



Termination Checklist For Retiring State Employees

Wisconsin Department
of Employee Trust Funds
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Use this checklist for terminating employees who have reached minimum retirement age (50 for protective category or 55 for all other employment categories). **Please provide a copy of this checklist to the employee along with any forms before their termination date.** ETF does not need a copy.

NOTE: If the employee has not reached the minimum retirement age, please use the [Termination Checklist for State Employees \(ET-2500s\)](#).

Employers may either print or provide links to forms [online](#) or order hard copies [here](#).

Employee Information	
Name	
ETF ID	Termination date (MM/DD/YYYY)

Step 1: Wisconsin Retirement System Benefits

See *Chapter 9 – Periodic Employee Transaction Reporting* and *Chapter 14 – Termination Rule and Reporting* of the [WRS Administration Manual](#) for details.

WRS Termination Reporting	Date Completed
STAR Agencies: Enter the termination in PeopleSoft/STAR. Make sure the employee's current address is correct.	Date or N/A <input type="checkbox"/>
Non-STAR Agencies: Submit a <i>P001 Termination – Employment or Retirement</i> transaction using the WRS Account Update application on the ETF Web Applications for Employers page. Make sure the employee's current address is included.	Date or N/A <input type="checkbox"/>
Employee Forms and Notices	Date Employee Notified
WRS Notices: <ul style="list-style-type: none"> Contact ETF for a retirement estimate if you haven't requested one already. Estimates are valid for one year (12 months) from the date requested. Contact ETF directly if your address or phone number changes. Contact ETF with questions at 1-877-533-5020. 	Date or N/A <input type="checkbox"/>
Refer employee to the WRS Guide to Retirement (ET-4133)	Date or N/A <input type="checkbox"/>

Step 2: Health Insurance and Sick Leave Benefits

See *Chapter 8 – Cancellation and Termination of Coverage*, *Chapter 10 – Retirement or Disability* and *Chapter 12 – Accumulated Sick Leave Conversion Credits* in the [State Agency Health Insurance Employer Manual \(ET-1118\)](#) for details.

Health Insurance Termination Reporting	Date Completed
<input type="checkbox"/> Check here if the employee is not a State health insurance subscriber	
Enter a Termination of Coverage transaction in myETF Benefits using <i>Retirement</i> as the reason.	Date or N/A <input type="checkbox"/>

Active Employee Coverage End Date: Date	
Health Plan Name:	<input type="checkbox"/> Single <input type="checkbox"/> Family
Sick Leave <input type="checkbox"/> Check here if the employee has depleted their Sick Leave NOTE: If the employee used more than 500 hours of sick leave due to a single illness or injury, review Chapter 758.110 in the Wisconsin Human Resources Handbook to determine if the employee qualifies for SHICC restoration.	
<i>Employers must certify sick leave through the AcSL system within 30 days of the termination date.</i>	
Employee Forms and Notices	Date Employee Notified
Health Insurance and Sick Leave Notices: <ul style="list-style-type: none"> • Health insurance coverage automatically continues if your retirement benefit effective date is within 30 days of your termination date. • If you don't want to continue coverage as an annuitant, you must submit a Health Insurance Application/Change (ET-2301) form or letter to ETF <i>before</i> your active employee coverage ends. • Health insurance premiums are automatically deducted from your sick leave credits until your credits are exhausted. • If you have health insurance coverage through another source, you may be eligible to preserve sick leave for a later date by filing the Sick Leave Credit Escrow Application (ET-4305) with ETF. Note: <i>To escrow, you must be covered by a plan with hospital, medical and prescription drug benefits equivalent to the state's It's Your Choice (IYC) Access Plan or IYC Access Medicare Plus plan.</i> • Contact ETF with questions at 1-877-533-5020 	Date or N/A <input type="checkbox"/>
Provide employee with sick leave credit estimate from AcSL <i>See Chapter 12, Subchapter 1209 in the employer manual for instructions.</i>	Date or N/A <input type="checkbox"/>
Refer employee to Sick Leave Credit Conversion Program (ET-4132) brochure	Date or N/A <input type="checkbox"/>

Step 3: Income Continuation Insurance (ICI) Benefits

See Chapter 6 – Termination of Coverage in the [Income Continuation Insurance Administration Manual \(ET-1119\)](#) for details.

