



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

Employer should complete prior to termination.

See instructions on page 2 for more information. Please print clearly.

Submit completed form to ETF, provide a copy to the employee/survivor, and save a copy for your records.

Part A: Employer Verification of Health Insurance Coverage		
Employee/Survivor name	Employee/Survivor ETF ID	
Employee's health plan		
Current monthly premium (does not take Medicare eligibility into account) \$	Coverage type <input type="checkbox"/> Single <input type="checkbox"/> Family	
Termination date (MM/DD/YYYY)		
Will premiums be paid by the <i>employer</i> after termination/retirement? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <i>Note:</i> For the employee to qualify as a local employer paid annuitant, the employer <i>must</i> pay a portion of the total premium due.		
Employer	Employer Number 69-036-	
Signature of employer representative	Telephone, including area code	Date (MM/DD/YYYY)

Part B: Employee or Survivor Information	
Your health insurance will automatically continue in retirement if you take an immediate annuity. An immediate annuity starts within 30 days of your retirement date. If the employer indicates they will not pay for premiums post-retirement in Part A, the health premiums will either be deducted from your monthly annuity payment or your insurance carrier will directly bill you for your premiums if your annuity is not large enough.	
<input type="checkbox"/> I want to cancel my health insurance on _____ (MM/DD/YYYY)	
Any cancellation requests received later than 60 days after your retirement date will be effective the first of the month after ETF receives them. 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 and you met the eligibility requirements at termination. <i>Note:</i> If you would like to make any changes to your coverage, submit a <i>Health Insurance Application/Change for Retirees & COBRA Continuants</i> (ET-2331) to ETF.	
Employee/Survivor name (first, middle initial, last)	
Signature of employee/survivor	Date (MM/DD/YYYY)

Part C: Transfer Report (For employer-paid annuitants no longer receiving employer contributions)	
Employee name	Employee last 4 digits of SSN or ETF ID
Employer name	Date employer contributions end (MM/DD/YYYY)

Employer Instructions

- Complete Part A of this form. Keep a copy for your records, give a copy to the employee/survivor, and send a copy to ETF. The form can be submitted to ETF prior to the employee's termination date.
- Employers should not terminate a retiree's health insurance contract. ETF will terminate the contract once we receive the ET-4814 from the employer. This prevents the retiree from experiencing a gap in coverage. If the employer will not continue to pay, any additional premiums that were charged to the employer will be refunded on a future invoice.
- Notify the employee/survivor that it is their responsibility to submit a written request to ETF prior to the end of the month in which they wish to cancel their health insurance coverage.
 - They can fill out Part B of this form and return it to ETF or send a hand-written request to cancel.
 - If the employee wants to make changes to their health insurance, they must submit a *Health Insurance Application/Change for Retirees & COBRA Continuants (ET-2331)*.
- Complete and submit Part C of the original *Local Employer Verification of Health Insurance Coverage (ET-4814)* to ETF two months prior to the retiree no longer receiving employer contributions. If you no longer have a copy of the original form, request a copy from ETF.
- For more information about terminations, please see the *Termination Checklist for Local Employees (ET-2500)*.

Employee or Survivor Information

You can make changes to your health insurance coverage at retirement if you have a qualifying life event within 30 days of retirement by submitting a *Health Insurance Application/Change for Retirees & COBRA Continuants (ET-2331)*. See the Life Event Guide on ETF's website for more information.

Examples of a life event include:

- Changing from family to single coverage: available to any retiree without a qualifying life event.
- Changing a health plan: due to a move or Medicare enrollment.

If your employer is paying for your health insurance premiums in retirement, please talk with them about how long those payments will last.

If you wish to cancel your coverage, fill out Part B of this form and return it to ETF. Any cancellation requests received later than 60 days after your retirement date will be effective the first of the month after ETF receives them.

Important

Any insured retiree and/or their covered dependents must enroll in both Medicare Part A (Hospital) and Part B (Medical) when first eligible. Most people become eligible for Medicare upon reaching age 65. For some, it occurs earlier due to disability or end stage renal disease (ESRD).

Once you are eligible for Medicare, your monthly premiums will be reduced and you must complete the *Medicare Eligibility Statement (ET-4307)*. Forms are available at etf.wi.gov or by contacting ETF.



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 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 [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 – ໂບດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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).