b) is not applicable if ICI coverage has lapsed before the effective date of the Social Security Disability Insurance Benefit.

2.15 INTEGRATED BENEFITS AND OFFSETS

- (1) The CLAIMANT must apply and complete the application or claim process for all other benefit programs for which the CLAIMANT may be eligible, including, but not limited to, Social Security Disability (through the hearing level if denied initially), Wisconsin Retirement System (WRS) disability and retirement plans; unemployment compensation, and worker's compensation.
 - (a) A CLAIMANT applying for ICI benefits must submit written evidence acceptable to the CONTRACTOR that the CLAIMANT has taken all necessary action to obtain and assign any other benefits available from the sources listed in sub. (2) which the CLAIMANT may be eligible to receive. This includes completion of any necessary records release.
 - (b) If the CONTRACTOR ascertains a CLAIMANT has not acted in a timely fashion to apply, reapply or file all required supporting documents for benefits for which the CLAIMANT is eligible through any applicable process, the CONTRACTOR may reduce the ICI benefits by an estimated amount the DEPARTMENT or CONTRACTOR determines would have been payable from that source. ICI benefit offset shall not be reduced, changed or stopped because of actual or alleged failure on the part of the CONTRACTOR or the DEPARTMENT to notify the CLAIMANT of his or her rights under other benefit programs. The ICI benefit will be reduced by the straight life annuity amount for any disability or retirement benefit available from the Wisconsin Retirement System or the estimated Wisconsin Retirement System Long -Term Disability Insurance (LTDI) monthly benefit, whichever is greater.
- (2) Benefit payments from ICI shall be reduced by benefits paid or payable to the CLAIMANT at the rate of 100% from the following sources, except as specified for the Wisconsin Retirement System (WRS) disability or retirement plan in par. (e):

- (a) Worker's Compensation Act, any payment except those specifically identified as permanent partial disability (PPD) or permanent total disability (PTD), penalties assessed against EMPLOYERS, medical expenses and attorney fees. Worker's Compensation settlement agreements which do not identify a specific amount, type of benefit or time period shall be offset from the ICI benefit effective the date the Worker's Compensation benefit is paid. The amount by which any such lump sum settlement benefit exceeds the monthly ICI benefit otherwise payable shall be carried over to reduce ICI benefits payable in future months until the amount of the lump sum has been completely offset.
- (b) Any EMPLOYER liability law, including the amount of 40.65 Duty Disability payments. The offset for §40.65 will be the gross amount of the benefit, prior to offsets, on the §40.65 effective date. The offsets to the gross §40.65 benefit include, but are not limited to, offsets for PPD and PTD payments, notwithstanding the provisions of par. (a). Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the exception of computation correction errors.
- (c) Any occupational disease law.
- (d) Any benefit from the United States Social Security Act as amended or any similar act of any State or county to which the CLAIMANT is eligible.
 - 1. Benefits will be reduced by the gross amount of Social Security (OASDHI). If the claimant elects to receive benefits based on the spouse's account in lieu of the CLAIMANT's own account, the ICI benefit will be reduced by the amount received by the CLAIMANT. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation correction errors, late reported earnings.
 - 2. The CONTRACTOR, with prior approval from the DEPARTMENT, may hire an advocate or facilitator to assist the CLAIMANT with a disability process. Failure to cooperate with an advocate or facilitator shall result in the suspension or termination of ICI benefits.

If Social Security disability benefits are awarded following an appeal, and the CLAIMANT had retained an attorney, the amount of the attorney fees not considered an offset will be based on the amount of the fees that were approved by the Social Security Administration and paid to the attorney. The CONTRACTOR will require proof of the amount paid to the attorney before any reduction in the overpayment amount will be made.
 - 3. If an EMPLOYEE was receiving disability benefits continuously from Social Security Administration programs prior to becoming insured, and subsequently becomes TOTALLY DISABLED while insured under this Plan, the disability benefits will be offset only if the amount received from the other program is increased as a result of the subsequent disability and only by the amount of the increase.

4. Once the CLAIMANT reaches full retirement age under Social Security, the ICI benefit will be offset by the gross amount of Social Security retirement benefits payable to the CLAIMANT. If the CLAIMANT does not apply for their Social Security retirement benefit at full retirement age, the offset will be based on an estimated amount.