ICI Termination Reporting <input type="checkbox"/> Check here if the employee is not a State ICI subscriber	
Coverage Paid Thru: Date	
Employee Forms and Notices	Date Employee Notified
ICI coverage ends when you terminate your employment.	Date or N/A <input type="checkbox"/>

Step 4: Life Insurance Benefits

See *Chapter 15 – Maintaining Coverage After Termination of Employment* in the [WPE Group Health Insurance Program Administration Manual \(ET-1117\)](#) for details.

Life Insurance Termination Reporting <input type="checkbox"/> Check here if the employee is not a State Group Life Insurance subscriber	Date Completed
Identify when last premium payment is due and refund overpayments	Date or N/A <input type="checkbox"/>
Coverage Paid Thru: Date <input type="checkbox"/> Basic <input type="checkbox"/> 100% Supplemental <input type="checkbox"/> Additional 1 <input type="checkbox"/> Additional 2 <input type="checkbox"/> Additional 3 <input type="checkbox"/> Spouse & Dependent <input type="checkbox"/> Unit I <input type="checkbox"/> Units I and II	
Employee Forms and Notices	Date Employee Notified
Life Insurance Notices: <ul style="list-style-type: none"> • Your coverage automatically continues if your retirement benefit effective date is within 31 days of your termination date. • ETF will send you a <i>Group Life Insurance Certification of Coverage (ET-4802)</i> form showing coverage levels, premium amount, and funding source. • Your premiums are automatically deducted from your annuity payment. If the annuity doesn't cover the premium, you will be billed directly by Securian. • If you are deferring your annuity and want to continue coverage, you must submit a Group Life Insurance Continuation Application (ET-2154) form to ETF within 31 days of coverage ending. You will be billed directly by Securian. • If you are under age sixty-five (65), Spouse & Dependent coverage ends when you retire. • If you are age sixty-five (65) or over, your basic coverage will continue at a reduced amount for life at no cost to you. Supplemental and Additional Units end at age 65. Spouse & Dependent and Accidental Death and Dismemberment coverage ends when you retire. • To cancel any or all coverage, you must file a Life Insurance Application/Cancellation/Refusal (ET-2304) form. 	Date or N/A <input type="checkbox"/>
Refer employee to the WPE Group Life Insurance Program (ET-2101) brochure	Date or N/A <input type="checkbox"/>

Step 5: Wisconsin Deferred Compensation (WDC) Benefits

See the [WDC Employer Guide](#) for details.

WDC Termination Reporting <input type="checkbox"/> Check here if the employee is not a WDC participant	Date Completed
Report termination in the Empower Retirement Plan Service Center (PSC) system	Date or N/A <input type="checkbox"/>
Employee Forms and Notices	Date Employee Notified
Refer the employee to the Distribution Options brochure, the WDC website (www.wdc457.org), and provide the customer service number (1-877-457-9327) for information about their account.	Date or N/A <input type="checkbox"/>

Step 6: Supplemental Benefits

See Chapter XII – Retirement, Disability, or Long-Term Disability in the [Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for details.

