



# New Employee Benefit Checklist

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

Employee name:	Employee ETF ID:
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## Determine WRS Eligibility

See Chapter 3 of the [WRS Administration Manual \(ET-1127\)](#) for WRS eligibility rules.

1. Use the Previous Service and Benefit Inquiry application on the [ETF Web Applications for Employers](#) to verify service.

Does the employee have previous service?  Yes  No

If yes, enter WRS service:

Local: \_\_\_\_\_ years \_\_\_\_\_ months

State: \_\_\_\_\_ years \_\_\_\_\_ months

2. Is the employee a rehired annuitant?  Yes  No  
If yes, you must complete a [Rehired Annuitant Form \(ET-2319\)](#)  Completed

See the *Employment of Annuitants* information in Chapter 15 of the [WRS Administration Manual \(ET-1127\)](#).

3. Does the new employee have any WRS-participating employment before July 1, 2011?  Yes  No  
*If no, evaluate employee under new eligibility rules.*

If yes, did the new employee previously take a separation benefit?  Yes  No

*If yes, evaluate employee under new eligibility rules.*

*If no, evaluate employee under old eligibility rules.*

4. Is the new employee WRS eligible?  Yes  No

**Provide WRS information to the eligible employee (available from ETF or online at [etf.wi.gov](#)).**

- [Your Benefit Handbook \(ET-2119\)](#) brochure
- [Election to Participation in the Variable Trust Fund \(ET-2356\)](#) form
- [Additional Contributions \(ET-2123\)](#) brochure
- [Beneficiary Designation \(ET-2320\)](#) form

**If the employer participates in the ETF-administered benefit program(s), track dates and materials to distribute below:**

### 1. Wisconsin Public Employers Group Life Insurance

(Employee must submit application to employer within 30 days of hire date)

- WPE Group Life Insurance information

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_

- Informed employee of due date

**2. Group Health Insurance**

(Employee must submit application to employer within 30 days of hire date)

- Provide It's Your Choice information (etf.wi.gov)
- Provide online enrollment information (or [Health Insurance Change/Application \(ET-2301\)](#))

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_

Informed employee of due date

**3. Income Continuation Insurance**

(Employee must submit application to employer within 30 days of hire date)

- [Income Continuation Insurance—Local \(ET-2129\)](#) brochure
- [Income Continuation Insurance—State \(ET-2106\)](#) brochure
- [Enrollment/Application—State \(ET-2307\)](#)

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_

Informed employee of due date

- [Enrollment/Application—Local \(ET-2366\)](#) brochure

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_

Informed employee of due date

**4. Wisconsin Deferred Compensation**

- Information available at <http://www.wdc457.org> or 1-877-457-9327
- Enrollment information

Provided \_\_\_\_\_ Returned \_\_\_\_\_

**5. Employee Reimbursement Accounts (State Only)**

- Benefits information
- Enrollment information

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_

Informed employee of due date

**6. Supplemental Benefits Insurance Plans**

See It's Your Choice information, available online at [etf.wi.gov](http://etf.wi.gov) for more information on Supplemental Benefits (such as long-term care, dental and vision) that you may need to provide for your employees.

**Signature of Acknowledgement**

The payroll representative signature represents confirmation that information was presented, due dates identified, and appropriate information and forms supplied for all ETF-administered benefits offered by the employer.

Keep this completed copy for your records.

Payroll representative signature

Date (MM/DD/YYYY)

The employee acknowledgment signature represents receipt of materials and recognition of due dates.

Employee acknowledgment signature

Date (MM/DD/YYYY)