Appendix C — myETF Benefits

- C-1 How to Log Into myETF Benefits
- C-2 Add Coverage
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- C-4 Remove Dependent
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- C-8 Enrollment Inquiry
- C-9 Dependent Inquiry
- **C-10 Address Inquiry**

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.





4. Enter your User ID and Password.

Setf etf.wi.gov	myETF Benefits Admin Administrator Log In	
	This site provides access to the online services developed by the Department of Employee Trust Funds (ETF) for administrators.	
	Registered Users If you are already a registered user, enter your user ID and password, then click the login button. User ID: Password: Login	
	New Users 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 688-266-5801. Register Now	
	Logon et al. Pleasand Boyce (MD) 244-411 (MB443 272 or enail as at ETPOLiverHegGef state air as Employee Communication term (MD) 254-700.	
Employee Trust Funds 801 W 84	Ager Rd: Madson, WI S2713	Thu May 01 09:10:37 CDT 2014

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

eff.wi.gov						m	yETF Benef	fits Admin r Info
EmployerInfo myMembers	Health	Life	Disability	WRS	Other Benefits	Help	Log Off	
	Employ Use thi	yer Specific Fun	ction - Employer I	Number Requ ose data you w	ired vould like to access	. You must provid	de the employer's :	seven digit employer number. You must have the authority to access
				Please Employ Employ	enter the seven di ver Number and cl er Number:	igit ick Verify		xxxxxxx × 0
							Ver	ify

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.

etf				myETF Benefits Employer Info	Admin				
loyerinfo myMembers Health	Life	Disability WRS	Other Benefits Help	Log Off					
Employer Numbe	HT.	XXXX-XXX	Employer Nam	e:	EMPLOYER				
Contact Info Health In	isurance ICI	Life Insurance							
		Agent Contact				Insurance Contact			
	Name: Telephone:	AGENT NAME (XXX) XXX-XXXX		Name: Telephone:		AGENT NAME (XXX) XXX-XXXX			
		Retirement Contact			1	Address Information			
	Name:	AGENT NAME		Address:		AGENT ADDRESS CITY, ST ZIPCODE			
	Telephone:	(XXX) XXX-XXXX		Agent Email:	No age	nt email available.	More	•	
			myMembe	ers Requests New EIN	Employer Locations	5			
e Trust Funds 801 W Bedger Rd Madison, W 53713									

ET-1118 (Appendix C Revised 9/14)

