

**Department of Employee Trust Funds
State Agency Health Insurance Administration Manual**

Appendix C — myETF Benefits

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C-1. How to Log into myETF Benefits

To get started in myETF Benefits you must first obtain access to the system by completing and submitting an *Online Network for Employers Security Agreement* (ET-8928) to the Department of Employee Trust Funds, on which you request access to myETF Benefits for Administrators for the following areas:

- Health Eligibility Inquiry
- Health Eligibility Update
- Health Premium Inquiry
- Health Premium Payment

Once access has been granted, you will need to go on-line through the Online Network for Employers (ONE) Site to get to the myETF Benefits system.

1. Go to the ETF website at etf.wi.gov.
2. Click on the “Employers” tab at the top of the screen.
3. Click on “myETF Benefits for Administrators” in the gray menu.



The screenshot shows the myETF website homepage. At the top, there is a navigation bar with links for [members](#), [retirees](#), [employers](#), [governing boards](#), and [careers at etf](#). A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a central menu with the following items: [ONE Site](#), [Annual Reporting](#), [Subscribe to ETF E-Mail Updates](#), [Forms Order](#), [What's New](#), and [myETF Benefits for Administrators](#) (circled in red). To the left of the central menu is a sidebar with a 'calculators' icon and a list of links: [forms and publications](#), [news](#), [about etf](#), [faq](#), [contact etf](#), [site map](#), [video library](#), [related links](#), [home](#), and [top of page](#). To the right of the central menu is the heading 'Employers'. Below the central menu, there are two columns of links: 'Wisconsin Retirement System (WRS)' with sub-links for [Prior Year Adjustment Instructions](#) and [General Information](#); and 'Insurance Programs' with sub-links for [General Information](#) and [Manuals](#).

4. Enter your User ID and Password.

The screenshot shows the myETF Benefits Admin Administrator Log In page. The header features the myETF logo and the text 'myETF Benefits Admin Administrator Log In'. Below the header, there is a message: 'This site provides access to the online services developed by the Department of Employee Trust Funds (ETF) for administrators.' The main content area is divided into two sections: 'Registered Users' and 'New Users'. The 'Registered Users' section contains the text: 'If you are already a registered user, enter your user ID and password, then click the login button.' Below this text are two input fields: 'User ID:' and 'Password:', followed by a 'Login' button. The 'New Users' section contains the text: 'If you have not yet registered for online access, click the Register Now button. You will be directed to an electronic Security Agreement (ER-8928) to complete. Fax completed form to 608-266-5801.' Below this text is a 'Register Now' button. At the bottom of the page, there is contact information for support: 'Login and Password Support (503) 264-9191 / 800-843-9724 or email us at ETFOLUserHelp@etf.state.wi.us. Employer Communications Center (503) 264-7000.' There is also a 'Guidelines for Use' section with several bullet points. The footer contains the text: 'Employee Trust Funds 801 W Beidler Rd Madison, WI 53713' and 'Thu May 01 09:10:37 CDT 2014'.

5. Enter your employer number and click the 'Verify' button.

myETF Benefits Admin
Employer Info

EmployerInfo myMembers Health Life Disability WRS Other Benefits Help Log Off

Employer Specific Function - Employer Number Required

Use this screen to specify the employer whose data you would like to access. You must provide the employer's seven digit employer number. You must have the authority to access

Please enter the seven digit Employer Number and click Verify

Employer Number:

Employee Trust Funds 801 W Badger Rd Madison, WI 53713

6. You will be directed to the myEmployerInfo screen. From here, you can update your information as well as select functions from the drop-down menus.

myETF Benefits Admin
Employer Info

EmployerInfo myMembers Health Life Disability WRS Other Benefits Help Log Off

myEmployerInfo

Employer Number: XXXX-XXX Employer Name: EMPLOYER

Contact Info Health Insurance ICI Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME XXXX XXX-XXXX	Name:	AGENT NAME XXXX XXX-XXXX
Telephone:		Telephone:	
Retirement Contact		Address Information	
Name:	AGENT NAME XXXX XXX-XXXX	Address:	AGENT ADDRESS CITY, ST ZIPCODE
Telephone:		Agent Email:	No agent email available. More <input type="button" value="Clear"/>

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C-2. Add Coverage

A Health Insurance Application/Change Form (ET-2301) has been received for one of the “Add Coverage” reasons, all information has been verified, and the employer section completed. Refer to the sample form below:

ETF Use Only		State of Wisconsin Department of Employee Trust Funds (ETF) Health Insurance Application/Change Form						Employer Notes		
1. APPLICANT INFORMATION			ETF Member ID			SSN <u>XXX-XX-XXXX</u>				
Applicant Name – First <u>FIRST</u>	M.I. <u>M</u>	Last <u>LAST</u>	Previous Name		DOB MM/DD/CCYY	Gender M	Physician/Clinic PRAIRIE CLINIC			
Home Mailing Address—Street and No. <u>1234 STREET LANE</u>			City <u>CITY</u>	State <u>ST</u>	Zip Code <u>ZIPCODE</u>	<input type="checkbox"/> Check here if updating address phone, email, or marital status.				
Primary Telephone Number: (608) 555-1111			Country (if not USA)		Applicant E-mail:					
MARITAL OR DOMESTIC PARTNERSHIP STATUS: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership (DP) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Date: <u>MM/DD/CCYY</u>										
Spouse/DP: SSN <u>XXX-XX-XXXX</u>			Name <u>FIRST NAME/LAST NAME</u>							
Previous Name <u>MAIDEN NAME</u>			Physician/Clinic <u>PRAIRIE CLINIC</u>							
DOB: <u>MM/DD/CCYY</u>			Gender: <u>F</u>		Tax Dep <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
ELIGIBILITY STATUS: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Survivor <input type="checkbox"/> Continuant (COBRA) <input type="checkbox"/> Annuitant/Retiree			NEW HIRE — I WANT MY COVERAGE TO BE EFFECTIVE: <input checked="" type="checkbox"/> As soon as possible (Employee will pay entire monthly premium until eligible for contribution) <input type="checkbox"/> When employer contributes to premium							
Coverage Desired <input type="checkbox"/> Single <input checked="" type="checkbox"/> Family			Health Plan Selected: <u>Unity - Community</u>							
2. REASON FOR APPLICATION Reasons marked with an * require supporting documentation. See page 4 of this application for specific documentation requirements.										
A. Decline Coverage (Check one box below and go to Section 6 to sign and date your application.) <input type="checkbox"/> I do not wish to enroll at this time. <input type="checkbox"/> I do not wish to enroll at this time as I currently have other insurance coverage.										
B. Enrollment (Check a Reason and an Event below and indicate the date of event. Update Dependent Information below as appropriate) Note: Deletion of a Dependent due to loss of eligibility provides a COBRA enrollment opportunity. Notice must be provided to Employer within 60 days of event.										
Reason: <input checked="" type="checkbox"/> Add Coverage (Add Cvg) <input type="checkbox"/> Add Dependent (Add Dep) <input type="checkbox"/> Remove Dependent (Rem Dep)										
Event:										
<input checked="" type="checkbox"/> New Hire (Add Cvg)			<input type="checkbox"/> State Annuitant/Retiree Re-enroll Effective Date _____ (Add Cvg)							
<input type="checkbox"/> Spouse/DP to Spouse/DP Transfer (Add Cvg)			<input type="checkbox"/> Eligible Dependent Not Included on Initial Enrollment (Excludes DP and Adult Dependents)							
<input type="checkbox"/> Transfer from One Employer to Another Employer (Add Cvg)			<input type="checkbox"/> Loss of other Coverage/Employer Contributions* (Add Cvg, Add Dep)							
Name of Previous Employer _____			<input type="checkbox"/> Divorce*/DP Terminated* (Rem Dep)							
<input type="checkbox"/> Marriage/DP* (Add Cvg, Add Dep)			<input type="checkbox"/> Death of Dependent (Rem Dep)							
<input type="checkbox"/> Birth (Add Cvg, Add Dep)			<input type="checkbox"/> Disabled Dependent: Disability Ends or Dependent Marries or Support less than 50% (Rem Dep)							
<input type="checkbox"/> Adoption* (Add Cvg, Add Dep)			<input type="checkbox"/> Grandchild's Parent Turns 18 (Rem Dep)							
<input type="checkbox"/> National Medical Support Notice* (Add Dep)			<input type="checkbox"/> Adult Dependent Eligible for other coverage (Rem Dep)							
<input type="checkbox"/> Paternity Acknowledgment* (Add Dep)			<input type="checkbox"/> Annual It's Your Choice (Jan. 1) (Add Cvg, Add Dep, Rem Dep)							
<input type="checkbox"/> Legal Ward/Guardianship* (Add Dep)			<input type="checkbox"/> COBRA (Add Cvg)							
<input type="checkbox"/> Legal Ward/Guardianship Ends* (Rem Dep)			<input type="checkbox"/> Other: _____							
<input type="checkbox"/> Disabled, Age 26 or Older* (Add Dep)			Event Date: <u>09/19/2013</u> (required)							
<input type="checkbox"/> LTE New Hire - State Only (Add Cvg)										
DEPENDENT INFORMATION (excludes spouse/DP) — Complete all requested information.										
Social Security Number	First Name	M.I.	Last	Previous	Birth Date (mm/dd/ccyy)	Gender (M/F)	Rel. Code	Tax Dep? (Y/N)	Disabled? (Y/N)	Enter Physician/Clinic or Provide Dependent address for COBRA, if removing dependent.
<u>XXX-XX-XXXX</u>	<u>CHILD</u>	<u>M</u>	<u>LAST</u>		<u>MM/DD/CCYY</u>	<u>F</u>	<u>19</u>	<u>Y</u>	<u>N</u>	<u>PRAIRIE CLINIC</u>



1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'myMembers' tab highlighted by a red circle. Below the navigation bar, there are fields for 'Employer Number' (XXXX-XXX) and 'Employer Name' (EMPLOYER). The main content area is divided into sections for 'Agent Contact', 'Insurance Contact', 'Retirement Contact', and 'Address Information'. Each section contains fields for Name and Telephone. The 'Address Information' section includes fields for Agent Address, City, St, Zip Code, and Agent Email. A 'More' button is next to the Agent Email field. At the bottom, there are 'Edit' and 'myMembers Requests' buttons.

The screenshot shows the 'myETF Benefits Admin' interface. The 'myMembers' tab is selected in a dropdown menu, indicated by a red arrow. The navigation bar shows 'myMembers' as the active tab. Below the navigation bar, there are fields for 'Employer Number' (XXXX-XXX) and 'Employer Name' (EMPLOYER).

2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click 'Enter' (if it is a brand new employee with no prior WRS service, there will not be an ETF Member ID).

The screenshot shows the 'myETF Benefits Admin' interface. The 'myMembers' tab is selected. The 'Member Search' form is displayed. It includes a text input field for 'Member ID' and a dropdown menu for 'Social Security Number'. A red arrow points to the 'Member ID' field, and another red arrow points to the 'Social Security Number' dropdown. The 'Search' button is highlighted with a red circle. Below the search form, there are sections for 'Member Information' and 'Spouse Information'. The 'Member Information' section includes fields for Member ID, SSN, Name, Date of Birth, Date of Death, Gender, Marital Status, Marital Status Date, Employer, and Employment Begin Date. The 'Spouse Information' section includes fields for Member ID, SSN, Name, Date of Birth, and Gender. At the bottom, there is a 'Contact Information' section with fields for Home Address and Primary Email/Primary Phone.

- a. If the employee’s basic demographic information pops up, scroll to the bottom of the page and click the ‘Edit’ button.
- b. If the employee can not be found, click the ‘Add’ button near the top of the screen.

3. Enter all relevant demographic information into the required fields, including the employee’s full address and phone number and click the ‘Submit’ button.

4. An address validation program will run and ask you to verify and select the correct address from the bottom of the screen. Select the “Finalist” address which includes the ZIP+4, and click the ‘Submit’ button again.

If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the ‘Radio’ button in front of the address as keyed and click the ‘Submit’ button.

5. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.

myETF Benefits Admin
Health Insurance Online Instructions

Employee: **First M. Last** Member ID: **XXXX-XXXX**

Welcome to the myETF Benefits Online Health Insurance Enrollment System. Choosing a health plan is a complex and personal decision. myETF Benefits will help you select your health insurance coverage level and be your primary source for information that will help you make this important decision. Enrolling in a health insurance plan is a quick and easy process through our dedicated and secure web site, the Online Network for Members. Here you will find many different resources (such as the It's Your Choice Decision Guide) that will provide you with the tools you need to make an informed decision. The goal of myETF Benefits is to provide the most efficient and convenient method for you to research, enroll, and manage your health insurance benefits through any internet enabled computer using one of the following browsers with Java script and cookies enabled.

Internet Explorer 7 Internet Explorer 8 Fire Fox 3.0 (or higher)

STEP 1
Home Page - Online Network for Members
Go to <http://myETF.wi.gov/ONM.html> (Online Network for Members). Here you will also find links to important documents that can help you research and make informed decisions about your health care benefit coverage level. You will need your member id (shown above) and a WIAMS ID (instructions below) to begin using myETF Benefits. When you are ready to enroll in the health care coverage, click on the myETF Benefits link to begin the login steps.