If the CLAIMANT begins receiving Social Security benefits prior to reaching full retirement age, even though not required to apply at that point, the ICI benefit will be offset by the gross amount received from Social Security.

- (e) Any WRS disability or retirement plan. WRS periodic disability and retirement payments and lump sum payments will be offset at the equivalent straight life monthly annuity amount using the DEPARTMENT's current actuarial tables.
 1. Benefits will be reduced by all applicable WRS benefits. Future changes in payments which reflect improvements or cost-of-living adjustments will not alter the amount originally established as an offset with the following exceptions: computation correction errors, late reported earnings, and adjusted Long-Term Disability Insurance (LTDI) benefits due to retirement or separation benefit offsets.
 2. Once the CLAIMANT reaches normal retirement age under the WRS, or age 62, whichever occurs later, the ICI benefit will be offset by the straight life amount from the WRS. If the CLAIMANT does not apply for their WRS retirement benefit at normal retirement age, or age 62, whichever occurs later, the offset will be based on an estimated straight life amount.

If the CLAIMANT begins receiving WRS retirement benefits prior to reaching normal retirement age, or age 62, whichever occurs later, even though not required to apply at that point, the ICI benefit will be offset by the straight life amount.

- (f) Any EMPLOYER sponsored or sanctioned salary continuation plan, including any plan whose premiums are paid or collected via payroll deduction.
- (g) Earnings, which means the gross amount of wages and salary received from any employment, whether or not it is Wisconsin Retirement System covered employment, for personal service rendered on or after the disability effective date, including any amount which would have been available for payment to the CLAIMANT except for the CLAIMANT's election that part or all of the amount be used for other purposes. The gross amount shall be determined prior to deductions for taxes, insurance premiums, retirement contributions, charitable contributions, etc.
 1. Notwithstanding 2.15 (2) (g) intro., earnings received by a CLAIMANT who has returned to work less than full time with their prior WRS employer will be offset per 2.175 (1).
 2. Earnings also include any payment or award from an EMPLOYER for lost wages or lost earnings regardless of whether treated as earnings

for purposes of the Wisconsin Retirement System under § 40.02 (22), Wis. Stats., or § ETF 20, Wis. Admin. Code, and regardless of whether received from the EMPLOYER or a third party, including a third-party subrogation or an insurer.

3. Earnings for personal services rendered also include the net profit of any business enterprise owned, controlled or conducted by the individual, in addition to any salary, wages or other compensation drawn from such a business.
4. Earnings will be offset as of the date of payment for the gross amount paid.
5. The use of sick leave, vacation time, etc., after the elimination period shall be at the CLAIMANT's option, subject to personnel rules or policy. Any earnings paid for sick leave, vacation pay, etc., after the elimination period will be offset from the ICI benefit at 100%. If the CLAIMANT has returned to work with the prior EMPLOYER and payments for vacation, holiday time and compensatory time are paid, the offsets will be applied pursuant to §2.175.

(h) Unemployment compensation.

(i) The following payments are NOT offsets to ICI benefits:

- 1) VA benefits.
- 2) Non-WRS retirement benefits.
- 3) Payments for longevity pay or uniform allowances.
- 4) Health insurance "opt-out" incentives.
- 5) Severance packages.
- 6) Supplemental Security Income (SSI).
- 7) Payments made to survivors or an estate after the death of a CLAIMANT.
- 8) Other payments as determined by the DEPARTMENT.

- (3) Notwithstanding delays in benefit payments from sources listed under sub. (2), ICI benefits may be made and adjusted, retroactively if necessary, when benefit payments from other sources are actually made to the CLAIMANT or become known to the DEPARTMENT or CONTRACTOR. Any overpayments created due to retroactive approval of sources listed under sub. (2) must be repaid by the CLAIMANT or the CLAIMANT's representative or estate. Any retroactive benefits paid to an estate or beneficiary after the CLAIMANT's death are not offsetable.
- (4) Notwithstanding the provisions of sub. (2), if a CLAIMANT elects not to apply for a disability benefit, although eligible to do so, and applies for a WRS or Social Security retirement or separation benefit, the amount offset under this section shall be set at the greater of the disability, retirement or separation benefit which the CLAIMANT would have been eligible to receive.
- (5) Benefits listed in sub. (2) that began on or after the ICI coverage effective date will be offset against the ICI benefit.

