|  |  |  |
| --- | --- | --- |
| ETF logo | Termination ChecklistDue to Employee Death | 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> |

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](https://etf.wi.gov/resource/wisconsin-retirement-system-administration-manual) for details.

|  |  |
| --- | --- |
| **WRS Termination Reporting** | **Date Completed** |
| **STAR Employers:** Enter the termination in PeopleSoft/Star. Make sure the employee’s current address is correct.  **All Other Employers:** Submit a *P006 Termination – Death* transaction using the ***WRS Account Update*** application on the [ETF Web Applications for Employers](https://etf.wi.gov/employers/wisconsin-retirement-system/etf-web-applications-employers) page. Make sure the current address is included. | Date  or N/A |
| **Reporting Reminders** | |
| * If the employee was in an *active* 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 *Beneficiary Designation* (*ET-2320*) form. When no *Beneficiary Designation* 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](https://etf.wi.gov/retirement/wrs-retirement-benefit/death-benefits) page for more information. | |

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

See the [*WDC Employer Guide*](https://docs.empower-retirement.com/EE/WisconsinWR/DOCS/Employer-Reference-Guide.pdf?_gl=1*hrkzym*_ga*Nzk3MDExMDA3LjE2MzgyODg3MDE.*_ga_MDRRLSW4FM*MTYzODI4ODcwMS4xLjAuMTYzODI4ODcwMS42MA..) for details.

|  |  |
| --- | --- |
| **WDC Termination Reporting**  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 ☐ |
| **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)](https://etf.wi.gov/resource/state-agency-health-insurance-standards-guidelines-and-administration-employer-manual) for details.

|  |  |
| --- | --- |
| **Health Insurance Termination Reporting**  Check here if the employee is not a State health insurance subscriber | **Date Completed** |
| **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.  **Non-STAR Agencies:** Enter a Termination of Coverage transaction in [myETF Benefits](https://trust.etf.wi.gov/ETFaMEBWeb/aMEB/aMEBLogon.jsp). Use *Death of Subscriber* as the reason. | Date  or N/A ☐ |
| **Coverage End Date:** Date  **Health Plan Name:**        Single  Family | |

|  |
| --- |
| **Sick Leave**  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](https://dpm.wi.gov/Pages/HR_Admin/WI-HR-Handbook-Chapters-Index.aspx) to determine if the employee qualifies for SHICC restoration. |
| *Employers must certify sick leave through the AcSL system within 30 days of the termination date.* |
| **Reporting Reminders** |
| * 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)](https://etf.wi.gov/resource/local-employer-health-insurance-standards-guidelines-and-administration-manual) for details.

|  |  |
| --- | --- |
| **Health Insurance Termination Reporting**  Check here if the employee is not a subscriber of the Wisconsin Public Employers (WPE) Group Health Insurance Program | **Date Completed** |
| Enter a Termination of Coverage transaction in [myETF Benefits](https://trust.etf.wi.gov/ETFaMEBWeb/aMEB/aMEBLogon.jsp). Use *Death of Subscriber* as the reason and the employee’s date of death for the *Event Date*.   * **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 ☐ |
| **Family Coverage Only:** Complete and submit the [*Verification of Health Insurance Coverage and Local Employer Paid Annuitant Transfer Report* (ET-4814)](http://etf.wi.gov/publications/et4814.pdf). Provide a copy to survivors. | Date  or N/A ☐ |
| **Coverage End Date:** Date  **Health Plan Name:**        Single  Family | |

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

|  |
| --- |
| **ICI Termination Reporting**  Check here if the employee is not an ICI subscriber |
| Coverage automatically terminates upon death of employee. |

**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)](https://etf.wi.gov/resource/wisconsin-public-employers-group-life-insurance-program-administration-manual) for details.

|  |  |
| --- | --- |
| **Life Insurance Termination Reporting**  Check here if the employee is not a life insurance subscriber | **Date Completed** |
| Identify when last premium payment is due and refund overpayments. | Date  or N/A ☐ |
| **Coverage Paid Thru:** Date  Basic  100% Supplemental  Additional 1  Additional 2  Additional 3  Spouse & Dependent  Unit I  Units I and II | |
| **Reporting Reminders** | |
| * 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)*](https://etf.wi.gov/resource/state-wisconsin-supplemental-benefit-plans-administration-manual) for details.

|  |  |  |
| --- | --- | --- |
| **Supplemental Benefit Termination Reporting** | | **Coverage End Date** |
| **Commuter Fringe Benefit Accounts (Optum)** *Coverage ends on the date of death.* | Parking Account | Date  or N/A ☐ |
| **Employee Reimbursement Accounts (Optum)**  *Health Care Flexible Spending Account (FSA) and Limited Purpose FSA coverage ends the last day of the month following final contribution.*  *Dependent Day Care Account coverage ends December 31 of the plan year.* | Health Care Flexible Spending Account (HCFSA) | Date  or N/A ☐ |
| Limited Purpose Flexible Spending Account (LPFSA) | Date  or N/A ☐ |
| Dependent Day Care Account | Date  or N/A ☐ |
| **Securian Accident Plan**  Employee  Employee + spouse  Employee + child(ren)  Employee + family | | Date  or N/A ☐ |
| **Delta Dental of Wisconsin**  PPO - Select Plan  PPO Plus Premier - Select Plus Plan  Employee  Employee + spouse  Employee + child(ren)  Employee + family  PPO Plus Premier-Preventive Plan  Single  Family | | Date  or N/A ☐ |
| **DeltaVision Vision Care**  Coverage Paid Thru: Date  Employee  Employee + spouse  Employee + child(ren)  Employee + family | | |
| **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](https://www.connectyourcare.com/m/etfemployees) 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](https://etf.wi.gov/resource/supplemental-dental-retireecontinuant-enrollment-form-2020) 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](https://deltadentalwi.my.salesforce.com/sfc/p/#A0000000IEY9/a/0H000000g51N/QMR88Zl3ueFVydGdLiqUV9rNVndl5ymtbseQfxL9IQs) 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](https://www4.deltadentalwi.com/state-of-wi-vision) 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](mailto: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) |