STEP 2
myIdentity Verification (WAMS ID)
Type your WAMS ID and Password. Click Login. If you need to set up a WAMS ID, click Register Now.

STEP 3
myIdentity Verification (ETF Member ID)
Type your ETF Member ID (provided by your employer) and birth date. Click Verify to continue.

STEP 4
myIdentity Verification (Social Security Number)
Type your Social Security Number without the dashes. This is a one-time event that only needs to be completed the first time you log in.

STEP 5
myETF Benefits - New Hire Enrollment
Click the Add Coverage button at the bottom of the page to begin making your health insurance selections.

[Return to myMembers](#)

Note: This is the confirmation page when adding a new member into myETF Benefits. The confirmation screen will look different if you are only updating information; that confirmation screen will show a summary of changes made and will have a print button in the upper right corner as well as a Return to myMembers button at the bottom of the page.

If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.

6. At the top of the screen, highlight the Health Tab and select Member Enrollment from the drop-down.

myETF Benefits Admin
myMembers

myEmployerInfo myMembers **Health** Life Disability WRS Other Benefits Test Support Help Log Off

Member Enrollment
Premium

• Data displayed was found in the health insurance database.

Member Search

Member ID: OR Social Security Number:

Member Information		Spouse Information	
Member ID:	XXXX-XXXX	Member ID:	
SSN:	XXX-XX-XXXX	SSN:	
Name:	FIRST M. LAST	Name:	
Date of Birth:	MM/DD/CCYY	Date of Birth:	
Date of Death:		Gender:	
Gender:	MALE		
Marital Status:	MARRIED		
Marital Status Date:	MM/DD/CCYY		
Employer:	EMPLOYER		
Employment Begin Date:	MM/DD/CCYY		

7. Click the 'Add Coverage' button at the bottom of the screen.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: XXXXXXXX OR Social Security Number: []

[Search] [Name Search] [Clear]

Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
[Add Coverage]					

Employee Trust Funds: 821 W. Bevier Rd. Madison, WI 53713

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Add Coverage Reason: [Select One] Event Date: [] []
Employer Received Date: [] []

Employment Details:
Employer: [EMPLOYER] Program Option: P01 Surcharge: S01
Previous Employer: N/A Employment Begin Date: [MMDDCCYY] []
Employee Type: [Select One] Employment Status: [Select One]

Coverage Selection:
Coverage Type: [] Health Plan: [Select One] Effective Date: []

Contact Information:
Update Contact Information: [Select One] Country: UNITED STATES - US
Address Line 1: 1234 STREET LANE Address Line 2: [] City: [CITY]
State: [STATE] Zip Code: [ZIP CODE] Care of: [] Primary Phone: [XXXXXXXXXX] Ext: []

Please verify the information listed below for yourself, and press the "+" button to add additional eligible dependents.

Row	SSN	Name - First, M, Last, Suffix	DOB	Gender	Relationship	Marital Status	Marital Status Date	Tax Dep	Disabled	Physician	Add/Remove Row
1	XXXXXXXX	FIRST M. LAST	MMDDCCYY	MALE	SELF	MARRIED	MMDDCCYY	[NO]	[NO]	[NO]	[+]

Insurance: [Choose] Other Insurance Co: [] Group No: [] Policy No: []
Medicare: [Choose] Medicare: [Select] Claim No: [] Med A Eff Dt: [] [] Med B Eff Dt: [] [] Medicare Info Blank Reasons: [Select]

[Cancel]

8. Select the reason for the application. (For Example – New Hire).

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Add Coverage Reason: [Select One]
ADoption/Placement for Adoption
BIRTH
CHANGE EMPLOYEE TYPE
CHANGE SUBSCRIBER (SPOUSE TO SPOUSE)
DOMESTIC PARTNERSHIP
LIMITED TERM EMPLOYMENT
MARRIAGE
MEMBER-DEPENDENT LOSS OF OTHER COVERAGE/LOSS OF EMPLOYER CONTRIBUTION
NATIONAL MEDICAL SUPPORT NOTICE
NEW EMPLOYER GROUP
NEW HIRE
PROGRAM OPTION TRANSFER
REINSTATEMENT
TRANSFER FROM ONE STATE AGENCY TO ANOTHER

Event Date: [] []
Employer Received Date: [] []

Employment Details:
Employer: [EMPLOYER] Program Option: P01 Surcharge: S01
Previous Employer: N/A Employment Begin Date: [MMDDCCYY] []
Employee Type: [Select One] Employment Status: [Select One]

Coverage Selection:
Coverage Type: [] Health Plan: [Select One] Effective Date: []

Contact Information:
Update Contact Information: [Select One] Country: UNITED STATES - US
Address Line 1: 1234 STREET LANE Address Line 2: [] City: [CITY]
State: [STATE] Zip Code: [ZIP CODE] Care of: [] Primary Phone: [XXXXXXXXXX] Ext: []

Please verify the information listed below for yourself, and press the "+" button to add additional eligible dependents.

Row	SSN	Name - First, M, Last, Suffix	DOB	Gender	Relationship	Marital Status	Marital Status Date	Tax Dep	Disabled	Physician	Add/Remove Row
1	XXXXXXXX	FIRST M. LAST	MMDDCCYY	MALE	SELF	MARRIED	01/01/2000	[NO]	[NO]	[NO]	[+]

Insurance: [Choose] Other Insurance Co: [] Group No: [] Policy No: []
Medicare: [Choose] Medicare: [Select] Claim No: [] Med A Eff Dt: [] [] Med B Eff Dt: [] [] Medicare Info Blank Reasons: [Select]

[Cancel]

Click on the green plus symbol above to add additional rows for family coverage.

9. Enter the Event Date (hire date).
10. Enter the Received Date (date application received by the employer).
11. Select the Coverage Effective Date and hit Tab. You may need to click on it a second time to get it to stay.
 - a. If you click on 'As soon as possible,' move onto the next step.
 - b. If you click on 'When Employer Contributes,' a date box will appear and you need to enter the date for when the employer contribution begins.
12. Complete the Employment Details Section.
13. Complete the Coverage Selection Section.
14. Complete the Contact Information Section.
 - a. Select Yes if you need to make any changes.
 - b. Select No if you do not need to make any changes.
15. Complete the Dependent Information section, per the information on the *Health Application/Change Form (ET-2301)*.
 - a. If a family contract, you can select the green plus sign to add rows or the red minus sign to remove rows.
16. Once all data has been entered, click the 'Submit' button at the bottom of the page.

The screenshot shows the 'myETF Benefits' web application interface. At the top, there are navigation tabs for 'myEmployments', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. The user's information is displayed as 'ETF Member ID: XXXX-XXXX', 'SSN: XXX-XX-XXXX', and 'Subscriber: FIRST M. LAST'. The main form is titled 'Add Coverage Reason: NEW HIRE' and includes fields for 'Event Date' and 'Employer Received Date'. Below this, there are sections for 'Employment Details' (Employer, Previous Employer, Employee Type, Employment Status, Program Option, Surcharge), 'Coverage Selection' (Coverage Type, Health Plan, Effective Date), and 'Contact Information' (Update Contact Information, Country, Address, State, Zip Code, City, Primary Phone, E-mail). At the bottom, there is a table for dependent information with columns: Row, SSN, Name - First, MI, Last, Suffix, DOB, Gender, Relationship, Marital Status, Marital Status Date, Tax Dep, Disabled, Physician, and Add/Remove Row. The table contains three rows of dependent information. A red circle highlights the 'Submit' button at the bottom center. Red arrows point to the plus and minus signs in the 'Add/Remove Row' column, with a note: 'Click on the green plus sign to add additional rows for family coverage or click on the red minus sign to remove a row.'

17. Verify all the information on the review page.
 - a. If all the information is correct, check the 'Terms and Conditions' box and click the 'Confirm' button.

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).
To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

Confirm **Cancel**

Application Information [NEW HIRE](#)

Health Plan	Coverage Level	Begin Date	End Date	Employer
HEALTH PLAN	FAMILY			EMPLOYER

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	End Date
FIRST M. LAST	MM/DD/YYYY	M	SELF	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
SPOUSE M. LAST	MM/DD/YYYY	F	SPOUSE	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
CHILD M. LAST	MM/DD/YYYY	F	CHILD	SINGLE		MM/DD/YYYY	

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- b. If the information is not correct, click the 'Cancel' button and return to the previous screen to make changes.
18. Print a copy of the confirmation screen (if desired) by clicking on the green print button in the upper right hand corner of the screen.

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Your request has been submitted and will be processed overnight.

Print

[Return to Health Enrollment Summary](#)

Application Information [NEW HIRE](#)

Health Plan	Coverage Level	Begin Date	End Date	Employer
HEALTH PLAN	FAMILY	MM/DD/YYYY		EMPLOYER

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	End Date
FIRST LAST	MM/DD/YYYY	M	SELF	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
SPOUSE LAST	MM/DD/YYYY	F	SPOUSE	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
CHILD LAST	MM/DD/YYYY	M	CHILD	SINGLE		MM/DD/YYYY	

Employee Trust Funds 801 W. Basile Rd. Madison, WI 53713

After the nightly batch runs, you can go in on the following day and view the contract you entered.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

*NOTE: After the nightly batch runs, this is what the contract will look like in the system.

Member ID: OR Social Security Number:

Search **Name Search** **Clear**

Member ID:	SSN:	Subscriber:
XXXX-XXXX	XXX-XX-XXXX	FIRST M. LAST

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN INFO	FAMILY	10/01/2013		ACTIVE	EMPLOYER INFO - PROGRAM OPTIONS/SURCHARGE OPTION - PREMIUM

View **Edit**

Employee Trust Funds 801 W. Basile Rd. Madison, WI 53713

The screenshot shows the 'myETF Benefits Admin' interface. At the top left is the 'etf' logo with the URL 'etf.wi.gov'. The main header is 'myETF Benefits Admin' with the subtitle 'Health Insurance Enrollment Summary'. A navigation menu includes: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Text Support, Help, and Log Off.

Below the menu is a 'Member Search' section. It contains a note: 'NOTE: After the nightly batch runs, this is what the contract will look like in the system.' There are input fields for 'Member ID:' and 'Social Security Number:', separated by 'OR'. Below these are buttons for 'Search', 'Name Search', and 'Clear'.

Below the search section is a table with the following data:

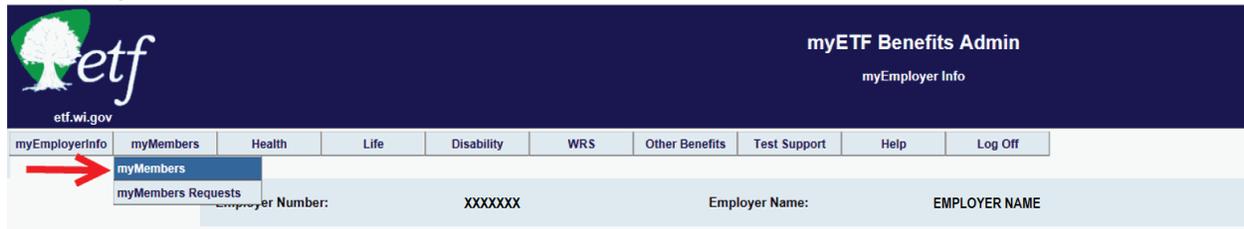
Member ID:	SSN:	Subscriber:	FIRST	M.	LAST
XXXX-XXXX	XXX-XX-XXXX				
Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN INFORMATION	FAMILY	10/01/2013		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

At the bottom left of the table, there are 'View' and 'Edit' buttons. At the very bottom of the page, there is a small footer: 'Employee Trust Funds 001 W Badger Rd Madison, WI 53713'.