2.16 BENEFIT PAYMENTS.

- (1) Benefit payments shall be based on 75% of the CLAIMANT's earnings as determined under § 2.165 (2) less offsets as provided in section 2.15.
- (2) ICI benefits may be denied, suspended or terminated if information necessary to determine such benefits is not received within ninety (90) days of the date of request.
- (3) The BOARD has approved the following maximum monthly benefit(s) for a TOTALLY DISABLED CLAIMANT.
 - (a) The maximum monthly benefit is \$7500.00 per month, not including any add-on approved by the Board.
- (4) An additional amount of \$75.00 per month is payable to those CLAIMANTS receiving benefits under § 1.13 (b).
- (5) ICI benefits may be terminated if medical evidence shows that the CLAIMANT no longer meets the definition of TOTALLY DISABLED. If the CLAIMANT had a medical condition while employed which was accommodated by the EMPLOYER, and that condition has not significantly changed, that condition is not considered in determining whether the CLAIMANT is capable of returning to their own position.
- (6) ICI benefits will be paid monthly with checks dated the first of the month for the previous month's benefit period, and at one-thirtieth (1/30) of the monthly benefit for each day of the benefit period which is less than one month.
- (7) ICI benefits received by the CLAIMANT due to error, mistake, fraud or misrepresentation shall be repaid to the ICI plan by the CLAIMANT or the CLAIMANT's representative or estate, or through withholding of funds per §40.08 (4), Wis. Stats.

2.161 NEGOTIATED LUMP SUM BUY-OUTS

The DEPARTMENT will establish guidelines and parameters to identify ICI claims that may be suitable for negotiated lump sum buy-outs. Buy-outs will be offered on a voluntary basis only. The CONTRACTOR will periodically identify suitable claims, draft a release when indicated, and submit a list to the DEPARTMENT for review and approval prior to sending a buy-out option to the claimant. Buy-outs will be considered benefits under this plan.

2.165 EARNINGS DEFINED FOR DETERMINATION OF BENEFIT PAYMENTS

- (1) The average monthly earnings in effect on the first date of disability shall be the total earnings paid to the insured EMPLOYEE by the EMPLOYER during the previous calendar year as reported to the Wisconsin Retirement System, rounded to the next higher thousand and divided by twelve (12).
 - (a) If the EMPLOYEE was newly hired or had a permanent change in percentage of appointment that is not accurately reflected in the previous year's earnings, the estimated base salary earnings that was used to determine the most recent premiums will be rounded to the next higher

thousand and divided by twelve (12) and that projection shall be the basis for establishing average monthly earnings for the determination of benefits.

- (b) If the EMPLOYEE has had a permanent change in their rate of pay but has had no change in their percentage of appointment, then the average monthly earnings shall be based on either a new projection using the new rate of pay OR 2.165 (1) whichever is higher.
- (c) If the EMPLOYEE returns to employment after a period of disability or authorized leave, then goes out on a new disability as defined by 2.17, earnings shall be the same as the prior disability/authorized leave or based on 2.165 (1), whichever is higher.

2.17 CONTINUED PROOF OF DISABILITY

- (1) After satisfaction of the elimination period as provided in § 2.13, benefits under § 1.13 (a) shall be payable commencing at the end of the elimination period and continuing until the end of the twelve (12) month period subsequent to the first date of disability.
 - (a) Successive periods of disability under § 1.13 (a) due to the same or related medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least fourteen (14) consecutive calendar days during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.
 - (b) Successive periods of disability under § 1.13 (a) due to unrelated medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least one (1) day the CLAIMANT is scheduled to work and does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.
- (2) ICI benefits under § 1.13 (b) shall begin after the twelve (12) month period specified in sub. (1) if the CLAIMANT meets the disability definition as indicated in § 1.13 (b).
 - (a) Successive periods of disability under § 1.13 (b) due to the same or related medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least six (6) consecutive months during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT, or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT or the ICI benefit was terminated due to the CLAIMANT earning or capable of earning wages equivalent to the SUBSTANTIAL GAINFUL ACTIVITY.