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		(Healt	Departm th Insu	State ent of Em Irance	e of Wis nployee Appli	sconsin e Trust Funds (cation/Chan	ETF) ge F	orm	E	mploy	er Notes
1. APPLICANT INFOR	MATION		ETF M	ember ID			S	SN XX	X-X)	K-XX	XX
Applicant Name – First FIRST	M.I. M	Last LA	ST		Previo	us Name	D	OB to/corr	Gende M	PR	ysician/Clinic AIRIE CLINIC
Home Mailing Address- 1234 STREET LAN	-Street and N E	No.		City CITY		State Z ST Z	ip Co	de ODE	D Cł phone	heck h e, ema	ere if updating address il, or marital status.
Primary Telephone Num	ber: (608)	555-11	11	Country	(if not l	JSA)	Ap	plicant	E-mail:		
MARITAL OR DOMESTIC	PARTNERS	HIP STAT artnersh	TUS: hip (DP) [] Divorced		dowed Date:	MM/		YY		
Spouse/DP: SSN XXX	-XX-XXXX			Name	FIRST N	NAME/LAST NAME					
Previous Name MAID	EN NAME			Phys	ician/Cl	inic PRAIRIE CL	INIC				
DOB: MM/DD/CCYY			Gender	<u>F</u> Та	ax Dep	🔳 Yes 🗌 No					
FLIGIBILITY STATUS:				NEW HIRE	- I W/	ANT MY COVERA	GE T	D BE E	FFECT	IVE:	
Employee Graduate	Assistant]Survivo	r	As soon contribut	n as pos ution)	sible (Employee w	ill pay	entire r	monthly	premi	ium until eligible for
Continuant (COBRA)	Annuitant/	Retiree		🗌 When e	mployer	r contributes to pre	mium				
Coverage Desired	ingle 🔳 Far	nily I	Health Pl	an Selecte	d: Unity	- Community					
2. REASON FOR APPL Reasons marked with an	ICATION	pportin	a docume	entation. Se	e page	4 of this applicatio	n for	specific	c docur	nentat	ion requirements.
A. Decline Coverage (C	heck one bo	x below	and go to	Section 6 t	lo sign a	and date your appli	cation)			
I do not wish to enroll	at this time.	□Id	o not wish	h to enroll a	t this tin	ne as I currently ha	ve ot	ner insu	rance of	covera	ge.
B. Enrollment (Check a	Reason and	an Eve	nt below a	and indicate	the dat	e of event. Update	Dop	endent.	Informa	tion be	elow as appropriate)
Note: Deletion of a Depe	ndent due to	loss of	eligibility (provides a (COBRA	enroliment opport	inity.	NODCE	nusi be	provid	and to crithiolat
Reason: Add Co	verage (Add	Cvg)		Add Depen	ndent (A	dd Dep) 🗌 🛛	emov	e Depe	endent	(Rem	Dep)
Event:											
New Hire (Add Cvg)					C] State Annuitant/F	Retire	e Re-en	roll Effe	ective I	Date
Spouse/DP to Spouse	e/DP Transfe	r (Add C	vg)		Г	(Add Cvg)	nt No	t Includ	ed on li	nitial E	nrollment (Excludes
Transfer from One Er	nployer to An	other Er	nployer (/	Add Cvg)		DP and Adult De	pende	ents)	00 011 1		
Name of Previous En	nployer				— c	Loss of other Cov	erage/	Employ	er Contr	ibution	s* (Add Cvg, Add Dep)
Birth (Add Cvg, Add I	(g,) (66 Bep) Dep)					Divorce*/DP Ten	ninate	ed* (Rei	m Dep)		
Adoption* (Add Cvg.	Add Dep)				F	Death of Depend	ient (r	vem De Disabilit	p) v Ends	or Dep	pendent Marries or
National Medical Sup	port Notice* (Add De	p)			Support less that	n 50%	(Rem	Dep)	,	
Paternity Acknowledge	ment* (Add I	Dep)			ģ	Grandchild's Par	ent Tu	irns 18	(Rem [Dep)	(Deep Dee)
Legal Ward/Guardian	ship" (Add D ebio Eode* //	ep) Rem De	n)		Ļ	Adult Dependent	Eligit Choic	ole for o o / lan	ther co 1) (Ad	verage d Cvg	Add Deo, Rem Dep)
Disabled Age 26 or (Dider* (Add D	(en De)ep)	~		F	COBRA (Add C	va)	¢ (aan.	1) (40	0.048	100 Bop, 1011 Bop)
LTE New Hire - State	Only (Add C	vg)			Č	Other:					
					E	vent Date: 09/19/2	013				(required)
DEPENDENT INFORM	ATION (exclu	ides spo	ouse/DP)	- Comple	te all re	quested information	on.		çi,	cpa	Clinic or Provide
Social Security						Diat Date	र्ष्ट्र हा	. R	Ő, F	able V	Dependent address
Number	First Name	ML	Last	Previo	ous	(mm/dd/ccyv)	Gen	Co Rel	Ξã	ŝΣ	removing dependent.
XXX-XX-XXXX	CHILD	M	LAS	T		MMDD/CCYY	F	19	Y	N	PRAIRIE CLINIC
							\square				
							\square				
									I		
ET-2301 (REV 9/13)											etf.wi.gov

ET-2301 (REV 9/13)