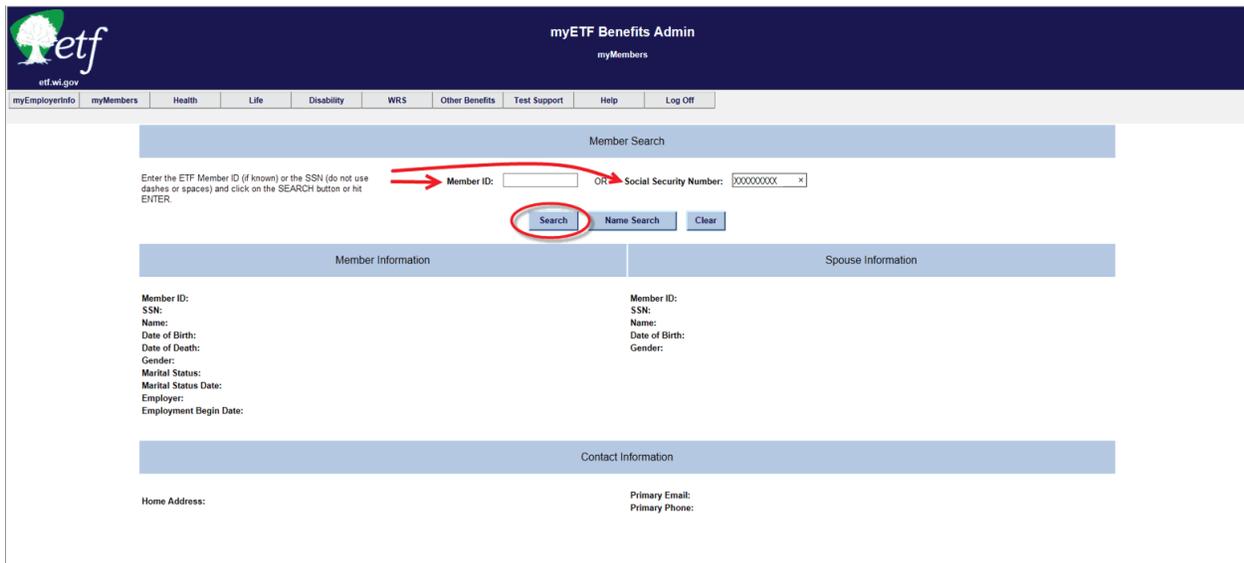
C-3. Add Dependent

A *Health Insurance Application/Change Form* (ET-2301) has been received for one of the Add Dependent reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

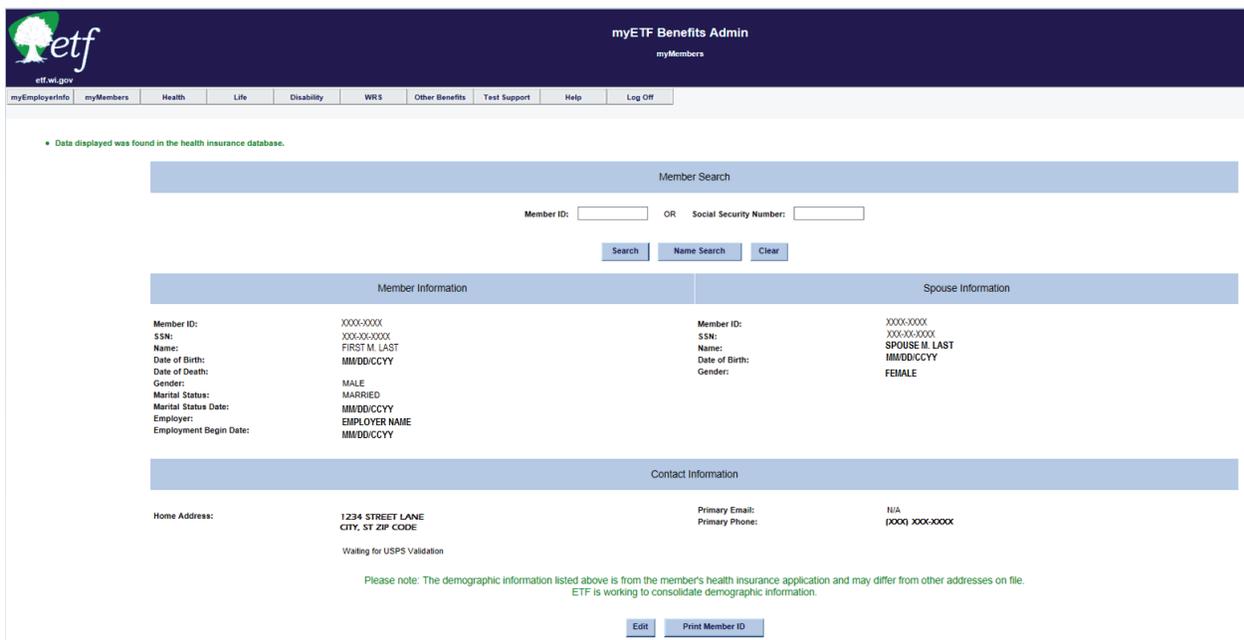
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click Enter.



3. Verify that all demographic data is current.



- a. If any updates/changes need to be made, then click the 'Edit' button at the bottom of the screen.
 - b. Make any updates/changes to the appropriate editable fields.
 - c. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
 - d. Select the 'Finalist' address which includes the ZIP+4, and click the 'Submit' button again.
- Note:** If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the "Radio" button in front of the address as keyed and click the 'Submit' button.
4. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
 - c. If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.
 5. At the top of the screen, highlight the Health tab and select Member Enrollment from the drop-down.

The screenshot displays the myETF Benefits Admin interface. At the top, there is a navigation bar with the logo and the text "myETF Benefits Admin" and "myMembers". Below this is a menu with tabs for "myEmployerInfo", "myMembers", "Health", "Life", "Disability", "WRS", "Other Benefits", "Test Support", "Help", and "Log Off". The "Health" tab is selected, and a dropdown menu shows "Member Enrollment" and "Premium". A message states "Data displayed was found in the health insurance database." Below this is a "Member Search" section with input fields for "Member ID" and "Social Security Number", and buttons for "Search", "Name Search", and "Clear". The main content area is divided into two columns: "Member Information" and "Spouse Information".

Member Information		Spouse Information	
Member ID:	XXXX-XXXX	Member ID:	XXXX-XXXX
SSN:	XX-XX-XXXX	SSN:	XX-XX-XXXX
Name:	FIRST M. LAST	Name:	SPOUSE M. LAST
Date of Birth:	MM/DD/CCYY	Date of Birth:	MM/DD/CCYY
Date of Death:		Gender:	FEMALE
Gender:	MALE		
Marital Status:	MARRIED		
Marital Status Date:	MM/DD/CCYY		
Employer:	EMPLOYER NAME		
Employment Begin Date:	MM/DD/CCYY		

Contact Information			
Home Address:	1234 STREET LANE CITY, ST ZIP CODE	Primary Email:	N/A
	Waiting for USPS Validation	Primary Phone:	(XXX) XXX-XXXX

6. Click the 'Edit' button on the line for the **Active** contract.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: OR Social Security Number:

Member ID:	SSN:	Subscriber:	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
XXXX-XXXX	XXX-XX-XXXX	FIRST M. LAST	HEALTH PLAN INFORMATION	FAMILY	10/01/2013		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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7. Select the "Radio" button next to **Add Dependent** and click the 'Continue' button.

myETF Benefits Admin
Report Change to Active Health Insurance Enrollment

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN NAME Coverage Level: FAMILY

Please select the change you would like to make from the options listed below.
If you need to make multiple changes, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to:

- ADD DEPENDENT
- CHANGE HEALTH PLAN
- REMOVE DEPENDENT

Please use the [Health Insurance Enrollment Summary](#) screen and press view to update subscriber/covered individuals information.

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8. Select the "Reason for Adding Dependent" from the drop-down menu. (For Example – Loss of Other Coverage).

The screenshot shows the 'myETF Benefits Admin' interface for adding a dependent. The header includes the 'etf' logo and navigation tabs for 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area displays the following form sections:

- Header Information:** ETF Member ID: XXXX-XXXX, SSN: XXX-XX-XXXX, Subsubscriber: FIRST M. LAST, Coverage Level: FAMILY.
- Reason for Adding Dependent:** A dropdown menu with options like 'ADOPTION/PLACEMENT FOR ADOPTION', 'BIRTH', 'CREATION OF DOMESTIC PARTNERSHIP', etc. It includes fields for 'Event Date', 'Employer Received Date', and 'Effective Date'.
- Identification:** Fields for SSN, Gender, Date of Birth, Date of Death, First Name, Middle Initial, Last Name, Suffix, and Marital Status.
- Tax/Dependent:** Fields for 'Tax Dependent', 'Disabled', 'Begin Date', 'End Date', 'ETF's Insurance', 'Relationship', and 'Standard Plan Wait Indicator'.
- Other Health Insurance:** A 'Choose' dropdown menu.
- Medicare:** A 'Choose' dropdown menu.
- Physician:** Fields for 'National Provider ID', 'OR', 'Physician Last/Clinic Name', and 'Physician First Name'.

At the bottom of the form are 'Submit' and 'Cancel' buttons.

9. Enter the Event Date (date of the qualifying event).
10. Enter the Employer Received Date (date application received by the employer).
Note: The Effective Date will auto-populate based on the Event and Received dates entered.
11. Complete the “Identification Section” for the dependent being added.
12. Complete the “Other Health Insurance.”
 - a. Select **No** from the drop down if there is **no** other health insurance coverage listed on the application for the member.
 - b. Select **Yes** from the drop down if there **is** other health insurance coverage listed on the application for the member.
13. Complete the “Medicare” section for the dependent being added.
 - a. Select **No** from the drop-down if there is **no** Medicare coverage for the member.
 - b. Select **Yes** from the drop down if there **is** Medicare coverage for the member.
14. Complete the “Physician” Section for the dependent being added.
15. Verify data entered and click the ‘Submit’ button.

16. Check the box next to the Terms and Conditions statement.

- a. If there is a second check box, stating that documentation is required and you have the documentation or are expecting the documentation, check the box.

Note: Where there is a second check box, it means that documentation / proof is required in order to be eligible for that add reason. The contract / transaction will go into “Waiting for ETF Approval” status until ETF receives a copy of the required documentation. Once the documentation has been received, reviewed and approved by ETF, then the transaction will be approved and will process overnight. If ETF does not approve the documentation, the employer will be contacted with the reason why and what if any additional documentation is needed for processing.

17. Review the data and if correct, click the ‘Confirm’ button.

18. Review the summary screen and print the confirmation (if desired).

19. Additional Changes on same application (if applicable).

- a. If you have additional dependents to add for the same reason / same effective date, click the 'Add Additional Dependent' button and follow the steps for adding a dependent.

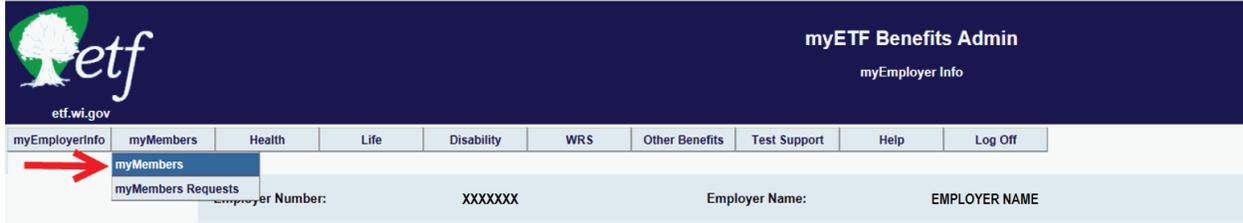
20. If you have completed all necessary transactions from the application, click 'Return to Enrollment Summary.'

21. After the nightly batch runs (once transaction has been approved), you can go in on the following day and view the contract changes you entered.

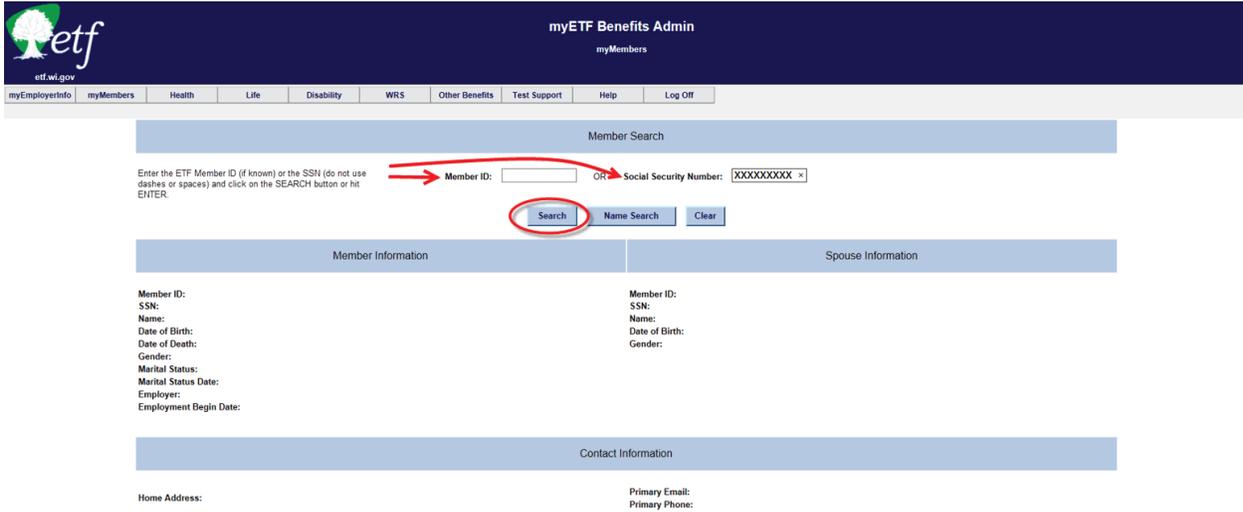
C-4. Remove Dependent

A Health Insurance Application/Change Form (ET-2301) has been received for one of the Remove Dependent reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

