



Medicare Eligibility Statement

Wis. Stat. §§ 40.51 (7) and 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

Complete this form to provide your Medicare information to ETF. If you do not have a copy of your Medicare card you should still submit the form and send a copy of your Medicare card once you receive it. You and/or your insured dependents *must* be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), when first eligible. If not enrolled, you will be liable for the claims Medicare would have paid.

All Persons Insured Under Your Group Health Insurance Policy

Complete this information for all persons on your group health insurance policy. Include everyone on your plan, including yourself. See page 2 for how to read your Medicare card. Please ensure Medicare number and dates are written legibly.

Name	Medicare number (or write "none" if not on Medicare)	Medicare effective dates <i>as shown on card</i>		Why eligible?
		Hospital (Part A)	Medical (Part B)	
				<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
				<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
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				<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> ESRD

Note: If you have not yet enrolled in Medicare, or if you have not received your Medicare card, contact the Social Security Administration to obtain your information, and return this completed form to ETF as soon as possible.

Prescription Drug Coverage

Prescription drug coverage in this program is provided by Navitus MedicareRX (PDP), a Medicare Part D Employer Group Waiver Plan. *Note:* Your health insurance premium includes prescription drug coverage; your premiums will be the same whether or not you use the state's MedicareRX plan. Medicare will only allow you to have one Part D plan.

Will you use the state's Navitus MedicareRX plan? ☐ Yes

☐ No, I will use plan: _____

By signing this statement, I attest that I have read and understand the **Important Medicare Information on page 2**, the information I provided above is true and correct to the best of my knowledge and I authorize the Department of Employee Trust Funds to verify information regarding eligibility and effective dates of coverage under Medicare Parts A, B, and D.

Date (MM/DD/YYYY)	Printed name
Telephone, including area code	Mailing address (Street or PO Box, city, state, ZIP code)
Member ID or SSN	Subscriber signature (Required)

Attach a copy of your Medicare card or documentation from Medicare or Social Security that clearly states your Medicare numbers and effective dates. Please send a copy of your card to ETF later, once you receive it.

Make a copy of this completed form for your records and return the original by mail or fax to ETF.



Life Change Qualifying Event

Generally, you're first eligible to sign up for Medicare Part A and Part B: three months before you turn age 65, the month you turn age 65, or three months after the month you turn age 65. Your current coverage might not pay for some medical services once you become eligible for Medicare if you don't have both Part A and Part B at that time. You can choose a different health plan when you enroll in Medicare A and/or B. You should submit your application and this form prior to your Medicare effective date. This can be sent up to 30 days in advance of your Medicare A and B effective date. Coverage with your new plan will be effective on the same date as Medicare. You may also submit the application up to 30 days after your Medicare effective date, but then coverage will be effective the first of the month after ETF receives your application. Please submit a *Retiree Health Insurance Application* (ET-2331) if you wish to change your health plan. Visit etf.wi.gov/benefits-by-employer to learn more about choices available to you. You are not required to change.

Important Medicare Information

You and/or your insured dependents must be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), when first eligible. Contact the Social Security Administration for information on how to enroll.

- Please note that premiums can only be adjusted in accordance with the contract.
- You must inform ETF by phone or in writing immediately if you or your insured dependent's Medicare Part B is dropped for any reason.
- If you and/or your insured dependents do not enroll for Medicare Parts A and B when first eligible, you will be liable for the portion of claims that Medicare would have paid beginning on the date Medicare coverage would have become effective.
- You and/or your dependents are not required to be enrolled in Medicare until the subscriber terminates employment or health insurance coverage received while actively employed.

Where to find your Medicare number and effective dates:

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

Medicare **Number** is found here

Medicare Effective Dates are found here
If you do not have your card, contact the Social Security Administration at 1-800-772-1213 for these dates.

State Employees and Retirees Currently Enrolled in an HDHP (High Deductible Health Plan) Policy

- After January 1, 2024, when you, the subscriber, and/or your insured dependents are enrolled in Medicare Part A and/or Part B you are no longer eligible to remain in the HDHP policy. Your health contract will be changed to the non-HDHP policy effective on the first of the month in which you are first enrolled in any part of Medicare.
- Employees age 65 and older on an HDHP plan should stop contributing to their HSA six months before they apply for Social Security retirement benefits to avoid potential tax penalties. When you sign up for Social Security retirement benefits, Social Security will give you up to six months of "back pay" in retirement benefits. This means that your enrollment in Part A will also be backdated by six months. Under IRS rules, that leaves you liable to pay six months of tax penalties on HSA contributions from yourself and your employer.

Note: The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.



Nondiscrimination and Language Access

42 U.S. Code § 18116

ETF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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 (large print, audio, accessible electronic formats and others). 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 at 1-877-533-5020; TTY: 711. 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:

ETF Office of Policy, Privacy & Compliance
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 Office of Policy, Privacy & Compliance 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 at ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019; 1-800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/ocr/complaints/index.html.

The Wisconsin Department of Employee Trust Funds is a state agency that administers the Wisconsin Retirement System pension, health insurance and other benefits offered to eligible government employees, former employees and retirees.

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 xav tau kev pab txhais lus. Peb pab koj tau, peb pab koj dawb xwb, thov 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 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, kannsch 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວບຄຸມໃຫ້ທ່ານ. 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).