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Applicant Name XXXXXXXX	ETF Member ID		SSN XXXXX	XXXX
2. REASON FOR APPLICATION (continued)				
Reasons marked with an * require supporting documentation. So	ee page 4 of this appli	cation for speci	fic documentatio	on requirements.
C. Change Health Plan (Check one box below, Indicate Current Move from Service Area Eligible Section 125 Status Change	Health plan, Provide da e (see Instructions, Sec	ate of event, Upo tion 2(4).)*	date Section 1 or Annual It's Your (2 if applicable) Choice (Jan. 1)
Current Health Plan:	Event Date:			
D. Spouse/DP/Dependent Personal Data Update/Correction	Update Name/SSN/DO us DOB	DB (Complete S Previous	ection 1 or 2) SSN	
E. Cancel Coverage: I wish to cancel coverage: Event Date	e(Cl	heck a post-tax of	or pre-tax box be	low.)
My Premiums are Deducted: Post-tax, Coverage may be	e cancelled at any time	Pre-tax	(If pre-tax check	a box below.)
I am terminating employment. I am going on unpaid leave of absence. Cancel current family coverage to perform a spouse to spouse trans Eligible Section 125 Status Change* (see Instructions, Section 2(4))*.	My employe I (and all de enrolled in o Annual It's	ee premium cont pendents if app other group cove Your Choice Enr	tribution has incre licable) became e arage.* rollment (Jan. 1).	eased significantly.* eligible for and
Event:			Very Obeles a	and a d
Note: If pre-tax, coverage may only be cancelled due to a qual	inying event or durin	g the annual It's	a Contine 105	enid woor
 Parmity to Single Coverage: In your employee premium share changes to your coverage. My employee-required premium coupdate Section 1): Pre-tax and my employee premium contribution has increased signific Pre-tax and all dependents became eligible for and enrolled in group coverage.* 	cantly Pre-tax, interi- contribution is deducte contly Pre-tax an Pre-tax, e Section 2	d (Check one bo d my last depend ligible Section 1: (4))*. Event:	dent has become 25 Status Chang	e event date, and ineligible for this e (see Instructions,
Pre-tax, change to single during annual it's Your Choice (Jan.	1). Event Date:			
Post-tax, midyear changes to coverage level can be made at any	ume.		IDD	Ve erendehild?
3. ADDITIONAL INFORMATION Are any of the dependents listed	d under Dependent Info	ormation your or	r your spouse/DP	's grandchild ?
No Yes if yes, name of parent				
Are you or any insured dependent covered under Medicare? Name: Dates: Part A	No Yes Part B	f yes, list names	of insured and M HIC #	Medicare dates.
Name: Dates: Part A	Part B		HIC #	
5. OTHER HEALTH INSURANCE COVERAGE/UPDATE OTHER Other coverage? INO Yes Name of Company Name(s) of Insured:	R HEALTH INSURAN	CE (If yes, com Policy #:	plete requested Gro	information) pup #:
6. SIGNATURE (Read the TERMS AND CONDITIONS on page 7 By signing this application, I apply for the insurance under the ind Wisconsin and I have read and agree to the TERMS AND CONDI original. In addition, to the best of my knowledge, all statements a furnished under penalty of Wis. Stat. §943.395. Additional docum	7 and sign the applicat licated health insurance ITIONS. A copy of this and answers in this ap hentation may be requi	ion.) e contract made application is to plication are con red by ETF at an	available to me be considered a nplete and true. ny time to verify a	through the State of as valid as the All information is eligibility.
Return to Employer Signature		09/23/	13	
7. EMPLOYER COMPLETES (Coding instructions are in the Emp	ployer Health Insurance	e Administration	Manual)	
Employer Number 69-036-XXXX-XXX Name of Employer	NAME OF EMPLOYER	1	Payroll Repres	sentative E-mail
Group Number Employee D 2. Coverage Type Code O	2. Health Plan Nan	COMMU	NITY 4	D
EMPLOYMENT STATUS: N Full Time Part Time L LTE	Employee	Deta WDO F		Employer
Previous Service - Complete Information 1. Are you a WRS participating employer? YES INO If Yes, 3, and 4.	answer questions 2,	Employment of Assistant App Began or Hire	gible or Graduate ointment	Received Date
 Did employee participate under WRS prior to being hired by you? Previous service check completed? XYes □ No 	∐Yes ¥ No	alial	12	19/22/12
 Source of previous service check: Online Network for Employee 	ers (ONE)	0117	15	510010
Payroll Representative Signature/Phone Number (XXX) XXX	-XXXX	Event Date		of Coverage
Agent Name		09 19	13	10/01/13