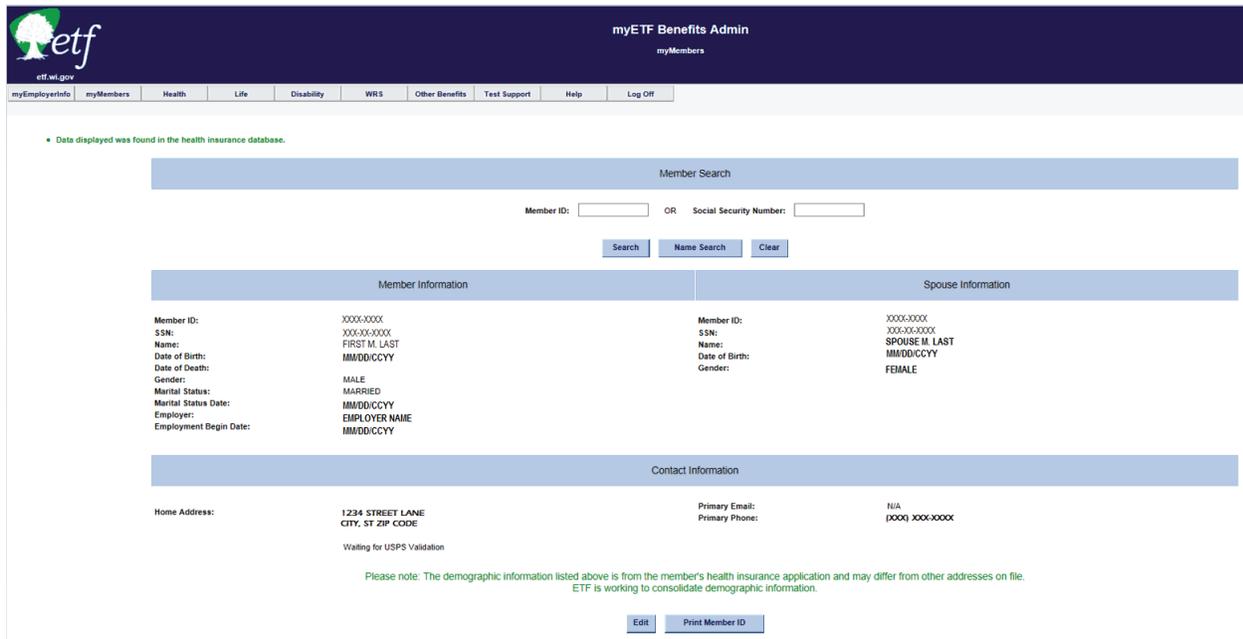
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click Enter.



3. Verify that all demographic data is current.



4. If any updates/changes need to be made, then click the 'Edit' button at the bottom of the screen.
 - a. Make any updates/changes to the appropriate editable fields.
 - b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
5. Select the "Finalist" address which includes the ZIP+4, and click the 'Submit' button again.

Note: If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the 'Radio' button in front of the address as keyed and click the 'Submit' button.
6. Once you are on the review page, review the data (any changes / additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
7. If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.
8. At the top of the screen, highlight the Health Tab and select Member Enrollment from the drop-down.

The screenshot displays the 'myETF Benefits Admin' web application. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin' and 'myMembers'. Below this is a menu with tabs for 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. The main content area shows a 'Member Search' section with input fields for 'Member ID' and 'Social Security Number', and buttons for 'Search', 'Name Search', and 'Clear'. Below the search section, there are two columns of demographic information: 'Member Information' and 'Spouse Information'. The 'Member Information' column lists fields like Member ID, SSN, Name, Date of Birth, Date of Death, Gender, Marital Status, Marital Status Date, Employer, and Employment Begin Date. The 'Spouse Information' column lists Member ID, SSN, Name, Date of Birth, and Gender. Below these columns is a 'Contact Information' section with fields for Home Address, Primary Email, and Primary Phone. A note at the bottom states: 'Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.' At the very bottom, there are 'Edit' and 'Print Member ID' buttons.

9. Click the 'Edit' button on the line for the **Active** contract.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: OR Social Security Number:

Member ID:	XXXX-XXXX	SSN:	XXXX-XX-XXXX	Subscriber:	FIRST M. LAST	
	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
<input type="button" value="View"/> <input type="button" value="Edit"/>	HEALTH PLAN	FAMILY	MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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10. Select the 'Radio' button next to **Add Dependent** and click the 'Continue' button.

myETF Benefits Admin
Report Change to Active Health Insurance Enrollment

ETF Member ID: XXXX-XXXX
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

SSN: XXXX-XX-XXXX
Health Plan: HEALTH PLAN

Subscriber: FIRST M. LAST
Coverage Level: FAMILY

Please select the change you would like to make from the options listed below.
If you need to make multiple changes, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to:

- ADD DEPENDENT
- CHANGE HEALTH PLAN
- REMOVE DEPENDENT

Please use the [Health Insurance Enrollment Summary](#) screen and press view to update subscriber/covered individuals information.

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11. Select the "Reason for Removing Dependent" from the drop-down menu. (For example – Divorce).

myETF Benefits Admin
Health Insurance - Remove Dependent

ETF Member ID: XXXX-XXXX
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

SSN: XXXX-XX-XXXX
Health Plan: HEALTH PLAN

Subscriber: FIRST M. LAST
Coverage Level: FAMILY

Reason for Removing Dependent: Event Date:

Employer Received Date:

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST M. LAST	MM/DD/CCYY	M	SELF	NO	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	SPOUSE M. LAST	MM/DD/CCYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD M. LAST	MM/DD/CCYY	F	CHLD	YES	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD M. LAST	MM/DD/CCYY	M	CHLD	YES	NO	NO	NO	MM/DD/CCYY		

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- Enter the Event Date (date of the qualifying event).
- Enter the Employer Received Date (date application received by employer).
- Check the box/boxes next to the dependent(s) being removed.

- a. For **Divorce** the system will automatically check the box next to the spouse and for any step-children.
 - b. For **Change From Family to Single Coverage**, the system will automatically check the boxes next to all dependents other than the subscriber.
15. Click the 'Submit' button at the bottom of the screen.

myETF Benefits Admin
Health Insurance - Remove Dependent

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX S/N: XXX-XX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/CHARGE OPTION - PREFIX Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Removing Dependent: DIVORCE Event Date: MM/DD/YYYY

Employer Received Date: MM/DD/YYYY

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	MM/DD/YYYY	M	SELF	NO	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	MM/DD/YYYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	F	CHILD	YES	NO	NO	NO	MM/DD/YYYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	M	CHILD	YES	NO	NO	NO	MM/DD/YYYY		

Submit Cancel

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- a. For **Divorce**, a new box will pop up requesting the Date of COBRA Notice. You must enter the "Date Notice Provided" date from the *Continuation – Conversion Notice* (ET-2311), as the date you enter will affect the termination of coverage date for the former spouse/step-children. Click the 'Submit' button again.

myETF Benefits Admin
Health Insurance - Remove Dependent

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX S/N: XXX-XX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/CHARGE OPTION - PREFIX Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Removing Dependent: DIVORCE Event Date: MM/DD/YYYY

Employer Received Date: MM/DD/YYYY Date of COBRA Notice: MM/DD/YYYY

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	MM/DD/YYYY	M	SELF	NO	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	MM/DD/YYYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	F	CHILD	YES	NO	NO	NO	MM/DD/YYYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	M	CHILD	YES	NO	NO	NO	MM/DD/YYYY		

Submit Cancel

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- b. If removing spouse/step-children only, and family coverage will remain in place and the notification date is not within the same month as the divorce (event) occurred, the coverage will end the end of the month of the notification date or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 02/03/2014 and ET-2311 notification date (date sent to former spouse/dependents) is 02/05/2014 – coverage can not term until 02/28/2014).
- c. If switching from Family to Single Coverage due to the divorce (reason selected in myETF Benefits will be Change From Family to Single Coverage – not Divorce), then coverage will end the end of the month in which the divorce (event) occurred or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 01/27/2014

and ET-2311 notification date (date sent to former spouse/dependents) is 01/27/2014 – coverage ends 01/31/2014).

16. Check the box next to the Terms and Conditions Statement.

- a. If there is a second check box stating that documentation is required and you have the documentation or are expecting the documentation, check the box.

Note: Where there is a second check box, it means that documentation/proof is required in order to be eligible for that add reason. The contract/transaction will go into “Waiting for ETF Approval” status until ETF receives a copy of the required documentation. Once the documentation has been received, reviewed and approved by ETF, then the transaction will be approved and will process overnight. If ETF does not approve the documentation, the employer will be contacted with the reason why and what if any additional documentation is needed for processing.

17. Review the data and if correct, click the ‘Confirm’ button.

When family coverage will remain in effect, the documentation required for ETF to approve the remove dependent transaction is a copy of the Continuation - Conversion Notice, ET-2311, sent to the former spouse.

By Confirming this request, I apply for or am ending the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.295.

Documentation is required to process this change. I acknowledge that it is my responsibility to provide the appropriate documents to my employer within 5 days.

Reason for Removing Dependent: DIVORCE

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST B. LAST	##DDCCYY	M	SELF	NO	NO	NO	NO	##DDCCYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE B. LAST	##DDCCYY	F	SPOUSE	YES	NO	NO	NO	##DDCCYY		##DDCCYY
<input type="checkbox"/>	XXXX-XXXX	CHILD B. LAST	##DDCCYY	F	CHILD	YES	NO	NO	NO	##DDCCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD B. LAST	##DDCCYY	M	CHILD	YES	NO	NO	NO	##DDCCYY		

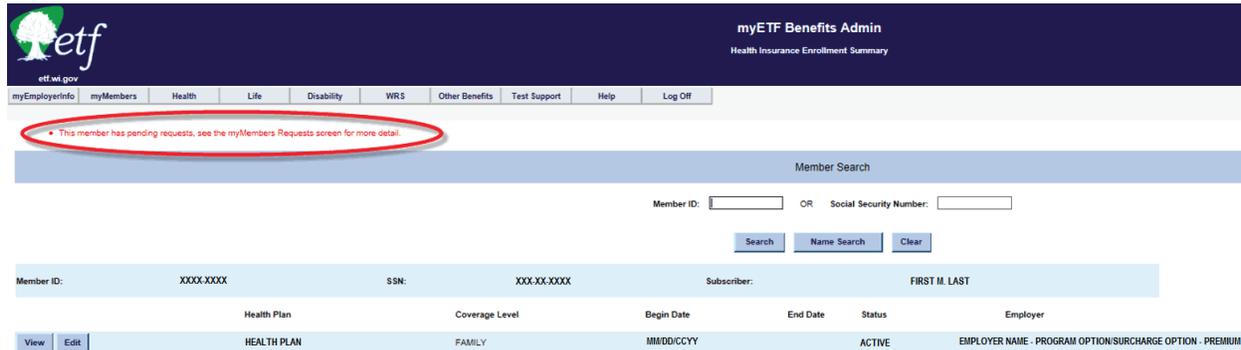
18. Review the summary screen and print the confirmation (if desired).

Your request has been submitted and will be processed overnight.

Reason for Removing Dependent: DIVORCE

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST B. LAST	##DDCCYY	M	SELF	NO	NO	NO	NO	##DDCCYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE B. LAST	##DDCCYY	F	SPOUSE	YES	NO	NO	NO	##DDCCYY		##DDCCYY
<input type="checkbox"/>	XXXX-XXXX	CHILD B. LAST	##DDCCYY	F	CHILD	YES	NO	NO	NO	##DDCCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD B. LAST	##DDCCYY	M	CHILD	YES	NO	NO	NO	##DDCCYY		

- If you have completed all necessary transactions from the application, click on the “Return to Enrollment Summary” button.

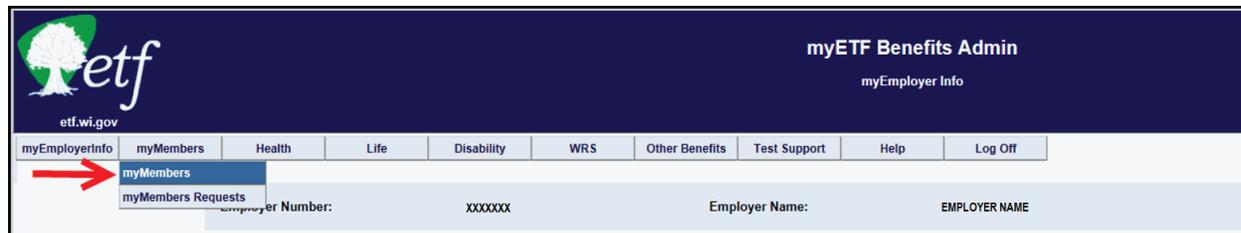


- After the nightly batch runs (once the transaction has been approved by ETF), you can go in on the following day and view the contract changes you entered.