- (b) Successive periods of disability under §1.13 (b) due to unrelated medically determinable physical or mental impairments shall be considered one disability unless the periods of disability are separated by at least fourteen (14) consecutive calendar days during which the CLAIMANT does RETURN TO FULL TIME EMPLOYMENT, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT.
- (3) A PHYSICIAN's certification that a CLAIMANT is able to return to work cannot be retroactive. The certification must take effect on the date written or on a future effective date.
- (4) Rehabilitative employment, as provided under § 2.18, shall not be considered a RETURN TO FULL TIME EMPLOYMENT under subs. (1) and (2).
- (5) If a TOTALLY DISABLED CLAIMANT does RETURN TO FULL TIME EMPLOYMENT as defined in § 1.11, or is certified by a PHYSICIAN as being able to RETURN TO FULL TIME EMPLOYMENT or the OBJECTIVE MEDICAL EVIDENCE supports the CLAIMANT's RETURN TO FULL TIME EMPLOYMENT for the periods specified in subs. (1) and (2) benefit payments shall be terminated. If the CLAIMANT is subsequently TOTALLY DISABLED again, it shall be considered a new disability and the elimination period established under § 2.13 shall apply.
- (6) Benefit payments will terminate if CLAIMANT is capable of returning to SUBSTANTIAL GAINFUL ACTIVITY.
- (7) No benefits shall be payable for any period after the date of a CLAIMANT's death.
- (8) ICI benefits may be denied, suspended or terminated if information necessary to determine such benefits cannot be obtained within sixty (60) days of the date of the request.
- (9) If a CLAIMANT is certified by a PHYSICIAN or the CLAIMANT is supported by the OBJECTIVE MEDICAL EVIDENCE as being able to return to less than full time work, but the CLAIMANT does not return to work, the ICI benefit will be reduced by an estimated earnings offset. Pursuant to § 2.175 (1) and § 2.18 (4), estimated earnings shall be offset at the rate of 75% if the CLAIMANT was in a DEPARTMENT approved rehabilitation plan, or the DEPARTMENT would have approved a rehabilitation plan under § 2.18 (2).
 - (a) The estimated offset for an employee who has not returned to work will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate the CLAIMANT was earning when the CLAIMANT first became TOTALLY DISABLED.
 - (b) The estimated offset for an employee who returned to part time work but does not work the number of hours released or ceases employment will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL

EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate in effect at the time the CLAIMANT ceased or reduced the part-time employment.

- (10) In consultation with the DEPARTMENT, the CONTRACTOR may initially and at reasonable intervals require the CLAIMANT to furnish proof that the claimant is TOTALLY DISABLED and may require independent medical examinations by a licensed PHYSICIAN or other medical specialist of the CONTRACTOR's or DEPARTMENT's choosing, participation in a functional capacity assessment, participation in a vocational assessment, a labor market survey, work with a Social Security facilitator or other services as directed by the DEPARTMENT.
 - (a) If a CLAIMANT is receiving either Wisconsin Retirement System (WRS) disability (§ 40.63, Wis. Stats., or LTDI benefits) or Social Security disability benefits, continued proof of disability will not be required. If the WRS or Social Security disability benefit, or both if applicable, is terminated for any reason, medical evidence will be required to support continued ICI payments.

2.175 RETURN TO WORK WITH PRIOR EMPLOYER

- (1) Gross earnings without regard to taxes or other deduction, earned by a CLAIMANT who returns to work for less than full time with the CLAIMANT's prior EMPLOYER shall be offset, based on the check or payment date, at the rate of 75%. Sick leave paid will be offset at 100%.
 - (a) The estimated offset for an employee who has not returned to work will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate the CLAIMANT was earning when the CLAIMANT first became TOTALLY DISABLED.
 - (b) The estimated offset for an employee who returned to part time work but does not work the number of hours released or ceases employment will be based on the number of hours indicated by the PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), multiplied by the hourly rate in effect at the time the CLAIMANT ceased or reduced the part-time employment.
- (2) OBJECTIVE MEDICAL EVIDENCE shall be obtained at least on a quarterly basis to substantiate continued benefits. If the OBJECTIVE MEDICAL EVIDENCE indicates that the CLAIMANT does not meet the definition of TOTALLY DISABLED, benefit payments will terminate pursuant to §2.17.

