



**Income Continuation Insurance Report
of Employment and Earnings**
Wis. Stat. § 40.61

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

(Date Sent:)

Applicant Information		
Employee name (first, middle, last, former/maiden)	ETF ID	
Employer name	Birth date (MM/DD/YYYY)	SSN xxx-xx-
Employer number		

Applicant Employment Information		Date of event MM/DD/YYYY
<input type="checkbox"/> Returned to full-time employment	Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Return to previous position <input type="checkbox"/> Alternate/new position <input type="checkbox"/>		
<input type="checkbox"/> Will not be returning to work effective (State reason in the comments section below)		
<input type="checkbox"/> Death		
<input type="checkbox"/> Returned to part-time employment		
Part-time work will continue until (attach a copy of the release to return to work)		
Part-time work expressed as a percentage of full-time employment		%
Return to previous position <input type="checkbox"/> Alternate/new position <input type="checkbox"/>		

Check date:		Hours	Gross earnings	Claims administrator use only:	
Section A	Present at work		\$	x 75%/100%*	\$
	Vacation paid		\$		
	Holiday(s) paid		\$		
	Total		\$		
Section B	Earned sick leave (state employees only)		\$	x 100% =	\$
	Paid sick leave (local employees only)		\$	x 100% =	\$
Section C	Paid vacation, holiday or compensatory time after the elimination period but prior to returning to work (state and local employees)		\$	x 100% =	\$
Section D	Sick leave used (state employees only)			Total ICI offset	\$

*Offset earnings at 100% if employee returned to full-time employment with restrictions.

Comments:		
Worker's compensation:		
Date (MM/DD/YYYY)	Signature of employer representative	Telephone ()

Refer to instructions on the page 2. **Mail to** ETF, P.O. Box 7931, Madison WI 53707-7931
Fax to ETF 608-267-4549 or **email to** ETF at ETFWEB@etf.wi.gov

Instructions

You must complete the *Income Continuation Insurance Report of Employment and Earnings* (ET-5901) form to notify ETF of a claimant's change in work status and/or earnings paid to the individual after the elimination period. You need to complete an ET-5901 form for each check date for as long as the income continuation insurance (ICI) claimant works part-time (or full-time with restrictions) or receives earnings for vacation, holiday or compensatory time after his or her ICI elimination period.

Note: Employees who return to work will need a separate form completed for **each** pay period.

Benefits may be adjusted or terminated when one of the following events occur for an employee who is receiving an ICI benefit:

- The employee returns to full-time employment.
- The employee returns to part-time employment.
- The employee will not be returning to work.
- The employee dies.
- Any earnings for vacation, sick leave, compensatory time, etc., are paid after the employee's selected elimination period or sick leave earned after the elimination period for state employees who have returned to part-time employment.
- Any worker's compensation benefits, temporary disability benefits or compromise agreement/settlements are paid.

If the employee resumes part-time work and increases to full-time within the same reporting period, the dates and amount of part-time earnings must be reported as well as the date full-time employment was resumed.

Special Instructions for reporting actual work hours, wages, and earnings for vacation, holiday, compensatory time and Worker's Compensation temporary benefits:

Complete:

Section A of the form to report earnings paid for part-time (or full-time with restrictions) employment. If the claimant uses vacation, holiday or compensatory time while working, you need to report the earnings separately on the form. If the claimant returned to **part-time** employment, the ICI benefit is offset by 75% of the earnings paid for "present at work," vacation, holiday or compensatory time (state and local employees). If the claimant returned to **full-time work with restrictions**, these earnings will be offset at 100%.

Section B to report earned sick leave (state employees), paid sick leave after elimination period (local employees). ICI benefits are offset 100% of the applicable sick leave.

Section C to report earnings for vacation, holiday or compensatory time paid to the ICI claimant after the elimination period but prior to returning to part-time or full-time employment. The ICI benefit is reduced by 100% of these earnings.

Section D to report sick leave used (state employees only) for an ICI claimant who has returned to part-time employment and due to their medical condition is required to be out of work and use sick leave. Submit any physician's statement which takes the employee out of work.

Report worker's compensation temporary benefits (TTD or TPD) based on the period covered—not the date of the worker's compensation check.

Mail to: ETF, P.O. Box 7931, Madison WI 53707-7931
Fax to ETF 608-267-4549 or **email to** ETF at ETFWEB@etf.wi.gov