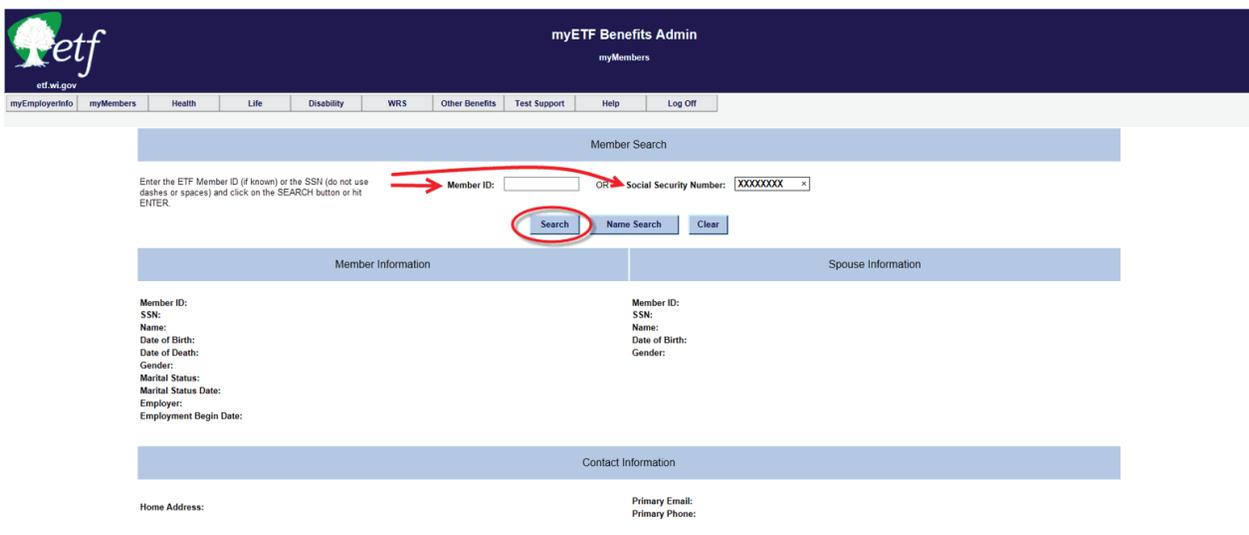
C-5. Change Health Plans

A *Health Insurance Application/Change Form* (ET-2301) has been received for one of the Change Health Plan reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

- In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



- Enter the employee’s ETF Member ID or SSN into the appropriate box and click the ‘Search’ button or click ‘Enter’.



3. Verify that all demographic data are current.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin' and 'myMembers'. Below this is a menu with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. A green message states: 'Data displayed was found in the health insurance database.'

The main content area is titled 'Member Search' and contains two input fields: 'Member ID:' and 'Social Security Number:'. Below these are three buttons: 'Search', 'Name Search', and 'Clear'.

The search results are displayed in two columns: 'Member Information' and 'Spouse Information'. The 'Member Information' column lists: Member ID: XXXX-XXXX, SSN: XXX-XX-XXXX, Name: FIRST M. LAST, Date of Birth: MM/DD/YYYY, Date of Death: MM/DD/YYYY, Gender: MALE, Marital Status: MARRIED, Marital Status Date: MM/DD/YYYY, Employer: EMPLOYER NAME, and Employment Begin Date: MM/DD/YYYY. The 'Spouse Information' column lists: Member ID: XXXX-XXXX, SSN: XXX-XX-XXXX, Name: SPOUSE M. LAST, Date of Birth: MM/DD/YYYY, Gender: FEMALE.

Below this is a 'Contact Information' section. It lists: Home Address: 1234 STREET LANE, CITY, ST ZIP CODE, and Primary Phone: N/A. A note below the address states: 'Waiting for USPS Validation'. At the bottom of the contact section, a note reads: 'Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.' At the very bottom are two buttons: 'Edit' and 'Print Member ID'.

4. If any updates/changes need to be made, click the 'Edit' button at the bottom of the screen.
 - a. Make and updates/changes to the appropriate editable fields.
 - b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
5. Select the "Finalist" address which includes the ZIP+4, and click the 'Submit' button again.
 - a. If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the radio button in front of the address as keyed and click on the 'Submit' button.
6. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
7. If you wish to print the confirmation page, click the green 'Print' button in the upper right corner.
8. At the top of the screen, highlight the "Health Tab" and select "Member Enrollment" from the drop-down.

Member Search

Member ID: OR Social Security Number:

Member Information		Spouse Information	
Member ID:	XXXX-XXXX	Member ID:	XXXX-XXXX
SSN:	XXX-XX-XXXX	SSN:	XXX-XX-XXXX
Name:	FIRST M. LAST	Name:	SPOUSE M. LAST
Date of Birth:	MM/DD/CCYY	Date of Birth:	MM/DD/CCYY
Date of Death:		Gender:	FEMALE
Gender:	MALE		
Marital Status:	MARRIED		
Marital Status Date:	MM/DD/CCYY		
Employer:	EMPLOYER NAME		
Employment Begin Date:	MM/DD/CCYY		

Contact Information

Home Address: 1234 STREET LANE
CITY, ST ZIP CODE

Primary Email: N/A
Primary Phone: (123) 456-7890

Waiting for USPS Validation

Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.

9. Click the 'Edit' button on the line for the **Active** contract.

Member Search

Member ID: OR Social Security Number:

Member ID:	SSN:	Subscriber:	FIRST M. LAST	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
XXXX-XXXX	XXX-XX-XXXX			HEALTH PLAN	FAMILY	MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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10. Select the 'Radio' button next to **Change Health Plan**.

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Please select the change you would like to make from the options listed below.
If you need to make multiple changes, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to:

- ADD DEPENDENT
- CHANGE HEALTH PLAN
- REMOVE DEPENDENT

Please use the Health Insurance Enrollment Summary screen and press view to update subscriber/covered individuals information.

11. Select the “Reason for Changing Health Plan” from the drop-down menu. (For Example – Move From Service Area).

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there's a navigation bar with 'etf' logo and 'myETF Benefits Admin' text. Below it, a menu bar includes 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. The main content area shows 'ETF Member ID: XXXX-XXXX', 'Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM', 'SSN: XXX-XX-XXXX', 'Health Plan: HEALTH PLAN', 'Subscriber: FIRST M. LAST', and 'Coverage Level: FAMILY'. The 'Reason for Changing Health Plan' dropdown is open, showing options like 'Other Coverage', 'DUE TO ADOPTIVE/PLACEMENT FOR ADOPTION', 'DUE TO BIRTH', 'DUE TO CREATION OF DOMESTIC PARTNERSHIP', 'DUE TO MARRIAGE', 'MOVE FROM SERVICE AREA', and 'SUBSCRIBER LOSS OF OTHER COVERAGE/ENR CONTRIBUTION'. The 'MOVE FROM SERVICE AREA' option is selected. Below this, there are fields for 'Employer Received Date' and 'Event Date'. A table shows the current health plan details. At the bottom, there are 'Submit' and 'Cancel' buttons.

12. Enter the Event Date (date of the qualifying event).
13. Select the New Residential County from the drop down list. (There is an “Out of State / NA” option).
14. Enter the Employer Received Date (date application received by employer).
15. Select the new health plan from the drop-down menu.
16. Update any physician information, Other insurance information or Medicare information for each member listed.
17. Click the ‘Submit’ button at the bottom of the screen.

The screenshot shows the 'myETF Benefits Admin' interface. The 'Reason for Changing Health Plan' dropdown is now set to 'MOVE FROM SERVICE AREA'. The 'New Residential County' dropdown is set to 'DAVE'. The 'Employer Received Date' is set to '01/29/2014'. A red note is visible: '*NOTE - Remember to update the physician / clinic info per the application.' Below this, there are fields for 'Event Date' and 'Employer Received Date'. A table shows the current health plan details. At the bottom, there are 'Submit' and 'Cancel' buttons.

18. Check the box next to the Terms and Conditions statement.
19. Review the data and if correct, click the 'Confirm' button.

myETF Benefits Admin
Health Insurance - Change Health Plan

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

You have requested a change in member's current Health Plan. To continue changing member's health plan, please confirm your request.

By Confirming this request, I apply for or am ending the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.205.

Reason for Changing Health Plan: MOVE FROM SERVICE AREA

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
CURRENT HEALTH PLAN	FAMILY	MM/DD/CCYY	MM/DD/CCYY	PENDING	EMPLOYER NAME - PO/SO - PREMIUM
NEW HEALTH PLAN	FAMILY	MM/DD/CCYY		PENDING	EMPLOYER NAME - PO/SO - PREMIUM

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Begin Date	End Date
FIRST LAST	MM/DD/CCYY	MALE	SELF	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	FEMALE	CHILD	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	MALE	CHILD	MM/DD/CCYY	

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20. Review the summary screen and print the confirmation, if desired.

myETF Benefits Admin
Health Insurance - Change Health Plan

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Your request has been submitted and will be processed overnight.

Note: During It's Your Choice, you may also change member's coverage level by returning to the Report Change to Health Enrollment. To change to family coverage please select Add Dependent and It's Your Choice. To change from family to single coverage please select Remove Dependent.

Reason for Changing Health Plan: MOVE FROM SERVICE AREA

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
OLD HEALTH PLAN	FAMILY	MM/DD/CCYY	MM/DD/CCYY	PENDING	EMPLOYER NAME - PO/SO - PREMIUM
NEW HEALTH PLAN	FAMILY	MM/DD/CCYY		PENDING	EMPLOYER NAME - PO/SO - PREMIUM

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Begin Date	End Date
FIRST LAST	MM/DD/CCYY	MALE	SELF	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	FEMALE	CHILD	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	MALE	CHILD	MM/DD/CCYY	

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21. If you have completed all necessary transactions from the application, click on the 'Return to Enrollment Summary' button.

myETF Benefits Admin
Health Insurance - Enrollment Summary

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

* This member has a pending request, see the myMembers Requests screen for more detail.

Member Search

Member ID: OR Social Security Number:

Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN	FAMILY	MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PO/SO - PREMIUM

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22. After the nightly batch runs, you can go in on the following day and view the contract changes you entered.

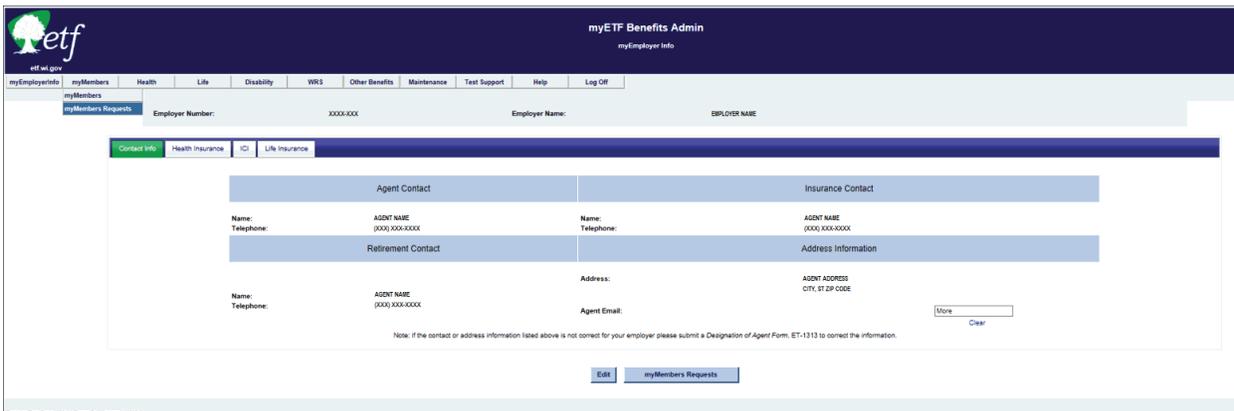
C-6. Termination of Coverage

Termination of health insurance coverage can occur for multiple reasons. Some reasons require a *Health Insurance Application/Change Form (ET-2301)*, such as Cancel Coverage or Cancel Due To Spouse-To-Spouse Transfer. The remaining reasons, Death of Subscriber, Disability Approval (Non-ICI), Retirement, and Termination of Employment, do not require an application. In order to process the termination of a member's health insurance, you will need to follow the procedure listed below (e.g., termination of employment, last day being 04/18/2014, employer received notice on 04/04/2014):

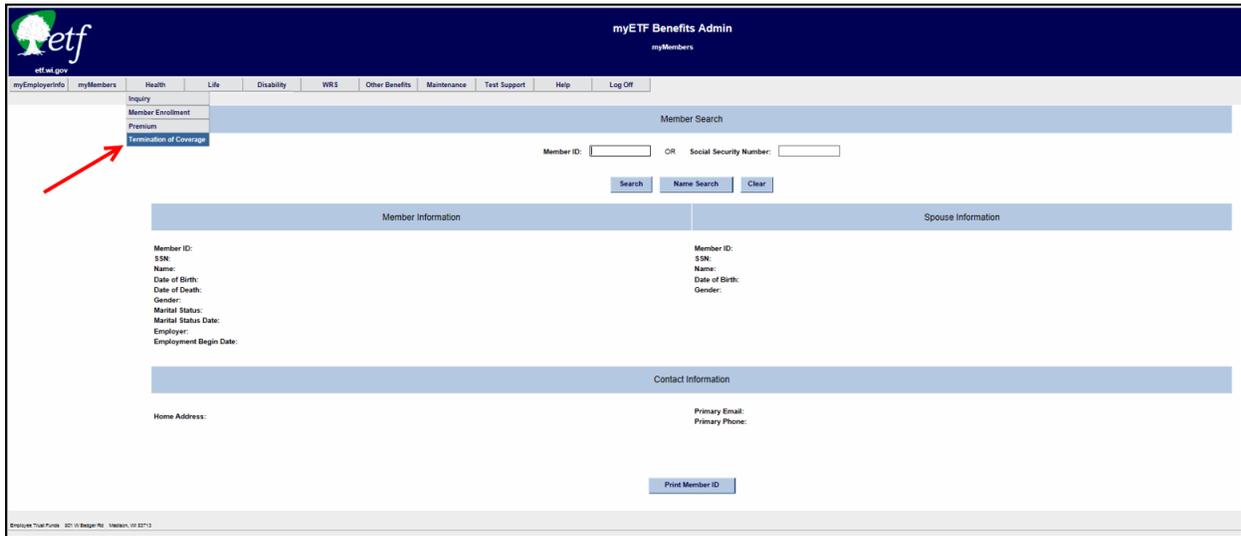
1. In myETF Benefits, highlight the Health tab and select Termination of Coverage from the drop-down list.



