Request for Disability Premium Waiver

Wis. Stat. § 40.72

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

Claim number
Billing unit number

Employee Information

Name (first, middle, last, former/maiden)

Birth date (MM/DD/CCYY)	Social Security number	Sex ☐ Male ☐ Female

Address

City | State | ZIP code

Employer name | Employer Number 69-036-

Last day worked (MM/DD/CCYY)	Last day paid (MM/DD/CCYY)	Status

Has employee terminated employment?

☐ Yes (Date of termination _____)

☐ No

If no, continue to collect and submit premium until you receive notification that the premium waiver is approved.

Coverage Based on:

Year of highest calendar year earnings: _____

Amount of highest earnings: $_____

Amount of coverage: $_____
(Highest earnings rounded to next 1000)

Type	Effective date of coverage
Basic	_____/_____/_____
Supplemental	_____/_____/_____

Type	Effective date of coverage
Additional 1	_____/_____/_____
Additional 2	_____/_____/_____
Additional 3	_____/_____/_____
S/D I	_____/_____/_____
II	_____/_____/_____

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

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

Employer address (Street, city, state, ZIP code)

To the Employer: File this form whenever you first become aware that an insured employee is unable to work due to illness or injury *and* will be unable to perform *any work* or to engage in *any occupation for an indefinite period*. You are not required to make a medical determination or evaluate the individual's potential for vocational rehabilitation or retraining. The employee will be required to submit medical evidence to the insurance company that demonstrates a total disability.

This form must be filed within 36 months after the last day for which earnings were paid. Insured employees who are on layoff status or on leave for non-medical reasons are eligible if they become disabled during the leave. Employees who have terminated employment are eligible only if the onset of the disability occurred prior to termination. Employees who become disabled while on a union service leave of more than 36 months' duration are not disqualified from receiving a waiver of premium after 36 months. **Life insurance coverage must be in force at the time the employee becomes disabled.**

Effective date: If approved, the premium waiver will take effect beginning with the first of the month following the date of the onset of disability or the last day for which earnings were paid, whichever is later. *Make a copy for your records.*