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| ETF logo | Termination ChecklistFor Retiring State Employees | Wisconsin Departmentof Employee Trust FundsPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549<etf.wi.gov> |

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)](https://etf.wi.gov/resource/termination-checklist-state-employees).

Employers may either print or provide links to forms [online](https://etf.wi.gov/publications/employer) or order hard copies [here](https://trust.etf.wi.gov/ETFMailWeb/etf/internet/formorder/ETFEmployerOrderForm.jsp).

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| **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.

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| **WRS Termination Reporting** | **Date Completed** |
| **STAR Agencies:** Enter the termination in PeopleSoft/STAR. Make sure the employee’s current address is correct. | Dateor N/A [ ]  |
| **Non-STAR Agencies:** Submit a *P001 Termination – Employment or Retirement* 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 employee’s current address is included. | Dateor N/A [ ]  |
| **Employee Forms and Notices** | **Date Employee Notified** |
| WRS Notices:* 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.
 | Dateor N/A ☐ |
| Refer employee to the [*WRS Guide to Retirement* (ET-4133)](http://etf.wi.gov/publications/et4133.pdf)  | Dateor N/A ☐ |

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

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| **Health Insurance Termination Reporting**[ ]  Check here if the employee is not a State health insurance subscriber | **Date Completed** |
| Enter a Termination of Coverage transaction in [myETF Benefits](https://trust.etf.wi.gov/ETFaMEBWeb/aMEB/aMEBLogon.jsp) using *Retirement* as the reason. | Dateor N/A ☐ |
| **Active Employee 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.* |
| **Employee Forms and Notices** | **Date Employee Notified** |
| Health Insurance and Sick Leave Notices:* 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)*](http://etf.wi.gov/publications/et2301.pdf) form or letter to ETF *before* 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)*](https://etf.wi.gov/publications/et4305pdf/direct) with ETF.

***Note:*** *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.** Contact ETF with questions at 1-877-533-5020
 | Dateor N/A ☐ |
| Provide employee with sick leave credit estimate from AcSL*See Chapter 12, Subchapter 1209 in the employer manual for instructions.* | Dateor N/A ☐ |
| Refer employee to [*Sick Leave Credit Conversion Program* (ET-4132)](http://etf.wi.gov/publications/et4132.pdf) brochure  | Dateor N/A ☐ |

**Step 3: Income Continuation Insurance (ICI) Benefits**

See *Chapter 6 – Termination of Coverage in the* [*Income Continuation Insurance Administration Manual (ET-1119)*](https://etf.wi.gov/publications/et1119pdf/direct)for details.

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| **ICI Termination Reporting**[ ]  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. | Dateor N/A ☐ |

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

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| **Life Insurance Termination Reporting**[ ]  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 | Dateor N/A ☐ |
| **Coverage Paid Thru:** Date [ ]  Basic [ ]  100% Supplemental [ ]  Additional 1 [ ]  Additional 2 [ ]  Additional 3[ ]  Spouse & Dependent [ ]  Unit I [ ]  Units I and II |
| **Employee Forms and Notices** | **Date Employee Notified** |
| Life Insurance Notices:* Your coverage automatically continues if your retirement benefit effective date is within 31 days of your termination date.
* ETF will send you a *Group Life Insurance Certification of Coverage (ET-4802)* 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)](https://etf.wi.gov/resource/group-life-insurance-continuation-application) 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)*](https://etf.wi.gov/resource/life-insurance-applicationcancellationrefusal) form.
 | Dateor N/A ☐ |
| Refer employee to the[*WPE Group Life Insurance Program (ET-2101)*](https://etf.wi.gov/resource/wisconsin-public-employers-group-life-insurance-program) brochure  | Dateor N/A ☐ |

**Step 5: Wisconsin Deferred Compensation (WDC) Benefits**

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.

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| **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 | Dateor N/A ☐ |
| **Employee Forms and Notices** | **Date Employee Notified** |
| Refer the employee to the [Distribution Options](https://docs.empower-retirement.com/EE/WisconsinWR/DOCS/Distribution-Options.pdf?_gl=1*1d5bsf*_ga*Nzk3MDExMDA3LjE2MzgyODg3MDE.*_ga_MDRRLSW4FM*MTYzODI4ODcwMS4xLjEuMTYzODI4OTIyOC41Mg..) brochure, the WDC website ([www.wdc457.org](http://www.wdc457.org)), and provide the customer service number (1-877-457-9327) for information about their account. | Dateor N/A ☐ |

**Step 6: Supplemental Benefits**

See *Chapter XII – Retirement, Disability, or Long-Term Disability* in the [*Supplemental Benefit Plans Administration Manual (ET-1158)*](https://etf.wi.gov/resource/state-wisconsin-supplemental-benefit-plans-administration-manual) for details.

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| **Supplemental Benefit Termination Reporting** | **Coverage End Date** |
| **Commuter Fringe Benefit Accounts (Optum)***Coverage ends on the date of termination.* | Parking Account | Dateor N/A ☐ |
| Transit Account | Dateor N/A ☐ |
| **Employee Reimbursement Accounts (Optum)***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) | Dateor N/A ☐ |
| Limited Purpose Flexible Spending Account (LPFSA) | Dateor N/A ☐ |
| Dependent Day Care Account | Dateor N/A ☐ |
| **Securian Accident Plan**[ ]  Employee [ ]  Employee + spouse [ ]  Employee + child(ren) [ ]  Employee + family | Dateor 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 | Dateor N/A ☐ |
| **DeltaVision Vision Care****Coverage Paid Thru:** Date [ ]  Employee [ ]  Employee + spouse [ ]  Employee + child(ren) [ ]  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)*](https://etf.wi.gov/resource/flexible-spending-account-continuation-election-form) | Dateor N/A ☐ |
| For questions about benefits administered by Optum, please see the [Optum](https://www.connectyourcare.com/m/etfemployees) landing page or call their customer service number at 1-833-881-8158. | Dateor N/A ☐ |
| Commuter Fringe Benefit Notices (Optum):* 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.
 | Dateor N/A ☐ |
| Health Savings Account (HSA) Notices (Optum):* 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.
 | Dateor N/A ☐ |
| **Delta Dental of Wisconsin Supplemental Coverage Notices:*** Coverage continues up to 18 months at the active employee rate if:
	+ You choose “continuant” on the [Delta Dental Retiree/Continuation](https://etf.wi.gov/resource/supplemental-dental-retireecontinuant-enrollment-form-2020) form, *and*
	+ 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 *before* 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.
 | Dateor N/A ☐ |
| **DeltaVision Vision Care Coverage Notices:*** Supplemental vision continues up to 18 months only if a [Supplemental Vision Retiree/Continuant Change Form](https://deltadentalwi.my.salesforce.com/sfc/p/#A0000000IEY9/a/0H000000g51N/QMR88Zl3ueFVydGdLiqUV9rNVndl5ymtbseQfxL9IQs) is sent to DeltaVision.
	+ Premiums can be deducted from your monthly annuity payment.
	+ You must change coverage to “retiree” during the It’s Your Choice open enrollment period *before* 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](https://www4.deltadentalwi.com/state-of-wi-vision) or call 1-844-337-8383
 | Dateor N/A ☐ |
| 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. | Dateor N/A ☐ |

**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*.

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

**Visit** [**etf.wi.gov**](http://etf.wi.gov/) **for ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings, and other resources.**

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| **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) |