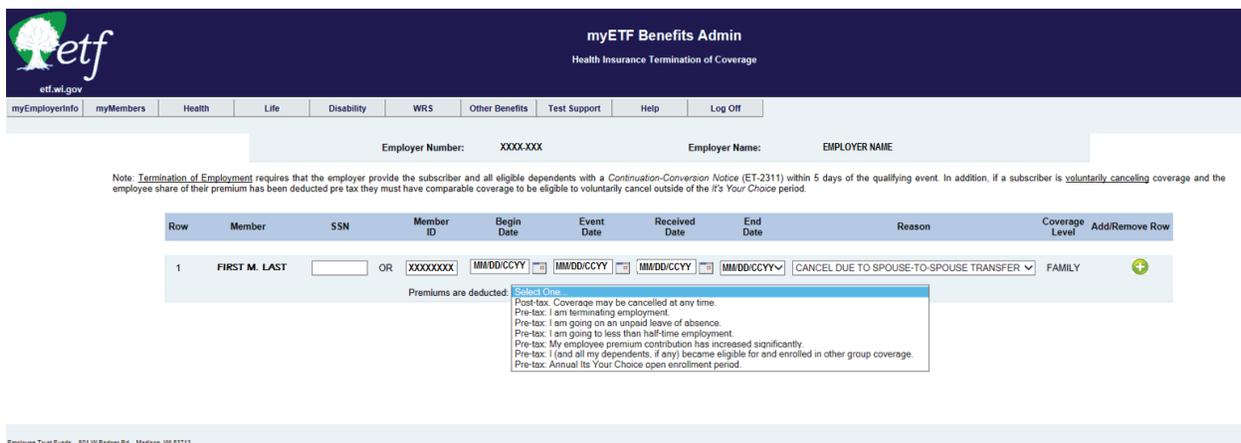
Note: If using Internet Explorer, you will need to highlight myMembers and select myMembers. Otherwise, you may not see the whole drop down menu under the Health Tab, part of it will be hidden behind the screen.



2. Highlight the Health tab and select Termination of Coverage.



3. Enter the SSN or ETF Member ID.
4. Leave the Begin Date field blank.
5. Enter the Event Date.
6. Enter the Received Date (date the employer received app or term notice).
7. Enter the End Date (last day of health insurance coverage).
8. Select the Reason from the drop-down menu.
 - a. If you select the reasons Cancel Coverage, or Cancel Due to Spouse to Spouse transfer, you will receive a secondary drop-down menu asking you to select whether or not the employee share of the premium is deducted "Post-Tax" or "Pre-Tax." If the premiums are deducted "Pre-Tax" then you select the appropriate qualifier.



State Agency Health Insurance Administration Manual
Appendix C — myETF Benefits

myETF Benefits Admin
Health Insurance Termination of Coverage

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation-Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the it's Your Choice period.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	FIRST M. LAST	XXXXXXXXX OR XXXXXXXX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	CANCEL DUE TO SPOUSE-TO-SPOUSE TRANSFER	FAMILY	+

Premiums are deducted:
 Select One:
 Post-tax, Coverage may be cancelled at any time.
 Pre-tax: I am terminating employment.
 Pre-tax: I am going on an unpaid leave of absence.
 Pre-tax: I am going to less than half-time employment.
 Pre-tax: My employee premium contribution has increased significantly.
 Pre-tax: I (and all my dependents, if any) become eligible for and enrolled in other group coverage.
 Pre-tax: Annual Its Your Choice open enrollment period.

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- b. If you select the reason Retirement, a secondary box will pop up requesting you to enter the employee's sick leave hours and pay rate.

myETF Benefits Admin
Health Insurance Termination of Coverage

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation-Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the it's Your Choice period.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1		XXXXXXXXX OR XXXXXXXX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	RETIREMENT	FAMILY	

SICK LEAVE HOURS: PAY RATE: Calculate

Submit Clear

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9. Hit tab or wait a few seconds, member information should populate, including the begin date of the current **Active** contract.

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Health Insurance Termination of Coverage

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

Employer Number: XXXX-XXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation-Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the it's Your Choice period.

PLEASE TAKE NOTE OF THIS REMINDER REGARDING COBRA CONTINUATION!

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1		XXXXXXXXX OR XXXXXXXX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	TERMINATION OF EMPLOYMENT	FAMILY	+

Submit Clear

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10. Click the 'Submit' button at the bottom of the screen.

myETF Benefits Admin
Health Insurance Termination of Coverage

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

Employer Number: XXXX-XXXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation/Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre-tax they must have comparable coverage to be eligible to voluntarily cancel outside of the 60 Day Choice period.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	FIRST & LAST	XXXXXXXXXX OR XXXXXXXX			MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	TERMINATION OF EMPLOYMENT	FAMILY	

*NOTE: After hitting TAB or clicking on the white space on the page, the relevant personal information will appear, including the begin date of the current ACTIVE contract.

Submit Clear

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11. Review/verify that the information is correct and click the 'Confirm' button. The system will automatically take you back to a blank termination screen.

myETF Benefits Admin
Health Insurance Termination of Coverage

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

SSN	Member ID	Member	Health Plan	Coverage Level	Begin Date	Event Date	Received Date	End Date	Reason
XXXXXXXXXX	XXXXXXXXXX	FIRST & LAST	HEALTH PLAN	FAMILY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	TERMINATION OF EMPLOYMENT

Please review the termination of coverage for each subscriber above to ensure accurate reporting and press confirm to process changes.

Confirm Edit

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a. If you wish to review/verify the term processed highlight the Health tab and select Member Enrollment.

myETF Benefits Admin
Health Insurance Termination of Coverage

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

Member Enrollment

Employer Number: 0001110 Employer Name: EMPLOYEE TRUST FUNDS, DEPT OF

Note: Termination of Coverage (ET-2311) requires that the employer provide the subscriber and all eligible dependents with a Continuation/Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre-tax they must have comparable coverage to be eligible to voluntarily cancel outside of the 60 Day Choice period.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1					05/06/2014	05/06/2014	05/31/2014	Select One		

Submit Clear

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12. Enter the ETF Member ID or SSN and click the 'Search' button or hit 'Enter.' The term date should appear in **red**.

The screenshot shows the myETF Benefits Admin interface. At the top, there is a navigation bar with the myETF logo and the text "myETF Benefits Admin Health Insurance Enrollment Summary". Below the navigation bar, there is a red oval highlighting a message: "Our records indicate that this member has a pending request for Cancel Coverage. This contract is not eligible for any additional changes at this time. Please see myMemberRequests for additional details. End dates in red are associated with Cancel Coverage requests that have been approved and will be processed tonight. This member has a pending request; see the myMembers Requests screen for more detail." Below the message, there is a "Member Search" section with input fields for "Member ID" and "Social Security Number" (containing "XXXXXXXXXX"), and buttons for "Search", "Name Search", and "Clear". Below the search section, there is a table with columns: "Member ID", "SSN", "Subscriber", "FIRST M. LAST", "Health Plan", "Coverage Level", "Begin Date", "End Date", "Status", and "Employer". The "End Date" column contains the value "88000000" in red. There are "View" buttons next to the first two rows of the table. At the bottom of the page, there is a small footer: "Employee Trust Funds 801 W. Beaver Rd. Madison, WI 53713".

C-7. Pending Transactions

myMembers Requests is the home of several processing queues where all transactions / changes made on myETF Benefits will go while pending approval or if already approved, waiting for the overnight batch process. There are a total of nine queues.

1. **Approved:** These are all the approved transactions that have been processed completely.
2. **Approved – Not Applied:** These are the transactions that have been entered that day that do not require ETF approval, or that ETF has approved, but are awaiting the nightly batch processing run.
3. **Approved – Processing Error:** The transactions that end up here, are here because some part of the data entry failed in the batch and may need to be re-entered.
4. **Cancelled:** These are transactions that either the employer or ETF cancelled prior to the nightly batch run. There could be several reasons why they were cancelled.
5. **Denied:** These are transactions that failed to meet eligibility requirements or the documentation supplied was insufficient/incorrect.
6. **Pending:** If a member (employee) requested a log-in and password and went in and keyed their own changes, then the transaction would go into the “**Pending**” queue. The Pending queue is the only queue in which the employer can approve a transaction.
7. **Pending Sick Leave/Conversion:** When coverage is terminated by the employer using the reason “Retirement,” the employer is required to enter an estimated sick leave amount and an hourly pay rate. If the member is older than age 65 or if the sick leave total will not pay for three months of premiums as an annuitant, the transaction will be routed to this queue for ETF to address.
8. **Waiting for ETF Approval – Disabled:** This queue is where a transaction will go when a member is trying to add an adult dependent older than age 26 who is disabled. The transaction will stay in this queue until the disability verification process has been completed and ETF has received a copy of the health plan health plan

disability approval letter for that dependent.

9. **Waiting for ETF Approval:** This is the queue for all of the other transactions that require additional documentation prior to approval. If you had to check two boxes on the confirmation screen, it means that the transaction will go here until ETF receives and approves the relevant documentation and thus approves the transaction.

Transactions that are in *Pending, Approved-Not Applied, Waiting for ETF Approval – Disabled* and *Waiting for ETF Approval* can be edited, if necessary. They take you back to the entry screen and you follow the same submission procedures as before.

Access to the myMembers Requests screens can be accessed by the following steps:

1. In myETF Benefits, highlight the myMembers tab and select myMembers Requests.

2. Select a “status” from the drop down menu. Define your search. The most common search is the default set up, however you can narrow the search by the following means:
 - a. Reason (the reason for the application).
 - b. Employer contact.
 - c. Benefit Program.
 - d. Request Type (Add Coverage, Add Dependent, Remove Dependent, etc.).
 - e. Max Rows (max number of rows to show).
 - f. Request Date.
 - g. Employer Action Date (date entered).
 - h. Member ID.
 - i. Range – Request From Date and Request To Date.
3. Click the ‘Search’ button. If there are more than 10 lines, you may need to select the number of lines to show from the drop down on the left, just above the displayed range of data.
4. Click the ‘Select’ button next to the transaction you want to view/approve.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME [New EIN](#)

Request Status: PENDING Benefit Program: ALL Request: ALL Request Date: (MM/YY)

Reason: ALL Max Rows: 50 Employer Action Date: (MM/YY)

Employer Contact: Request From Date: (MM/YY) Request To Date: (MM/YY) Member ID:

Member ID	Member	Request Date	Benefit Program	Request	Reason for Request	Employer Contact	Employer Action Date
Select	XXXXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE	
Select	XXXXXX	FIRST M. LAST	MM/DD/CCYY	MY INFO	UPDATE PERSONAL DATA	MEMBER MYINFO ADDRESS CHANGE	
Select	XXXXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE	
Select	XXXXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE	

Showing 1 to 4 of 4 entries

- a. Review/verify that the information entered is correct. If the transaction is in the Pending queue, and all information is correct:
- Click the 'Approved' button and it will automatically take you back out to the queue.
 - Click on "Return to myMember Requests", if you are not ready to approve.

myETF Benefits Admin
myMember Request Detail

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Member ID: XXXXX-XXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY
Benefit Program: HEALTH Request: ADD DEPENDENT Event Date: MM/DD/CCYY
Request Status: PENDING Reason for Request: BIRTH Effective On: MM/DD/CCYY
Health Plan: UNITY UW HEALTH

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	ADDED A DEPENDENT		

- b. If the transaction is in the Pending queue, and all the information is not correct:
- Click the 'Edit' button to update any information.
 - Click the 'Cancel' button to cancel the transaction, in which it will need to be re-entered by the member (employee).
 - Enter a reason for the cancellation.
 - Check the box next to "I would like to cancel this request."
 - Click the 'Confirm' button.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Comments:

I would like to cancel this request

Member ID: XXXXX-XXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY
Benefit Program: HEALTH Request: UPDATE PERSONAL DATA Event Date: MM/DD/CCYY
Request Status: PENDING Reason for Request: MEMBER HEALTH PERSONAL DATA CHANGE Effective On: MM/DD/CCYY
Health Plan:

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	OTHER INSURANCE INDICATOR		N

- c. If the transaction is in the Pending queue, and after the review of information the member is not eligible to make the requested change.
- Click the 'Deny' button.
 - Enter a reason for the denial.
 - Check the box next to "I would like to deny this request."
 - Click the 'Confirm' button.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Comments:

I would like to deny this request

Member ID: XXXX-XXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY
 Benefit Program: HEALTH Request: UPDATE PERSONAL DATA Event Date: MM/DD/CCYY
 Request Status: PENDING Reason for Request: MEMBER HEALTH PERSONAL DATA CHANGE Effective On: MM/DD/CCYY
 Health Plan:

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	OTHER INSURANCE INDICATOR		N

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- d. If the employer has approved the transaction, it will move into the Approved-Not Applied queue to be processed in the nightly batch run.