2.18 REHABILITATIVE TRAINING

- (1) The DEPARTMENT must approve in writing in advance any individualized rehabilitative plan. A plan will only be approved if the DEPARTMENT or the Wisconsin Division of Vocational Rehabilitation determines that rehabilitative training will aid the CLAIMANT to return to SUBSTANTIAL GAINFUL ACTIVITY. The CLAIMANT must be receiving benefits under 1.13 (b) to participate in

approved rehabilitative training. Benefits will terminate upon completion of the plan and the CLAIMANT is determined to be capable of SUBSTANTIAL GAINFUL ACTIVITY. A rehabilitative plan must be in writing and include specific goals and dates for meeting those goals which are agreed to by the CLAIMANT and approved in advance by the DEPARTMENT.

- (2) A rehabilitative plan may include:
 - (a) An education program which has as its primary purpose the training or retraining of a CLAIMANT so that the CLAIMANT may engage in SUBSTANTIAL GAINFUL ACTIVITY. A rehabilitation plan need not be limited to formal vocational rehabilitative training.
 - (b) Any on-the-job training or retraining from any source.
 - (c) Return to less than full time employment in a position other than with the CLAIMANT's prior EMPLOYER, whether or not the employer is a Wisconsin Retirement System covered EMPLOYER, if such employment is approved by the DEPARTMENT as rehabilitative.
 - (d) A RETURN TO FULL TIME EMPLOYMENT at an hourly rate that is less than what would be considered SUBSTANTIAL GAINFUL ACTIVITY, whether or not the employer is a Wisconsin Retirement System covered EMPLOYER, if OBJECTIVE MEDICAL EVIDENCE or rehabilitative specialist supports such employment.
- (3) ICI benefits shall not be reduced because the CLAIMANT is participating in an educational program provided under sub. (2) (a), if the CLAIMANT receives no earnings from such program. Benefits may be increased by an amount equal to any reduction in the CLAIMANT's income from sources listed under §2.15 to the maximum benefit payable to the CLAIMANT, if such reduction is caused by the CLAIMANT's participation in the educational program. Supplemental benefits shall be available to pay all or part of the reasonable cost of educational programs including tuition, course fees, books and other necessary materials not available from other sources.
- (4) ICI benefits shall be reduced by an amount equal to 75% of the gross earnings that a CLAIMANT receives or is capable of earning from rehabilitative training provided under sub. (2) and by 100% of any paid sick leave. The DEPARTMENT may waive all or part of the offsets under this paragraph in order to promote the return to SUBSTANTIAL GAINFUL ACTIVITY for a period not to exceed nine (9) months. The DEPARTMENT will apply the following guidelines in determining whether the waiver is appropriate:
 - (a) The CONTRACTOR and the DEPARTMENT will review the CLAIMANT's job-related expenses that are incurred due to the CLAIMANT's medical condition, which are over and above the normal expenses, and are not covered by other sources. The CLAIMANT must receive prior approval from the DEPARTMENT before waiving the offset of EARNINGS because of the CLAIMANT's medical condition.
 - (b) The CONTRACTOR and the DEPARTMENT will only consider expenses directly related to accommodating a CLAIMANT's needs in getting to work and/or having an appropriate workstation. Such items as childcare,

gasoline, bus fare, etc., will not be considered covered job-related expenses. Such expenses must be thoroughly documented.

- (c) The ICI Plan will require appropriate documentation (receipts, tax returns, etc.) to support expenses claimed under par. (b). Any expenses for a caregiver will be considered only if the care is provided by a properly trained caregiver and approved in advance by the DEPARTMENT.
- (5) Earnings received from employment or training which has not been approved as rehabilitative will be offset from the ICI benefit at an amount equal to 100% of the gross earnings. The offset will be based on the date of check or payment date.
- (6) If a CLAIMANT is determined to be physically and mentally capable of rehabilitative training but refuses to participate or continue to participate in such a program, or does not work the number of hours indicated by a PHYSICIAN, or substantiated by the OBJECTIVE MEDICAL EVIDENCE or an independent medical examination authorized under § 2.17 (10), the DEPARTMENT may authorize the termination or suspension of disability benefit payments or may authorize the offset of benefits by the amount of earnings the CLAIMANT could have received if engaged in rehabilitative employment.
- (7) Return to work with the prior EMPLOYER in the same or equivalent position is not considered rehabilitation.