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

Petf					myE	TF Benefi	ts Admin Info				
myEmployerinfo myMembers	Health Li	fe Disability	WRS	Other Benefits 1	est Support	Help	Log Off				
Emp	loyer Number: Health Insurance	X00X-X0X	,	Employe	r Name:		EMPLOYER				
		A	Agent Contact					Insurance Contact			
	Name: Telepho	A one: X	gent Name xx-xxx-xxx	¢	Name: Teleph	hone:		Agent Name xxx-xxx-xxxx			
		Ret	irement Contact					Address Information			
	Name: Telepho	A one: X	gent Name xx-xxx-xxxx Note: if the conta ET-1313 to corre	ct or address inform.	Addres Agent	ss: Email: ve is not correct f	or your employer please s	Agent Address City, St Zip (Code More Clear Form.		
Frederika Tool Funds 101 W Batter Rd. Madaon W. D.	3713				Edit	myMemb	ers Requests				
ett.wi.gov								myE	TF Benefit	s Admin	
myEmployerInfo myMe	embers	Health	Life	Disability	V	WRS	Other Benefits	Test Support	Help	Log Off	
myMem myMem	bers bers Requests			XXXX-XXX			Emp	loyer 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).

etf			myETF Ben ^{myMe}	efits Admin mbers	
myEmployerInfo myMembers	Health	Life Disability	WRS Other Benefits Test Support Help	Log Off	
			Membe	r Search	
	Enter the ETF Member ID (if dashes or spaces) and click ENTER.	f known) or the SSN (do not use k on the SEARCH button or hit	Member ID: OR	Social Security Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		Member	Information		Spouse Information
	Member ID: SSN: Date of Birth: Date of Death: Gender: Marital Status: Marital Status: Marital Status: Employment Begin Date:			Member ID: SSN: Name: Date of Birth: Gender:	
			Contact I	nformation	
	Home Address:			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.

ett.wi.gov	c					my	ETF Benef	its Admin ers	
myEmployerInfo m	yMembers Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off	
• This mem	ber was not found. If you beli	eve you have receive	ed this message in (error please try aga	ain. Otherwise pres	s the Add button to	add this membe	r to our database an	nd assign them a member ID.
							Member S	Search	
If the person you are previously or has new	trying to enter is a brand new er had coverage, you will get	r employee that has the message shown	never been in the W above in red. You	/RS will need	Member ID:		OR So	cial Security Numb	ber: 000000000
to click on the ADD t	ocon to add them into the sy	/stem.				Search	Name Search	h Clear	Add
			Mem	ber Information	I				Spouse Information
	Member ID: SSN: Date of Birth: Date of Death: Gender: Marital Status: Marital Status D Employer: Employment Be	ate: gin Date:					N N D G	tember ID: SN: lame: late of Birth: iender:	
							Contact Info	ormation	
	Home Address:						P	rimary Email: rimary Phone:	