You can go in the following day to verify the transaction processed correctly by reviewing the members information/contract in myETF Benefits.

C-8 Enrollment Inquiry

The Enrollment Inquiry is a function of myETF Benefits where an employer can go to view a summary of all of their employees (subscribers) that have been enrolled in the State Group Health Insurance Program and entered in myETF Benefits. This is a monthly report based on available invoices. This query can either be very broad or broken down by a specific health plan and/or coverage type. To use this inquiry function, you will follow the procedures listed below.

1. In myETF Benefits, highlight the 'Health' tab.

myETF Benefits Admin
myEmployer Info

myEmployerInfo myMembers **Health** Life Disability WRS Other Benefits Test Support Help Log Off

Inquiry
 Member Enrollment XXXX-XXXX Employer Name: EMPLOYER NAME
 Premium
 Termination of Coverage

Contact Info Health Insurance ICI Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME (xxx) xxx-xxxx	Name:	AGENT NAME (xxx) xxx-xxxx
Telephone:		Telephone:	
Retirement Contact		Address Information	
Name:	AGENT NAME (xxx) xxx-xxxx	Address:	AGENT ADDRESS CITY, ST ZIP CODE
Telephone:		Agent Email:	<input type="text"/> <input type="button" value="More"/> <input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

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2. Highlight Inquiry.

myETF Benefits Admin
myEmployer Info

myEmployerInfo | myMembers | **Health** | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

Inquiry | Enrollment Reports | Premium Reports | Employer Name: EMPLOYER NAME

Member Enrollment | Premium | Termination of Coverage

Contact Info | Health Insurance | ICI | Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME	Name:	AGENT NAME
Telephone:	(XXX) XXX-XXXX	Telephone:	(XXX) XXX-XXXX
Retirement Contact		Address Information	
Name:	AGENT NAME	Address:	AGENT ADDRESS
Telephone:	(XXX) XXX-XXXX	Agent Email:	CITY, ST ZIP CODE
			<input type="text" value="More"/>
			<input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

| |

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3. Highlight Enrollment Reports.

myETF Benefits Admin
myEmployer Info

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

Inquiry | **Enrollment Reports** | Enrollment Inquiry | Employer Name: EMPLOYER NAME

Member Enrollment | Premium Reports | Dependent Inquiry

Premium | Address Inquiry | Termination of Coverage

Contact Info | Health Insurance | ICI | Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME	Name:	AGENT NAME
Telephone:	(XXX) XXX-XXXX	Telephone:	(XXX) XXX-XXXX
Retirement Contact		Address Information	
Name:	AGENT NAME	Address:	AGENT ADDRESS
Telephone:	(XXX) XXX-XXXX	Agent Email:	CITY, ST ZIP CODE
			<input type="text" value="More"/>
			<input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

| |

Employee Trust Funds | 801 W Badger Rd | Madison, WI 53713

4. Select Enrollment Inquiry.

The screenshot shows the 'myETF Benefits Admin' interface. The top navigation bar includes 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The 'Health' menu is expanded, showing options like 'Inquiry', 'Enrollment Reports', 'Enrollment Inquiry', 'Member Enrollment', 'Premium Reports', 'Dependent Inquiry', 'Premium', and 'Address Inquiry'. The 'Enrollment Inquiry' option is selected. Below this, there are sections for 'Agent Contact', 'Insurance Contact', 'Retirement Contact', and 'Address Information'. Each section contains fields for Name, Telephone, and Address. A 'More' button is visible next to the 'Agent Email' field. A note at the bottom states: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.' At the bottom of the page, there are buttons for 'Edit', 'myMembers Requests', and 'Employer Locations'.

5. Select the Coverage Month.

The screenshot shows the 'myETF Benefits Admin' interface for 'Health Insurance Enrollment Inquiry'. The top navigation bar is the same as in the previous screenshot. The 'Health' menu is expanded, and 'Health Insurance' is selected. Below this, there are fields for 'Employer Number' (XXXX-XXXX), 'Employer Group' (XXXXX-EMPLOYER NAME), 'Coverage Month' (a dropdown menu with 'July' selected), 'Year' (2014), 'Health Plan' (a dropdown menu), and 'Coverage Type' (a dropdown menu). There are 'Clear' and 'Save As' buttons. At the bottom of the page, there is a footer with the text 'Employee Trust Funds 801 W Badger Rd Madison, WI 53713'.

6. Select the Coverage Year.

The screenshot shows the myETF Benefits Admin interface. At the top left is the myETF logo with the website address etf.wi.gov. The main header is 'myETF Benefits Admin' with the subtitle 'Health Insurance Enrollment Inquiry'. A navigation bar contains links for myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main content area contains a form with the following fields: Employer Number (XXXX-XXX), Employer Group (XXXXX - EMPLOYER NAME), Coverage Month (May), Year (2013), Health Plan (dropdown), and Coverage Type (dropdown). Below the form are three buttons: Clear, Display, and Save As. At the bottom left, there is a footer: Employee Trust Funds | 801 W. Waikar Rd | Madison, WI 53713.

7. Select the Health Plan option of your choice (default is ALL).

This screenshot shows the same myETF Benefits Admin interface as above, but with the 'Health Plan' dropdown menu open. The dropdown list contains the following options: ALL, 01 - STANDARD PLAN, 05 - SMP, 11 - ANTHEM BCBS SOUTHEAST, 13 - ANTHEM BCBS NORTHWEST, 14 - ANTHEM BCBS NORTHWEST, 15 - DEAN HEALTH PLAN, 17 - DEAN PREVEA360, 21 - HUMANA EASTERN, 22 - HUMANA WESTERN, 30 - GHC EAU CLAIRE, 35 - GHC-SCV, 37 - GUNDERSEN HEALTH PLAN, 40 - UNITY COMMUNITY, 47 - ARISE HEALTH PLAN, 55 - HEALTH TRADITION, 63 - MEDICAL ASSOCIATES HEALTH PLAN, 64 - MERCY CARE HEALTH PLAN, 70 - NETWORK HEALTH, 71 - SECURITY HEALTH PLAN, 74 - PHYSICIANS PLUS, 84 - WPS METRO CHOICE SOUTHEAST, 85 - HEALTHPARTNERS, 86 - WEA TRUST PPO EAST, 87 - WEA TRUST PPO NORTHWEST, 88 - WPS METRO CHOICE NORTHWEST, 89 - WEA TRUST PPO SOUTHCENTRAL, 92 - UNITY UW HEALTH, and 94 - UNITEDHEALTHCARE. A 'Clear' button is visible at the top left of the dropdown list. The footer at the bottom left remains the same: Employee Trust Funds | 801 W. Waikar Rd | Madison, WI 53713.

8. Select the Coverage Type option of your choice (default is ALL).

The screenshot shows the 'myETF Benefits Admin' web application. The header includes the logo and navigation tabs: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main content area contains a search form with the following fields: Employer Number (XXXX-XXX), Employer Group (XXXXX-EMPLOYER NAME), Coverage Month (MONTH), Year (CCYY), Health Plan (XX-HEALTH PLAN), and Coverage Type. The Coverage Type dropdown menu is open, showing options: ALL, 01 - SINGLE, 02 - FAMILY, 03 - GRAD ASSISTANTS - SINGLE, 04 - GRAD ASSISTANTS - FAMILY, 05 - MEDICARE - SINGLE, 06 - MEDICARE - FAMILY 1, and 07 - MEDICARE - FAMILY 2. A 'Clear' button is visible next to the dropdown. At the bottom left, there is a footer: 'Employee Trust Funds 821 W Budget Rd Madison, WI 53713'.

9. Click the 'Display' button to display the results of your query.

This screenshot is identical to the previous one, but the 'Coverage Type' dropdown menu is now closed and '01 - SINGLE' is selected. Below the search form, there are three buttons: 'Clear', 'Display', and 'Save As'. A red arrow points directly to the 'Display' button. The rest of the interface, including the header, navigation tabs, and footer, remains the same.

- a. You can select the number of entries to show at one time.
- b. You can Search for specific information (example: Employee Type, MID#, SSN, Last Name etc.)
- c. You can skip to a certain page, next page, or last page.
- d. You can sort by a specific column (small red arrows).

State Agency Health Insurance Administration Manual
 Appendix C — myETF Benefits

myETF Benefits Admin
 Health Insurance Enrollment Inquiry

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
 Employer Group: XXXX-EMPLOYER NAME
 Coverage Month: MONTH Year: CCYY
 Health Plan: XX-HEALTH PLAN
 Coverage Type: 01 - SINGLE

Clear Display Save As

Show 10 entries Search:

n	Employee Type Code	Member ID	SSN	Last Name	First Name	Birthdate	Gender	Coverage Effective Date	Coverage Expiration Date
1	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
2	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
3	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
4	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
5	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
6	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
7	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
8	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
9	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
10	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	

Showing 1 to 10 of 1,302 entries

Export to Excel 2 | 3 | 4 | 5 Next Last

10. Click the 'Save As' button to export the results to a Microsoft Excel spreadsheet.

myETF Benefits Admin
 Health Insurance Enrollment Inquiry

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
 Employer Group: XXXX-EMPLOYER NAME
 Coverage Month: MONTH Year: CCYY
 Health Plan: XX-HEALTH PLAN
 Coverage Type: 01 - SINGLE

Clear Display Save As

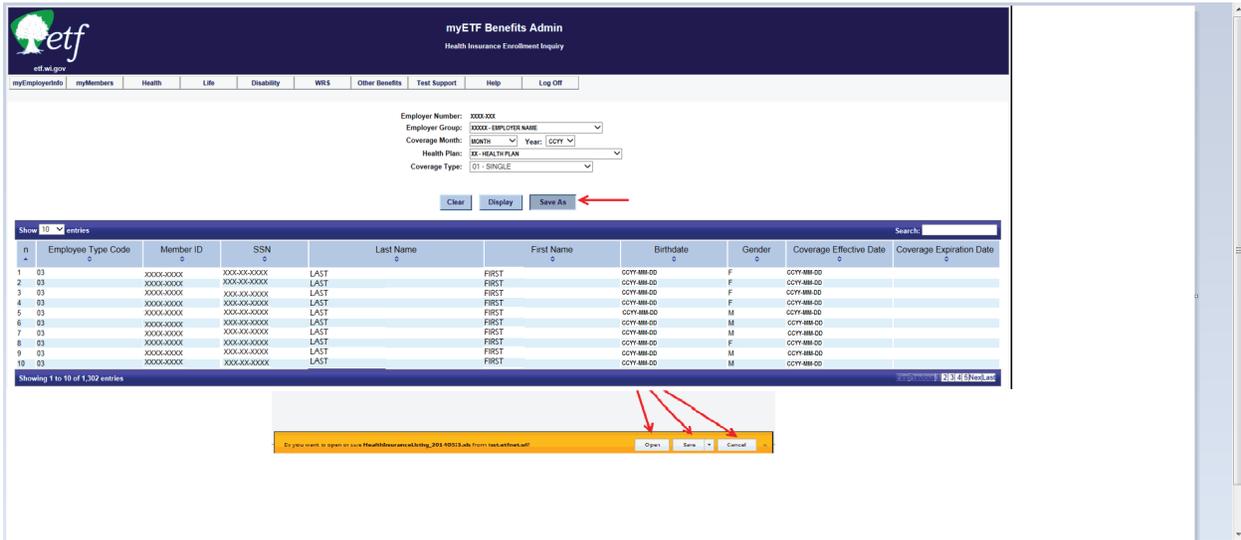
Show 10 entries Search:

n	Employee Type Code	Member ID	SSN	Last Name	First Name	Birthdate	Gender	Coverage Effective Date	Coverage Expiration Date
1	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
2	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
3	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
4	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
5	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
6	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
7	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
8	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
9	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
10	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	

Showing 1 to 10 of 1,302 entries

Export to Excel 2 | 3 | 4 | 5 Next Last

- a. You will be given the option to Open or Save the Excel spreadsheet or Cancel the export.



- b. Upon choosing to Open the spreadsheet, it will export the query to Excel and show it in the following format.

	A	B	C	D	E	F	G	H	I	J	K
	XXXXX - EMPLOYER NAME										
	MONTH - YEAR										
1											
2	Employee Type Code	Member ID	SSN	Last Name	First Name	Birth Date	Gender	Coverage Effective Date	Coverage Expiration Date	Health Plan	Coverage Type Code
3	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
4	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
5	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
6	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
7	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
8	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
9	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
10	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01

You can then choose to save the query or exit from Excel. It will not change your query in myETF Benefits.

C-9. Dependent Inquiry

The Dependent Inquiry is a function of myETF Benefits where an employer can go to view a summary of all of their employees (subscribers) and their dependents that are, or have been enrolled in the State Group Health Insurance Program and entered in myETF Benefits. This is a monthly report based on available invoices. This query can either be very broad or broken down by a specific health plan, coverage type, relationship, and/or tax dependency status. To use this inquiry function, you will follow the procedures listed below.

