



# New Employee Benefit Checklist

Wisconsin Department  
of Employee Trust Funds  
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Fax 608-267-4549  
etf.wi.gov

Employee name:	Employee ETF ID:
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Use this form to determine eligibility, distribute forms, and provide due dates to a new employee for all ETF-administered benefits. Keep this completed copy for your records. ETF does not need a copy.

## Step 1: Determine WRS Eligibility

Use Chapter 3 of the [WRS Administration Manual \(ET-1127\)](#) and the *Previous Service and Benefit Inquiry* application on the [ETF Web Applications for Employers](#) to determine WRS eligibility.

Criteria	Yes	No	Additional Information
Does the employee have previous WRS service?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the employee a WRS annuitant? Did the annuitant meet a 75-day break in service? If yes, is the employee's last termination date <i>on or after July 2, 2013</i> ? Complete the <i>Employer</i> section of the <a href="#">Rehired Annuitant Form (ET-2319)</a>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If a rehired annuitant with a termination date on or after July 2, 2013 meets eligibility under new eligibility rules, they must be enrolled. Complete the ET-2319 for all rehired annuitants, regardless of eligibility. See the <i>Employment of Annuitants</i> information in Chapter 15 of the <a href="#">WRS Administration Manual (ET-1127)</a> .
Does the new employee have any WRS-participating employment before July 1, 2011? If yes, did the new employee take a lump-sum benefit?	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	If yes, evaluate employee under old eligibility rules. If no, use new rules. If yes, evaluate employee under new eligibility rules.
Is the employee WRS eligible?	<input type="checkbox"/>	<input type="checkbox"/>	

## Step 2: Eligible Employee Only — Provide WRS Benefit Information and Submit Enrollment

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

WRS Information	Additional Information
<a href="#">Your Benefit Handbook (ET-2119)</a> brochure	<input type="checkbox"/>
<a href="#">Election to Participation in the Variable Trust Fund (ET-2356)</a> form	<input type="checkbox"/> If electing participation, employee sends directly to ETF.
<a href="#">Additional Contributions (ET-2123)</a> brochure	<input type="checkbox"/>
<a href="#">Beneficiary Designation (ET-2320)</a> form	<input type="checkbox"/> Employee sends directly to ETF.
<a href="#">Rehired Annuitant Form (ET-2319)</a> form* * <i>Rehired annuitants only</i>	<input type="checkbox"/> Have the employee complete and sign the Employee section and return to the employer. The employer will send to ETF.
<input type="checkbox"/> <b>Employer:</b> Use the <a href="#">ETF Web Applications for Employers</a> : <i>WRS Account Update</i> to enroll the employee using transaction code <b>P060 – WRS Enrollment</b> .	

**Step 3: Eligible Employee Only — Provide ETF-Administered Insurance and Optional Benefit Information**

If the employer participates in the ETF-administered benefit program(s), track dates and materials to distribute below. Employers may either print or provide links to the forms online at [etf.wi.gov](http://etf.wi.gov) or order hard copies [here](#).

The employee must submit all applications to employer within 30 days of hire date.

Check here if the employer does not participate in any ETF-administered insurance benefits

Benefit Program	Date Provided to Employee	Application Due Date
<p><b>Wisconsin Public Employers (WPE) Group Life Insurance</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Life Insurance Application (ET-2304)</a> form</li> <li>• <a href="#">The Wisconsin Public Employers Group Life Insurance Program (ET-2101)</a> brochure</li> </ul> <p><input type="checkbox"/> <b>Employer:</b> Complete <i>Employer</i> section and return to ETF when complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p><b>Group Health Insurance</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Group Health Insurance Application/Change (ET-2301)</a> form <b>or</b> online enrollment information</li> <li>• <a href="#">It's Your Choice Decision Guide</a> (select correct program option)</li> </ul> <p><input type="checkbox"/> <b>Employer:</b> Verify enrollment is complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p><b>Income Continuation Insurance</b></p> <p><b>State:</b> <a href="#">Enrollment/Application — State (ET-2307)</a> form <a href="#">Income Continuation Insurance—State (ET-2106)</a> brochure</p> <p><b>Local:</b> <a href="#">Enrollment/Application — Local (ET-2366)</a> <a href="#">Income Continuation Insurance — Local (ET-2129)</a> brochure</p> <p><input type="checkbox"/> <b>Employer:</b> Complete <i>Employer</i> section and return to ETF when complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p><b>Supplemental Insurance Benefit Plans</b></p> <p>See It's Your Choice information, available online at <a href="http://etf.wi.gov">etf.wi.gov</a> for more information on Supplemental Benefits (such as long-term care, dental and vision) that you may need to provide for your employees.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p><b>Wisconsin Deferred Compensation</b></p> <ul style="list-style-type: none"> <li>• Information available at <a href="http://www.wdc457.org">http://www.wdc457.org</a> or 1-877-457-9327</li> <li>• Enrollment information (Your employees will need a Plan Enrollment Code to enroll online. Download a Plan Enrollment Code flier to share with your employees by <a href="#">logging in here</a>, clicking <i>Participants</i> on the left hand side and selecting <i>Employee forms</i>.)</li> </ul>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p><b>State Agencies Only: Employee Reimbursement Accounts</b></p> <ul style="list-style-type: none"> <li>• Benefits information</li> <li>• Enrollment information</li> </ul>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>

Signature of Acknowledgement	
The employer representative signature confirms information and forms were supplied and due dates were identified for all ETF-administered benefits offered by the employer.	
Employer representative signature	Date (MM/DD/YYYY)
The employee acknowledgment signature confirms receipt of materials and recognition of due dates.	
Employee acknowledgment signature	Date (MM/DD/YYYY)