



Medicare Enrollment for Retiring Employees

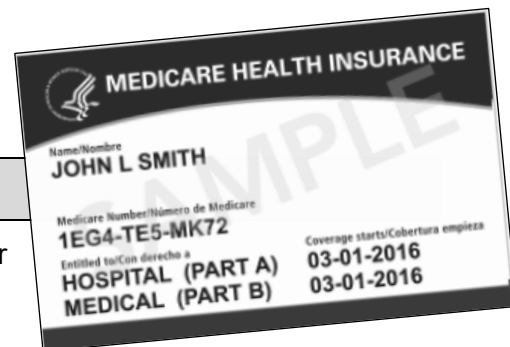
Wis. Stat. § 40.52 (2)

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

Steps to Prepare for Medicare

The following information is for those transitioning into Medicare under the State or the Wisconsin Public Employers Group Health Insurance Programs. Follow these steps to prepare for Medicare:



1. If you haven't already enrolled in Medicare, contact the **Social Security Administration at 1-800-772-1213 or visit www.ssa.gov**. If you and/or your insured family members are eligible for Medicare, you must sign up for Medicare Part B.

Medicare Eligibility Reasons:

- Age 65 and over
- Receipt of Social Security disability payments for 24 months
- End Stage Renal Disease (ESRD)
- Lou Gehrig's Disease (ALS)

2. Obtain the [Medicare Eligibility Statement \(ET-4307\)](#):
 - Online at etf.wi.gov
 - or
 - By calling ETF toll free at 1-877-533-5020 (option 1).
3. Complete the [Medicare Eligibility Statement \(ET-4307\)](#) and include the following:
 - Effective dates of Parts A and B,
 - Medicare Number, and
 - A copy of the Medicare card(s), when available.
4. Send the completed [Medicare Eligibility Statement \(ET-4307\)](#) to ETF:
 - By mail at: PO BOX 7931, Madison WI 53707-7931
 - or
 - By fax at 608-267-4549.

Your Medicare Eligibility

Your coverage in the State or the Wisconsin Public Employers Group Health Insurance Program is scheduled to continue as a retiring employee. **You and/or your insured dependents must be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), when first eligible.**

This is required by state statute, as the programs are designed to integrate with, rather than duplicate, Medicare benefits.

Most people are first eligible for Medicare when they turn 65, but you and/or your insured dependent may have deferred enrollment while covered as an active employee in the State or the Wisconsin Public Employers Group Health Insurance Program. Now that you are retired, you and/or your insured dependent must enroll in both portions of Medicare.

What You Need to Do

To update your health insurance with ETF, you and/or your insured dependent need to do the following:

1. If you and/or your insured dependent are not yet enrolled in Medicare, contact the Social Security Administration to enroll. If you or your spouse are over 65 when you leave employment, you may be eligible for a Special Enrollment Period for Medicare. Make sure your employer completes the CMS L564 form so you can submit it to SSA along with your Part B application. You can get these forms at www.ssa.gov. Once you are enrolled, request your Medicare number and effective dates from Social Security. **You may contact the Social Security Administration at 1-800-772-1213 or visit www.ssa.gov.**
2. Complete the enclosed *Medicare Eligibility Statement* (ET-4307). Be sure to enter the Medicare number and Parts A and B effective dates, then sign and date the form. Return the form along with a photocopy of your and/or your insured dependent's Medicare card(s) in the enclosed envelope to the Department of Employee Trust Funds (ETF). **We must be provided proof of Medicare enrollment.**

If you have not received your Medicare card (s), you may also send ETF a copy of other correspondence from the Social Security Administration that shows your Medicare number and the effective dates instead of a copy of your Medicare card. Visit either website below to obtain this information online:

- www.mymedicare.gov – ETF can accept a PDF copy of the cards.
 - Must have at least Medicare Part A and a Medicare number to create an account.
 - www.ssa.gov – Social Security Award letter
 - The letter will be generated under “Get a Benefit Verification Letter”.
3. You can also choose a different health plan when you and/or your insured dependent enroll in Medicare Part A and/or B. Please submit a *Health Insurance Application/Change for Retirees* (ET-2331) form if you wish to change your health plan.

If your Medicare Parts A and B coverage are not effective on or before the first of the month in which you are required to be enrolled in Medicare, you will be liable for the claims Medicare would have paid.

Important Medicare Information

- The Social Security Administration charges for Medicare Part B coverage. If you and/or your insured dependents do not enroll in Medicare Parts A and B when first eligible, Social Security can charge permanent premium surcharges called “Late Enrollment Penalties.”
- You do not need to elect Medicare Part D coverage. Your prescription drug coverage will be provided by Navitus Health Solutions and is considered a creditable Medicare Part D Plan. Medicare beneficiaries are only able to be enrolled in **one** prescription drug plan at a time. If you elect more than one plan, you may experience enrollment issues leading to no prescription drug coverage and therefore Late Enrollment Penalties.
- **It is your responsibility** to notify us when other family members covered under your policy become eligible for Medicare. This will

ensure that your coverage and premium amount remain correct.

- Your group health insurance coverage will be transferred to a plan integrated with Medicare effective on the first of the month in which you and/or your insured dependent are required to be enrolled in Medicare under the group health insurance program. The amount of your monthly premium will be reduced. Please note that premiums can only be adjusted in accordance with the contract. We will notify your health insurance plan of the change in your status.

- In most circumstances, you should present both your health insurance plan ID card and your Medicare ID card to your medical provider when receiving services.

Additional Information

If you have questions regarding the Group Health Insurance Program's requirements to be enrolled in Medicare, you may contact ETF toll free at 1-877-533-5020.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Wisconsin Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Office of Policy, Privacy & Compliance, which serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Office, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Office is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).