2.19 WORLDWIDE COVERAGE

An insured EMPLOYEE shall not be denied coverage solely because of travel or residency in any geographic location.

2.20 LIMITATIONS

Benefits shall not be payable for total disability which begins prior to the effective date of coverage or disability which is:

- (1) The direct result of war, declared or undeclared. The fact of war shall be determined by the BOARD.
- (2) The direct or indirect result of intentional self-inflicted injury for monetary gain.
- (3) The direct or indirect result of participation in the commission of a crime other than a misdemeanor.
- (4) The direct or indirect result of cosmetic surgery.

2.21 CLAIMS PROCEDURE.

- (1) An Income Continuation Insurance Claim form (ET-5352) and Income Continuation Insurance (ICI) Medical Report form (ET-5350) prescribed by the DEPARTMENT shall be available to the CLAIMANT if they wish to file a paper claim from the EMPLOYER or from the DEPARTMENT. The CLAIMANT may file an ICI claim via telephone according to CONTRACTOR procedures.

- (2) An ICI claim (either claim form ET-5352 received by the DEPARTMENT or through telephone initiation with the CONTRACTOR) must be completed by the CLAIMANT or the CLAIMANT's representative. In no event will a paper or telephone claim be approved if received more than twelve (12) months from the last day paid as determined by the CONTRACTOR. In no event will benefits be payable for the period which is more than ninety (90) days prior to the date the DEPARTMENT receives the paper claim or the CONTRACTOR receives the telephone claim. A claim may be submitted up to thirty (30) days prior to the last day worked in cases of scheduled surgery or impending childbirth; however, no benefits will be payable until after the last day worked based on the first date of disability determined by the CONTRACTOR and subject to the CLAIMANT's elimination period.
- (3) An Income Continuation Insurance Medical Report form (ET-5350) must be signed by a PHYSICIAN or health care provider meeting the definition under § 1.09 of the plan if submitted as part of the claim process. The CONTRACTOR may obtain medical information to make a benefit determination by contacting the CLAIMANT's PHYSICIAN or health care providers by telephone in lieu of the Income Continuation Insurance medical report.
- (4) After an ICI claim is received (either ET-5352 or telephone-initiated), the CONTRACTOR will request that the CLAIMANT's EMPLOYER complete an Income Continuation Insurance Employer Statement (ET-5351) either on paper or electronically. This information must be received by the DEPARTMENT and processed by the CONTRACTOR before any benefits are payable.
- (5) Administrative Review Process
 - (a) The CLAIMANT has the right to request in writing the reconsideration of an approval, denial, termination, or other benefit determination by the CONTRACTOR, but it must be received by the CONTRACTOR no later than ninety (90) days after the date of the CONTRACTOR's letter which contains the denial, termination or other benefit determination.
 - (b) The CLAIMANT may provide any additional information as part of the request for reconsideration, but it must be received by the CONTRACTOR no later than ninety (90) days after the date of the CONTRACTOR's letter which contains the approval, denial, termination or other benefit determination.
 - (c) If the CLAIMANT does not agree with the CONTRACTOR's reconsideration decision, the CLAIMANT has the right to request in writing a Departmental Determination of the approval, denial, termination, or other benefit determination by the CONTRACTOR, but it must be received by the DEPARTMENT no later than ninety (90) days after the date of the CONTRACTOR's reconsideration letter.
 - (d) The CLAIMANT may provide any additional information as part of the request for a Departmental Determination, but it must be received by the DEPARTMENT no later than ninety (90) days after the date of the CONTRACTOR's reconsideration letter.

- (e) If the CLAIMANT does not agree with the DEPARTMENT's Departmental Determination, the CLAIMANT has the right to request in writing an appeal to the Group Insurance Board, but it must be received by the DEPARTMENT's Board Coordinator no later than ninety (90) days after the date of the Departmental Determination letter.

2.22 ASSIGNMENT OF BENEFITS.

Benefits payable under this Plan may be assigned to fulfill child or family support obligations Pursuant to s. 40.08 (1c).