1. In myETF Benefits, highlight the 'Health' tab.

The screenshot shows the 'myETF Benefits Admin' interface. The top navigation bar includes 'myEmployerInfo', 'myMembers', 'Health' (selected), 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. A dropdown menu under 'myMembers' shows 'Inquiry', 'Member Enrollment', 'Premium', and 'Termination of Coverage'. The 'Health' tab is active, and the 'Contact info' sub-tab is selected. The main content area displays contact information for an agent, including fields for Name, Telephone, and Agent Email. There are also fields for Insurance Contact, Retirement Contact, and Address Information. A 'More' button is visible next to the Agent Email field. At the bottom, there are buttons for 'Edit', 'myMembers Requests', and 'Employer Locations'. A footer note reads: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.'

2. Highlight Inquiry.

This screenshot is identical to the one above, showing the 'myETF Benefits Admin' interface. The 'Health' tab is selected, and the 'Inquiry' sub-tab is highlighted in the dropdown menu. The 'Contact info' sub-tab is active, and the contact information fields are displayed. The 'Employer Name' field is populated with 'XXXX-XXX'. The 'More' button is visible next to the Agent Email field. At the bottom, there are buttons for 'Edit', 'myMembers Requests', and 'Employer Locations'. A footer note reads: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.'

3. Highlight Enrollment Reports.

The screenshot shows the myETF Benefits Admin interface. The top navigation bar includes the myETF logo and the text "myETF Benefits Admin" and "myEmployer Info". Below this is a horizontal menu with tabs for "myEmployerInfo", "myMembers", "Health", "Life", "Disability", "WRS", "Other Benefits", "Test Support", "Help", and "Log Off". Under the "Health" tab, there is a sub-menu with "Inquiry", "Enrollment Reports", "Enrollment Inquiry", "Member Enrollment", "Premium Reports", "Dependent Inquiry", "Premium", and "Address Inquiry". The "Enrollment Reports" option is highlighted. The main content area shows the "Contact Info" tab selected, with fields for "Agent Contact", "Insurance Contact", "Retirement Contact", and "Address Information". A "More" button and a "Clear" button are visible at the bottom right of the contact information section. A note at the bottom of the contact section reads: "Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information." At the bottom of the page, there are buttons for "Edit", "myMembers Requests", and "Employer Locations". The footer text reads "Employee Trust Funds 801 W Badger Rd Madison, WI 53713".

4. Select Dependent Inquiry.

The screenshot shows the myETF Benefits Admin interface. The top navigation bar includes the myETF logo and the text "myETF Benefits Admin" and "myEmployer Info". Below this is a horizontal menu with tabs for "myEmployerInfo", "myMembers", "Health", "Life", "Disability", "WRS", "Other Benefits", "Test Support", "Help", and "Log Off". Under the "Health" tab, there is a sub-menu with "Inquiry", "Enrollment Reports", "Enrollment Inquiry", "Member Enrollment", "Premium Reports", "Dependent Inquiry", "Premium", and "Address Inquiry". The "Dependent Inquiry" option is highlighted. The main content area shows the "Contact Info" tab selected, with fields for "Agent Contact", "Insurance Contact", "Retirement Contact", and "Address Information". A "More" button and a "Clear" button are visible at the bottom right of the contact information section. A note at the bottom of the contact section reads: "Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information." At the bottom of the page, there are buttons for "Edit", "myMembers Requests", and "Employer Locations". The footer text reads "Employee Trust Funds 801 W Badger Rd Madison, WI 53713".

5. Select the Coverage Month.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Dependent Inquiry'. Below this is a menu bar with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX - EMPLOYER NAME', 'Coverage Month: 12', 'Year: [dropdown]', 'Health Plan: [dropdown]', 'Relationship: [dropdown]', 'Coverage Type: [dropdown]', and 'Tax Dependent: ALL'. A dropdown menu is open under 'Coverage Month', listing months from January to December. At the bottom of the form are three buttons: 'Clear', 'Display', and 'Save As'. The footer of the page reads 'Employee Trust Funds 821 W. Budge Rd. Madison, WI 53713'.

6. Select the Coverage Year.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Dependent Inquiry'. Below this is a menu bar with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX - EMPLOYER NAME', 'Coverage Month: MONTH', 'Year: 2011', 'Health Plan: [dropdown]', 'Relationship: [dropdown]', 'Coverage Type: [dropdown]', and 'Tax Dependent: ALL'. A dropdown menu is open under 'Year', listing years from 2011 to 2015. At the bottom of the form are three buttons: 'Clear', 'Display', and 'Save As'. The footer of the page reads 'Employee Trust Funds 821 W. Budge Rd. Madison, WI 53713'.

7. Select the Health Plan option of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface. The header includes the logo and navigation tabs: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main form area contains the following fields:

- Employer Number: XXXX-XXX
- Employer Group: XXXXX-EMPLOYER NAME
- Coverage Month: MONTH Year: CCYY
- Health Plan: A dropdown menu is open, showing a list of options including ALL, 01 - STANDARD PLAN, 05 - SMP, 11 - ANTHEM BCBS SOUTHEAST, 13 - ANTHEM BCBS NORTHWEST, 14 - ANTHEM BCBS NORTHWEST, 15 - DEAN HEALTH PLAN, 17 - DEAN PREVEA360, 21 - HUMANA EASTERN, 22 - HUMANA WESTERN, 30 - GHC EAU CLAIRE, 35 - GHC SCW, 37 - GUNDESEN HEALTH PLAN, 40 - UNITY COMMUNITY, 47 - ARISE HEALTH PLAN, 55 - HEALTH TRADITION, 63 - MEDICAL ASSOCIATES HEALTH PLAN, 64 - MERCYCARE HEALTH PLAN, 70 - NETWORK HEALTH, 71 - SECURITY HEALTH PLAN, 74 - PHYSICIANS PLUS, 84 - WPS METRO CHOICE SOUTHEAST, 85 - HEALTHPARTNERS, 86 - WEA TRUST PPO EAST, 87 - WEA TRUST PPO NORTHWEST, 88 - WPS METRO CHOICE NORTHWEST, 89 - WEA TRUST PPO SOUTHCENTRAL, 92 - UNITY UW HEALTH, and 94 - UNITEDHEALTHCARE.
- Relationship: -
- Coverage Type: -
- Tax Dependent: ALL

A "Save As" button is visible next to the Coverage Type field. At the bottom left, the text "Employee Trust Funds 801 W Badger Rd Madison, WI 53713" is displayed.

8. Select the Coverage Type option of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface. The header includes the logo and navigation tabs: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main form area contains the following fields:

- Employer Number: XXXX-XXX
- Employer Group: XXXXX-EMPLOYER NAME
- Coverage Month: MONTH Year: CCYY
- Health Plan: XX-HEALTH PLAN
- Relationship: -
- Coverage Type: A dropdown menu is open, showing options: ALL, 01 - SINGLE, and 02 - FAMILY.
- Tax Dependent: -

"Clear", "Display", and "Save As" buttons are visible below the form fields. At the bottom left, the text "Employee Trust Funds 801 W Badger Rd Madison, WI 53713" is displayed.

9. Select the Relationship option of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface. The header includes the logo and navigation tabs: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main form area contains the following fields:
Employer Number: XXXX-XXX
Employer Group: XXXX-EMPLOYER NAME
Coverage Month: MONTH | Year: CCYY
Health Plan: XX-HEALTH PLAN
Coverage Type: G2-FAMILY
Tax Dependent: ALL
Relationship: A dropdown menu is open, showing the following options: ALL, 01- SPOUSE, 03- PARENT OF MINOR DEPENDENT, 15- LEGAL WARD, 17- STEPCHILD, 19- CHILD, 24- DEPENDENT OF MINOR DEPENDENT, 35- DEPENDENT OF DOMESTIC PARTNER, and 53- DOMESTIC PARTNER. A 'Save As' button is located to the right of the dropdown.

10. Select the Tax Dependent Status of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface with the Tax Dependent dropdown menu open. The form fields are the same as in the previous screenshot, but the Relationship dropdown is now closed and the Tax Dependent dropdown is open, showing the following options: ALL, All, Yes, and No. The 'Save As' button is visible below the dropdown.

11. Click the 'Display' button to display the results of your query.

myETF Benefits Admin
Health Insurance Dependent Inquiry

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
 Employer Group: XXXXX - EMPLOYER NAME
 Coverage Month: MONTH Year: CCYY
 Health Plan: XX - HEALTH PLAN Coverage Type: 02 - FAMILY
 Relationship: 53 - DOMESTIC PARTNER Tax Dependent: ALL

Clear Display Save As

Employee Trust Funds 801 W Badger Rd Madison, WI 53713

- You can select the number of entries to show at one time.
- You can Search for specific information (example: Health Plan, Coverage Type, Employee Type, Subscriber SSN, Dependent SSN, Dependent MID#, etc.)
- You can skip to a certain page, next page, or last page.
- You can sort by a specific column (small red arrows).

myETF Benefits Admin
Health Insurance Dependent Inquiry

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
 Employer Group: XXXXX - EMPLOYER NAME
 Coverage Month: MONTH Year: CCYY
 Health Plan: XX - HEALTH PLAN Coverage Type: 02 - FAMILY
 Relationship: 53 - DOMESTIC PARTNER Tax Dependent: ALL

Clear Display Save As

Show 10 entries Search:

n	Health Plan	Cov Type Code	Empe Type Code	Sub SSN	Sub Name	Dep SSN	Dep Mbr ID	Dep Name	Dep DOB	Dep Gndr	Dep Marital Status	Cov Eff Date	Cov Exp Date	Rel Code	Disabled?	Tax Dep?
1	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	M	DP	ccyy-mm-dd		53	N	N
2	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N
3	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N
4	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	SGL	ccyy-mm-dd		53	N	N
5	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	M	DP	ccyy-mm-dd		53	N	N
6	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N
7	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N
8	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	M	DP	ccyy-mm-dd		53	N	N
9	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N
10	15	04	12	XXXXXXXXXX	LAST, FIRST	XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	ccyy-mm-dd	F	DP	ccyy-mm-dd		53	N	N

Showing 1 to 10 of 11 entries

Employee Trust Funds 801 W Badger Rd Madison, WI 53713

*Notice the error this report caught - the "Dep Marital Status" should be DP not SGL. This needs to be corrected.

12. Click the 'Save As' button to export the results to a Microsoft Excel spreadsheet.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there are navigation tabs: EmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Help, and Log Off. Below these are search filters for Employer Number, Coverage Month, Year, Health Plan, Coverage Type (set to '02 - FAMILY'), Relationship (set to '-ALL'), and Tax Dependent (set to 'ALL'). A row of buttons includes 'Clear', 'Display', 'New EIN', and 'Save As', with a red arrow pointing to 'Save As'. Below the filters is a table with 17 columns: n, Health Plan, Cov Type Code, Empe Type Code, Sub SSN, Sub Name, Dep SSN, Dep Mbr ID, Dep Name, Dep DOB, Dep Gndr, Dep Marital Status, Cov Eff Date, Cov Exp Date, Rel Code, Disabled?, and Tax Dep?. The table contains 10 rows of data. At the bottom right of the table area, there are buttons for 'Print', '2/3', '4', '5', 'Next', and 'Last'. The footer of the page reads 'Employee Trust Funds 801 W Badger Rd Madison, WI 53713'.

a. You will be given the option to Open or Save the Excel spreadsheet or Cancel the export.

This screenshot is identical to the one above, showing the same search filters and table. However, a dialog box is now open at the bottom of the screen. The dialog box contains the text 'Do you want to open or save EmployerDependentInquiryListing_001W52Jab3rcon: test.etf.wa?' and three buttons: 'Open', 'Save', and 'Cancel'. Three red arrows point from the 'Save As' button in the screenshot above to the 'Open', 'Save', and 'Cancel' buttons in this dialog box. The footer of the page remains the same: 'Employee Trust Funds 801 W Badger Rd Madison, WI 53713'.

- b. Upon choosing to Open the spreadsheet, it will export the query to Excel and show it in the following format.

XXXXX - EMPLOYER NAME																
MONTH YEAR																
HEALTH PLAN = HEALTH PLAN, COVERAGE TYPE = FAMILY,																
RELATIONSHIP = ALL, TAX DEPENDENT STATUS = ALL																
1	Health	Coverage	Employee Type	Sub SSN	Sub Name	Dep SSN	Dep	Dep Name	Dep DOB	Dep Gender	Dep Marital Status	Cov Eff Date	Cov Exp Date	Rel Code	Disabled?	Tax Depe
2	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
3	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
4	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
5	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		01	N	Y
6	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y
7	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	SGL	CCYY-MM-DD		01	N	Y
8	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	MAR	CCYY-MM-DD		19	N	Y
9	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
10	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y
11																

You can then choose to Save the query or Exit from Excel. It will not change your query in myETF Benefits.

C-10. Address Inquiry

The Address Inquiry function within myETF Benefits is currently under construction and will be available some time in the future.