Supplemental Benefit Termination Reporting		Coverage End Date
Commuter Fringe Benefit Accounts (Optum) <i>Coverage ends on the date of termination.</i>	Parking Account	Date or N/A <input type="checkbox"/>
	Transit Account	Date or N/A <input type="checkbox"/>
Employee Reimbursement Accounts (Optum) <i>Coverage ends the last day of the month following final contribution. Dependent Day Care Account coverage ends December 31 of the plan year.</i>	Health Care Flexible Spending Account (HCFSA)	Date or N/A <input type="checkbox"/>
	Limited Purpose Flexible Spending Account (LPFSA)	Date or N/A <input type="checkbox"/>
	Dependent Day Care Account	Date or N/A <input type="checkbox"/>
Securian Accident Plan <input type="checkbox"/> Employee <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + family		Date or N/A <input type="checkbox"/>
Delta Dental of Wisconsin <input type="checkbox"/> PPO - Select Plan <input type="checkbox"/> PPO Plus Premier - Select Plus Plan <input type="checkbox"/> Employee <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + family <input type="checkbox"/> PPO Plus Premier-Preventive Plan <input type="checkbox"/> Single <input type="checkbox"/> Family		Date or N/A <input type="checkbox"/>
DeltaVision Vision Care Coverage Paid Thru: Date <input type="checkbox"/> Employee <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + family		
Employee Forms and Notices		Date Employee Notified
If you have a FSA, you may be eligible for COBRA through the end of the plan year by completing the FSA Continuation Election Form (ET-1518)		Date or N/A <input type="checkbox"/>
For questions about benefits administered by Optum, please see the Optum landing page or call their customer service number at 1-833-881-8158.		Date or N/A <input type="checkbox"/>
Commuter Fringe Benefit Notices (Optum): <ul style="list-style-type: none"> • Payment card will be deactivated upon termination. Reimbursement requests must be submitted online through your portal account or mobile app. • You have until March 31, the last day of the run-out period, to submit reimbursement request(s) or resolve any outstanding claims for expenses incurred during the coverage period. 		Date or N/A <input type="checkbox"/>
Health Savings Account (HSA) Notices (Optum): <ul style="list-style-type: none"> • Your HSA contributions from both payroll deduction and employer contribution will end upon retirement. • You will continue to have access to your HSA after retirement. • There are no administrative fees for retirees with an HSA if you maintain coverage through a High-Deductible Health Plan under the State of Wisconsin program. 		Date or N/A <input type="checkbox"/>

<p>Delta Dental of Wisconsin Supplemental Coverage Notices:</p> <ul style="list-style-type: none"> • Coverage continues up to 18 months at the active employee rate if: <ul style="list-style-type: none"> ○ You choose “continuant” on the Delta Dental Retiree/Continuation form, <i>and</i> ○ You sent the form to Delta Dental within 30 days of your retirement date. • You must change coverage to “retiree” during the It’s Your Choice open enrollment period <i>before</i> the 18 months of continuation coverage expires. • If continuation coverage expires, you will not have coverage until you apply for coverage during the next open enrollment period. Coverage begins January 1. • Contact Delta Dental at 1-844-337-8383 with questions. 	Date or N/A <input type="checkbox"/>
<p>DeltaVision Vision Care Coverage Notices:</p> <ul style="list-style-type: none"> • Supplemental vision continues up to 18 months only if a Supplemental Vision Retiree/Continuant Change Form is sent to DeltaVision. <ul style="list-style-type: none"> ○ Premiums can be deducted from your monthly annuity payment. ○ You must change coverage to “retiree” during the It’s Your Choice open enrollment period <i>before</i> the 18 months of continuation coverage expires. • If you do not have supplemental vision at retirement and would like it in the future, you can enroll during the annual It’s Your Choice open enrollment period. • In the case of the death of the subscriber, eligible surviving dependents who wish to continue coverage must submit a “retiree” enrollment form. • For information regarding DeltaVision Vision Care benefits, visit their website or call 1-844-337-8383 	Date or N/A <input type="checkbox"/>
<p>The Securian Accident benefit is portable and can be maintained up to age 70. You must contact Securian at 1-866-295-8690 or madisonbranch@securian.com within 30 days of your termination date to maintain coverage.</p>	Date or N/A <input type="checkbox"/>

Step 7: Annual Leave

Depending on the employee’s request in their termination letter, all earned and unused paid leave (excluding sick leave) can either be paid in a lump sum or keep the retiree in pay status until depleted. Overdrawn (used, but not earned) leave will be deducted from the retiree’s final paycheck dated *Final Check Date*.

Total leave hours	
Rate of pay	\$
Total owed	\$

Visit etf.wi.gov for ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings, and other resources.

Signature	
This signature acknowledges that both parties have reviewed this checklist before the employee’s last day due to retirement, and that everything applicable to this employee has been completed as noted above.	
Employee Signature	Date (MM/DD/YYYY)
Employer Signature	Date (MM/DD/YYYY)