



Termination Checklist Due to Employee Death

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

Use this checklist to report a termination due to employee death. In the event that an employee dies, please contact the Department of Employee Trust Funds (ETF) at 1-877-533-5020 immediately to report the death.

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
<p>STAR Employers: Enter the termination in PeopleSoft/Star. Make sure the employee's current address is correct.</p> <p>All Other Employers: Submit a <i>P006 Termination – Death</i> transaction using the WRS Account Update application on the ETF Web Applications for Employers page. Make sure the current address is included.</p>	Date or N/A <input type="checkbox"/>
Reporting Reminders	
<ul style="list-style-type: none"> • If the employee was in an <i>active</i> employment status at the time of death, the date of death on the death certificate must be used for the action/termination date. • Payouts of accumulated vacation, sick leave, or compensatory time specifically due to termination or death are not reportable if the employer does not have a policy of converting unused accumulated leave time to cash at least annually. • Death benefits for participating employees will be paid according to the <i>Beneficiary Designation (ET-2320)</i> form. When no <i>Beneficiary Designation</i> form is on file, death benefits are paid according to standard sequence set forth in Wis. Stat. §40.02(8)(a)2. • See our Death Benefits page for more information. 	

Step 2: Wisconsin Deferred Compensation (WDC) Benefits (if applicable)

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

WDC Termination Reporting	Date Completed
<input type="checkbox"/> Check here if the employee is not a WDC participant	Date or N/A <input type="checkbox"/>
Report termination in the Empower Retirement Plan Service Center (PSC) system.	Date or N/A <input type="checkbox"/>
Reporting Reminders	
Survivors may call the customer service number (1-877-457-9327) for information about the account.	



Step 3a: State Agency Health Insurance and Sick Leave Benefits

See *Chapter 12 – Accumulated Sick Leave Conversion Credits* and *Chapter 14 – Employee Death* in the [State Agency Health Insurance Employer Manual \(ET-1118\)](#) for details.

Health Insurance Termination Reporting <input type="checkbox"/> Check here if the employee is not a State health insurance subscriber	Date Completed
<p>STAR Agencies: Enter a Termination of Coverage transaction. For both single and family coverage, the end date is the end of the month of the employee’s death. A payroll refund may be required.</p> <p>Non-STAR Agencies: Enter a Termination of Coverage transaction in myETF Benefits. Use <i>Death of Subscriber</i> as the reason.</p>	Date or N/A <input type="checkbox"/>
<p>Coverage End Date: Date</p> <p>Health Plan Name: <input type="checkbox"/> Single <input type="checkbox"/> Family</p>	
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>	
Reporting Reminders	
<ul style="list-style-type: none"> ETF will send the surviving spouse and dependents information about continuation rights and use of sick leave credits to pay health insurance premiums. 	

Step 3b: Wisconsin Public Employers Group Health Insurance Benefits (local employers only)

See *Chapter 14 – Employee Death* in the [Local Employer Health Insurance Employer Manual \(ET-1144\)](#) for details.

Health Insurance Termination Reporting <input type="checkbox"/> Check here if the employee is not a subscriber of the Wisconsin Public Employers (WPE) Group Health Insurance Program	Date Completed
<p>Enter a Termination of Coverage transaction in myETF Benefits. Use <i>Death of Subscriber</i> as the reason and the employee’s date of death for the <i>Event Date</i>.</p> <ul style="list-style-type: none"> Single Coverage: The end date is the end of the month of the employee’s death (a payroll refund may be required). Family coverage: The end of the month through which premiums have been paid (no payroll refund will be required). 	Date or N/A <input type="checkbox"/>
<p>Family Coverage Only: Complete and submit the Verification of Health Insurance Coverage and Local Employer Paid Annuitant Transfer Report (ET-4814). Provide a copy to survivors.</p>	Date or N/A <input type="checkbox"/>
<p>Coverage End Date: Date</p> <p>Health Plan Name: <input type="checkbox"/> Single <input type="checkbox"/> Family</p>	

Step 4: Income Continuation Insurance (ICI) Benefits (if applicable)

