Local Employer Verification of Health Insurance Coverage

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 instructions on page 2 for help. Please print. Employer should complete with employee prior to termination.

Part A: Employer Verification of Health Insurance Coverage

Health plan

Monthly premium	Coverage type
$	☐ Single ☐ Family

Termination/Retirement date (MM/DD/YYYY)

Will premiums be paid by the *employer* after termination/retirement?: ☐ Yes ☐ No

If ***yes***, the employer must complete and submit part C of this form at least two months prior to the date when the employer contribution for premiums will end. *Note*: To qualify as a local employer paid annuitant, the employer *must* pay a portion of the total premium due.

Employer number	Employer name
69-036-	

Signature of employer representative	Telephone	Date (MM/DD/YYYY)
	( )	

Part B: Employee Information

I wish to continue my health insurance: ☐ Yes ☐ No[1]

You may only re-enroll during the annual open enrollment period if your former employer continues to participate in the Wisconsin Public Employers Group Health Insurance Program. *Note:* If you would like to make any changes to your coverage, submit a *Group Health Insurance Application/Change for Retirees & COBRA Continuants* (ET-2331) to ETF.

Employee name (first, middle initial, last)

Employee SSN	Employee birth date (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Spouse/dependent/survivor name (first, middle initial, last)

Spouse/dependent/survivor SSN	Spouse/dependent/survivor birth date (MM/DD/YYYY)

Signature of employee	Date (MM/DD/YYYY)

Part C: Transfer Report (Local paid annuitant **no longer** receiving employer contributions.)

Employee name	Employee SSN or ETF Member ID

Employee birth date (MM/DD/YYYY)	Employee gender	Health plan

Date employer contributions end (MM/DD/YYYY)

Employer Instructions
Please enter your employer number and employer name at the top of the form. The employer should complete this form with the employee.

Please complete **Part A** of this form and have your employee complete the **Part B: Employee Information**. If your employee is changing from family to single coverage, they must also submit a *Group Health Insurance Application/Change for Retirees & COBRA Continuants* (ET-2331) to ETF as well.

Please have your retiring employee complete **Part B** of this form. If the person completing the form is the surviving spouse/domestic partner, have them complete the employee part as the employee would have.

Please complete **Part C** of this form if/when you are ***no longer*** paying a portion of the employee's health insurance premium and submit to ETF at least two months prior to premium contributions ending.

It is the responsibility of the annuitant to submit a written request to ETF if they wish to cancel health insurance coverage.

You may use the retained employer copy of this form to report the end of employer contributions to the employee's health insurance premium by completing **Part C** and resubmitting the form to ETF.

Employee Information
You can make changes to your health insurance coverage at retirement if you have a qualifying life event within 30 days of retirement.

Examples include:

- Family to single coverage: available to any retiree without a qualifying life event
- Change health plan: due to a move or Medicare enrollment

For more information and other qualifying life events, see the ETF website at etf.wi.gov/benefits/life-changes-and-my-benefits

Nondiscrimination and Language Access

45 C.F.R. § 92.8(b)(1) and (d)(1)

ETF complies with applicable Federal civil rights laws and does not discriminate on the basis 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 (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 crportal.hhs.gov/ocr/portal/lobby.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/office/file/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 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 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 [Deitsch (Pennsylvania German / Dutch)] schwetzscht, 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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. Zadzwońpod 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).