



Sick Leave Credit Re-enrollment Application

Wis. Stat. § 40.05 (4) (b)

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

See important information on the next page. Please fill out this form completely, or your application may be denied.

1. Information About You

Your Name (first, middle, last, former/maiden)	ETF Member ID or SSN
Mailing Address (Street or P.O. box, city, state, ZIP code) <input type="checkbox"/> Check the box if this is a change of address	Birth date (MM/DD/YYYY)

2. Certification of Comparable Coverage **(Required)**

Please select the type of insurance that you have and send the appropriate documentation to ETF if required.

Required documentation: You must enclose a completed *Health Insurance Application/Change for Retirees* (ET-2331) form, available at etf.wi.gov or by contacting ETF. This is in addition to other required documents you may have to submit to ETF, as outlined below.

Check one: ☐ 1. My health insurance is through an employer.

Required documentation:

- You must submit the Schedule of Benefits and/or Summary of Benefits and Coverage from your current health insurance provider; it should include information about your plan's deductibles, coinsurance amounts, out-of-pocket limits, and pharmacy benefits.
- If your employer or spouse's employer funds a Health Savings Account (HSA) or Health Reimbursement Account (HRA), attach documentation showing the amount they contribute to that account and any requirements (e.g., wellness participation) on the contribution.

☐ 2. I have purchased health insurance myself.

Required documentation: You must submit the Schedule of Benefits and/or Summary of Benefits and Coverage from your current health insurance provider; which includes information about its deductibles, coinsurance amounts, out-of-pocket limits, and pharmacy benefits.

☐ 3. I have VA benefits.

Required documentation: You must submit proof of your coverage, either your eligibility letter or your insurance card.

☐ 4. I have Tricare. No additional documentation is required.

☐ 5. I live outside the U.S. in a country with universal health care. Country: _____
No additional documentation is required.

☐ 6. I am a dependent on my spouse's ETF Health Insurance coverage.

State or Participating Local Employer name: _____

No additional documentation is required.

Note:

- If you are re-enrolling outside of open enrollment, please enclose a loss of coverage letter. See page 2 for more information.
- If you have Medicare, enclose a completed *Medicare Enrollment Statement* (ET-4307), available at etf.wi.gov or by contacting ETF.

Comparable Coverage Insurance Provider	Subscriber (Policy) No.	Group No.	Coverage End Date

3. Authorization

By signing this application, I attest that I have reviewed and understand the **Important Sick Leave Credit Re-enrollment Information provided**. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form. Accordingly, I hereby certify that the above information is true and correct, to the best of my knowledge and belief.

Signature (Required)	Date (MM/DD/YYYY)	Daytime phone, including area code

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

Sick Leave Credit Re-enrollment Application Information

Re-enrollment

You can only re-enroll for state health insurance coverage during the annual health benefits open enrollment period unless you have an involuntary loss of your comparable non-state coverage. **You must have maintained comparable coverage while your sick leave was escrowed and provide a schedule or summary of benefits when you apply to re-enroll.** (See “Involuntary Loss of Coverage” below.)

The Department of Employee Trust Funds annually notifies annuitants, surviving spouses and dependents with escrowed sick leave credits of the fall enrollment period so that application materials can be obtained. If you do not receive notice and wish to re-enroll, contact ETF in early October. Application materials must be postmarked no later than the last day of the health benefits open enrollment period.

You can re-enroll for coverage to be effective the first of any month in the following year. You can elect either single or family coverage and choose any plan in the state group health insurance program without waiting periods or exclusions for pre-existing conditions, if each person re-enrolling was covered by comparable coverage while the sick leave was escrowed. All re-enrolling participants must have had comparable non-state health insurance coverage continuously throughout the escrow period. You must verify comparable coverage by submitting to ETF a copy of the *Schedule of Benefits* and/or *Summary of Benefits and Coverage* from your previous health insurance provider with this application. You must be re-enrolled before your comparable non-state coverage ceases.

Failure to re-enroll before your comparable non-state coverage ceases will result in the forfeiture of your sick leave credits. Once you have re-enrolled, you may escrow your credits again in the future if comparable non-state coverage becomes available to you.

Comparable Coverage

To re-enroll and use your sick leave credits, you must have maintained coverage that is comparable to the State of Wisconsin's IYC Access Health or IYC Medicare

Plus plan while your sick leave credits were escrowed. To determine this, ETF will review the Summary of Benefits and Coverage (SBC) from your most recent insurance provider. Along with this application, you should submit an SBC that includes all of the following information:

- Deductibles
- Copayments
- Coinsurance rates
- Maximum out of pocket limits
- Pharmacy benefits

Involuntary Loss of Coverage

If your eligibility for your non-state comparable coverage is lost, you may re-enroll at that time in any plan in the State Group Health Insurance Program. If your coverage was lost as the result of an event such as loss of employment or divorce, or your employer's contribution toward your premium ceases, coverage through ETF will be effective on the date your lost coverage terminated. Involuntary loss of coverage does not include voluntary cancellation or coverage lost due to fraud, misrepresentation or delinquent premium payments.

Your re-enrollment application must be received within 30 days of the date your non-state coverage ends. You must also send a letter from the employer or organization that was providing you with health insurance coverage as soon as possible. The loss of coverage letter must include:

- Name of the organization formerly providing coverage,
- Name of the insurance group,
- Date coverage terminated, and
- Reason eligibility for coverage was terminated, subscriber name/number, and a list of who was covered under the policy.

Failure to notify ETF when you lose comparable coverage will result in the forfeiture of your sick leave credits.

Important Medicare Information

Upon re-enrolling, **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 program is designed to integrate with, rather than duplicate, Medicare benefits.

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 may be liable for the claims Medicare would have paid.

It is your responsibility to notify us when other family members covered under your policy become eligible for Medicare or become covered under an employer group health plan as a result of active employment, and that policy is the primary payer for Parts A and B charges. This will ensure that your coverage and premium amount remain correct.

You may contact ETF toll free at 1-877-533-5020 to speak with a specialist regarding your retirement benefits.

Retain this page for your records.