



Termination Checklist For Local Employees

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 for employees who are terminating or retiring. **Please provide a copy of this checklist to the employee along with any forms before their termination date.** ETF does not need a copy.

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
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
<p>WRS Notices:</p> <ul style="list-style-type: none"> • If you are under the minimum retirement age (50 for protective category or 55 for all other employment categories) see the Leaving WRS Employment webpage to learn about account options after you terminate. • If you have reached the minimum retirement age, contact ETF for a retirement estimate if you haven't requested one already. <ul style="list-style-type: none"> ○ Estimates are valid for one year (12 months) from the date requested. ○ See the WRS Guide to Retirement (ET-4133) for more information. • 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"/>

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	
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 3: 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><input type="checkbox"/> Check here if the employee qualifies for continuation of coverage</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</p> <p><input type="checkbox"/> Spouse & Dependent <input type="checkbox"/> Unit I <input type="checkbox"/> Units I and II</p>	
<p>Employee Forms and Notices</p>	<p>Date Employee Notified</p>
<p>Life Insurance Notices:</p> <ul style="list-style-type: none"> • Retirees Only: Your coverage automatically continues if your retirement benefit effective date is within 31 days of your termination date. <ul style="list-style-type: none"> ○ 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. • All Others: Your coverage ends on the last calendar day of the month in which your employment ends. <ul style="list-style-type: none"> ○ If you qualify for continuation of 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. 	<p>Date or N/A <input type="checkbox"/></p>
<p>Provide qualified employees with the Group Life Insurance Continuation Application (ET-2154) form and refer them to the WPE Group Life Insurance Program (ET-2101) brochure</p>	<p>Date or N/A <input type="checkbox"/></p>

Step 3: Health Insurance Benefits (if applicable)

See *Chapter 8 – Cancellation and Termination of Coverage* in the [Local Employer Health Insurance Employer Manual \(ET-1144\)](#) for details.

<p>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</p>	<p>Date Completed</p>
<p>When an employee over minimum retirement age terminates employment, complete and submit the Local Employer Verification of Health Insurance Coverage (ET-4814) .</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>All others: Enter a Termination of Coverage transaction in myETF Benefits</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>Active Employee Coverage End Date: Date <input type="checkbox"/> Single <input type="checkbox"/> Family Health Plan Name:</p>	
<p>Employee Forms and Notices</p>	<p>Date Employee Notified</p>
<p>Retirement Only: Provide a signed copy of the Local Employer Verification of Health Insurance Coverage (ET-4814)</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>All Others: Provide a Continuation-Conversion Notice (ET-2311) form with the employer sections completed along with a Health Insurance Application/Change (ET-2301).</p>	<p>Date or N/A <input type="checkbox"/></p>
<p>Health Insurance Notices:</p> <ul style="list-style-type: none"> • Retirees Only: Health insurance coverage automatically continues for covered employees upon retirement. If you do not wish to continue coverage, ETF must receive a cancellation in writing with your signature within 60 days of your retirement date. • All Others: Health insurance coverage ends at the end of the month in which your employment ends. You and your qualified beneficiaries have the right to continue group coverage or convert to individual coverage for up to 18 months under COBRA. <ul style="list-style-type: none"> ○ You must complete the <i>Continuation-Conversion Notice (ET-2311)</i> and the <i>Health Insurance Application/Change (ET-2301)</i> forms and send to ETF within 60 days of the date your active coverage ends. ○ If you elect coverage under COBRA, the health plan will bill you directly. • Contact ETF if your address or phone number changes. • Contact ETF with questions at 1-877-533-5020 	<p>Date or N/A <input type="checkbox"/></p>

Step 4: Local Annuitant Health Program (LAHP) Benefits (if applicable)

This section only applies to employees who are terminating due to retirement and the employer does not participate in the WPE Group Health Insurance Program.

<p>Employee Forms and Notices <input type="checkbox"/> Check here if the employee is not eligible for LAHP coverage.</p>	<p>Date Employee Notified</p>
<p>Health Insurance Notices:</p> <ul style="list-style-type: none"> • The Local Annuitant Health Program is available to employees who are retiring, or to surviving dependents, if your employer offers health insurance that is not the Wisconsin Public Employers Group Health Insurance Program administered by ETF. • Enrollment limitations apply. See the Local Annuitant Health Program (LAHP) Decision Guide (ET-2156) for more information. • Contact ETF with questions at 1-877-533-5020 	<p>Date or N/A <input type="checkbox"/></p>

Step 5: Income Continuation Insurance (ICI) Benefits (if applicable)

See *Chapter 6 – Termination of Coverage in the [WPE Income Continuation Insurance Administration Manual \(ET-1145\)](#)* for details.

ICI Termination Reporting <input type="checkbox"/> Check here if the employee is not an ICI subscriber	
Coverage Paid Thru: Date	
Employee Forms and Notices	Date Employee Notified
<ul style="list-style-type: none"> ICI coverage ends when you terminate your employment. 	Date or N/A <input type="checkbox"/>

Step 6: Supplemental Benefits (if applicable)

See *Chapter X – Cancellation/Termination in the [Supplemental Benefit Plans Administration Manual \(ET-1158\)](#)* for details.

Supplemental Benefit Termination Reporting	Coverage End Date
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 Contact Delta Dental of Wisconsin at 715-343-7679 or ETFSales@deltadentalwi.com about setting up terminated employees with their legally required 18 months of continuation coverage. This also applies to subscribers of DeltaVision.	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
Delta Dental of Wisconsin Supplemental Coverage Notices: <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 continuation form, <i>and</i> You send the form to Delta Dental within 30 days of your termination date. Retirees Only: You may continue coverage indefinitely by selecting “continuant” on the continuation form. <ul style="list-style-type: none"> 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"> • Coverage continues up to 18 months at the active employee rate if: <ul style="list-style-type: none"> ○ You choose “continuant” on the continuation form, <i>and</i> ○ You send the form to Delta Dental within 30 days of your termination date. • Retirees Only: You may continue coverage indefinitely by selecting “continuant” on the continuation form. <ul style="list-style-type: none"> ○ 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 Vision at 1-844-337-8383 with questions. 	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"/>

Employers and employees should contact ETF with any questions. Visit etf.wi.gov for ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings and other resources. Members should contact ETF to request a retirement estimate and application before they retire.

Signature	
This signature acknowledges that both parties have reviewed this checklist before the employee’s last day due to termination or 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)