<p>ICI Termination Reporting</p> <p><input type="checkbox"/> Check here if the employee is not an ICI subscriber</p>
<p>Coverage automatically terminates upon death of employee.</p>

Step 5: Life Insurance Benefits (if applicable)

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

<p>Life Insurance Termination Reporting</p> <p><input type="checkbox"/> Check here if the employee is not a life insurance subscriber</p>	<p>Date Completed</p>
<p>Identify when last premium payment is due and refund overpayments.</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>Coverage Paid Thru: Date</p> <p> <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 </p>	
<p>Reporting Reminders</p> <ul style="list-style-type: none"> • If coverage is in force on the date of death, death benefits for basic, supplemental and additional plans are payable to the beneficiary. • If applicable, Accidental Death benefits apply to the Basic, Supplemental and Additional Plans during employment and are payable upon the employee’s accidental death. Some exclusions may apply. 	

Step 6: Supplemental Benefits (if applicable)

See *Chapter XIII –Death of a Subscriber or Dependent* in the [Supplemental Benefit Plans Administration Manual \(ET-1158\)](#) for details.

<p>Supplemental Benefit Termination Reporting</p>		<p>Coverage End Date</p>
<p>Commuter Fringe Benefit Accounts (Optum) <i>Coverage ends on the date of death.</i></p>	<p>Parking Account</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>Employee Reimbursement Accounts (Optum) <i>Health Care Flexible Spending Account (FSA) and Limited Purpose FSA coverage ends the last day of the month following final contribution.</i> <i>Dependent Day Care Account coverage ends December 31 of the plan year.</i></p>	<p>Health Care Flexible Spending Account (HCFSA)</p>	<p>Date or N/A <input type="checkbox"/></p>
	<p>Limited Purpose Flexible Spending Account (LPFSA)</p>	<p>Date or N/A <input type="checkbox"/></p>
	<p>Dependent Day Care Account</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>Securian Accident Plan</p> <p> <input type="checkbox"/> Employee <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + family </p>		<p>Date or N/A <input type="checkbox"/></p>

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"/>
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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
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Reporting Reminders

- HSA payroll deduction and employer contribution ends upon death.
- Optum can only distribute HSA funds to individuals listed as beneficiaries.
 - The beneficiary or executor of the estate can submit a Death Distribution Request Form or call Optum customer service at 1-833-881-8158 to discuss distribution of assets.
 - For additional benefit account information, see the resources located on the [Optum](#) landing page.

- The employee’s Optum payment card will be deactivated upon death.
- Reimbursement requests must be submitted online through the employee portal account, mobile app or via claims form.
- Survivors 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.

- Supplemental Delta Dental of Wisconsin active employee coverage ends upon death. Survivors can continue up to 18 months at the active employee rate or indefinitely at the retiree rate if:
 - The survivor chooses “continuant” or “retiree” on the [Delta Dental Retiree/Continuation](#) form, *and*
 - The form is sent to Delta Dental within 30 days of the date of death.
- The survivor must change coverage to “retiree” during the open enrollment period *before* the 18 months of continuation coverage expires.
- If continuation coverage expires, the survivor will not have coverage until they apply for coverage during the next open enrollment period. Coverage begins January 1.
- Contact Delta Dental at 1-844-337-8383 with questions.

- Supplemental Delta Vision active employee coverage ends upon death of the employee. Survivors can continue coverage as a “retiree” if:
 - The survivor chooses “retiree” on the [Supplemental Vision Retiree/Continuant Change Form](#) form, *and*
 - The form is sent to Delta Vision within 30 days of the date of death.
- For information regarding DeltaVision Vision Care benefits, visit their [website](#) or call 1-844-337-8383

The Securian Accident Plan is portable and can be maintained by the survivor up to age 70. The survivor must contact Securian at 1-866-295-8690 or via email at madisonbranch@securian.com within 30 days of the date of death to maintain coverage.

Signature	
This signature certifies the employer has reviewed and completed everything applicable to this employee upon notice of death.	
Employer Signature	Date (MM/DD/YYYY)