



Health Insurance Election for Military Service Personnel

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

Provide to the employee or designated representative. **This form must be signed and returned to the payroll representative listed below regardless of your election.**

Section 40.05 (4g), Wis. Stat., provides additional months of state contribution toward health insurance premiums for certain military service personnel who receive a military leave of absence or are eligible for reemployment under Wis. Stat. § 321.64. To receive additional months of state contribution on the date of your activation, you must be:

1. insured under the State of Wisconsin Group Health Insurance plan and be receiving state contributions toward the premium, *and*
2. a member of:
 - the Wisconsin National Guard,
 - a reserve component of the United States Armed Forces, or
 - be recalled to active duty (other than for training purposes) from inactive reserve status.

You or your designated representative may elect within 60 days after being activated to receive benefits resulting from this legislation and:

- Continue health insurance coverage indefinitely while on leave and establish pre-payment of premiums,
- Let your coverage lapse after being activated for military service due to non-payment of premium and reinstate coverage while on leave by filing a *Group Health Insurance Application/Change Form* (ET-2301), **or**
- Allow your coverage to lapse and reapply within 30 days of return to employment (provided employment resumes within 180 days after release from active military service).

Your election cannot go into effect unless this form is received by your employer within 60 days after you are activated. If you have any questions regarding your benefits under this legislation, please contact your payroll representative. Your payroll representative will return a photocopy of this form as an acknowledgment.

Employee Information and Election	
Name (first, middle, last)	SSN
Please check all appropriate box(es) and sign below. All elections must be made within 60 days of activation.	
<input type="checkbox"/> 1. I elect to continue State of Wisconsin Group Health Insurance coverage. I understand that if I continue coverage, I will receive my employer's share of any premium. I also understand that any employee share of the premium must be paid to my state agency to keep coverage in force. I understand that if I obtain other insurance while deployed and I am currently enrolled in an HDHP, I will need to change to a non-HDHP plan for the duration of my deployment if I elect to continue coverage through my employer. I will be able to reselect an HDHP after my deployment ends due to loss of military coverage. Any health insurance changes must be made by submitting a <i>Health Insurance Application/Change Form</i> (ET-2301) or online through your employer.	
<input type="checkbox"/> 2. I elect not to continue State of Wisconsin Group Health Insurance coverage. I understand that by declining to continue coverage I do not receive my employer's share of the premium. I understand that by declining to continue coverage, I must return to active state employment in order to reenroll in State of Wisconsin Group Health Insurance.	
<input type="checkbox"/> 3. I am terminating my state employment under § 321.64 and I elect to continue my health insurance coverage until I either return to work or active duty ceases.	
<input type="checkbox"/> 4. I let my State of Wisconsin Group Health Insurance lapse effective _____ while on military leave and I elect to reinstate my coverage within 60 days of activation. I elect to reinstate my health insurance to the health plan and coverage type that I was enrolled in at the time my State of Wisconsin Group Health Insurance lapsed. I understand that coverage will be effective on the first of the month following my employer's receipt of the enclosed <i>Health Insurance Application/Change Form</i> (ET-2301) and that the employer's contribution will begin at that time. I understand that any employee share of the premium must be paid to my state agency to keep coverage in force.	
Signature of Employee or Designated Representative	Date (MM/DD/YYYY)

State Payroll Representative		
Signature of State Payroll Representative	Date (MM/DD/YYYY)	EIN 69-036-0001-



Nondiscrimination and Language Access

42 U.S. Code § 18116

ETF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and others). ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact ETF at 1-877-533-5020; TTY: 711. If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

ETF Office of Policy, Privacy & Compliance
P.O. Box 7931
Madison, WI 53707-7931
1-877-533-5020; TTY: 711
Fax: 608-267-4549
Email: ETFSMBPrivacyOfficer@etf.wi.gov

If you need help filing a grievance, ETF's Office of Policy, Privacy & Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at crportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019; 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

The Wisconsin Department of Employee Trust Funds is a state agency that administers the Wisconsin Retirement System pension, health insurance and other benefits offered to eligible government employees, former employees and retirees.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj xav tau kev pab txhais lus. Peb pab koj tau, peb pab koj dawb xwb, thov hu rau 1-877-533-5020 (TTY: 711)

Chinese– 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 711)

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic – ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة بلغتك دون أي مصاريف: اتصل بالرقم (1-877-533-5020) (خدمة الصم والبكم: 711)

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch – Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao – ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 711).

French – ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS: 711).

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian – KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).