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

etf.wi.gov	f						myl	ETF Benef	its Admin ^{nber}	
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off	
				Key i	n the new member	r information be	ow, and press th	e Submit button	to add this membe	r to our database and assign them a member ID.
								Member Info	ormation	
		SSN: Name First/Middle/ Date of Birth: Gender: Marital Status: Marital Status Date Employer: Employment Begir	Last/Suffix): :: 1 Date:		XXXXXXXX MMDD/CCYY MALE 01/01/2000 EMPLOYER - X 09/19/2013	(XXXXXXXXX) X XXXX (MM/DD/Y (MM/DD/Y XXX.XXX - XXXXX (MM/DD/Y (MM/DD/Y	(XXX) [Select 0 (YYY) (YYY) (YYY)	ne V		
								Contact Info	ormation	
		Country: Address Line 1: Address Line 2: City, State: Zip Code: Care of:		UNITED STA 1234 ADI CITY ZIPCODE	ITES - US DRESS LANE STAT Only numbe	F F srs are allowed)	,	▼ P	rimary Phone: IOTE: If the city you u Lac, Prairie Du Che nce the transaction p	(XXXX) XXX - XXXX Est (only numbers are allowed) are entering has more than one space in the name (Prairie Du Sac, Fond eni), you must enter them using only one space (see city block to the reft). processes overnight, it will reflect the correct spacing.
							C	Submit	Cancel	

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.

etf.wi.gov	tf							m y Heal	yETF Ben Ith Insurance (efits Admin Online Instructions									
myEmployerInfo	myMembers	Health		Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off]								
							c	Health Inline Enroll	n Insuranco Iment Instr	e uctions		🖨 Pri	nt						
			Employ	ree: First	t H. Last					Member ID: XXXX-X	xxx								
Welcome to in a health i myETF Ben	the myETF Benefit: nsurance plan is a q efits is to provide the	a Online Hea uick and eas a most efficie	Ith Insuran y process f int and con	ce Enrollmen hrough our d venient meth	t System. Choosi edicated and sec od for you to rese	ng a health plan is ure web site, the (arch, enroll, and r	a complex and per Online Network for M manage your health	sonal decision. m 1embers. Here yo insurance benefi	yETF Benefits ou will find man ts through any i	will help you select your / different resources (su nternet enabled compu	health insurance ch as the It's Your er using one of th	coverage level a r Choice Decisior le following brows	nd be your primary Guide) that will p ers with Java scrij	source for info ovide you with it and cookies e	mation that w the tools you r nabled:	ill help you m need to make	ake this importa an informed de	nt decision. Enrollin cision. The goal of	g
Internet Ex	plorer 7				Internet Explorer	8		Fire	Fox 3.0 (or high	ier)									
STEP 1 Home Page Go to <u>http://</u> begin using	Online Network myETF.wi.gov/ONM myETF Benefits. W	for Members <u>.html</u> (Online hen you are i	s ∋ Network f ready to er	or Members). Iroll in the hea	. Here you will als alth care coverag	o find links to imp e, click on the my l	ortant documents th ETF Benefits link to	at can help you n begin the login s	esearch and ma steps.	ike informed decisions	about your health (care benefit cove	rage level. You wi	l need your me	mber id (show	n above) and	a WAMS ID (in:	structions below) to	
STEP 2 myldentity Type your V	Verification (WAM VAMS ID and Passw	S ID) vord. Click Lo	o gin . If you	need to set u	up a WAMS ID, cl	ick Register Now	ı.												
STEP 3 myldentity Type your E	Verification (ETF N TF Member ID (pro-	lember ID) vided by your	r employer) and birth dat	te. Click Verify to	continue.													
STEP 4 myldentity Type your 5	Verification (Socia locial Security Numb	I Security Noter without the	umber) ie dashes.	This is a one-	time event that o	nly needs to be co	ompleted the first tin	ie you log in.											
STEP 5 myETF Ber Click the Ac	nefits - New Hire Er Id Coverage button	irollment at the botton	n of the pa	ge to begin m	aking your health	insurance selecti	ons.												
								\langle	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.

etf.wi.gov	tf							myE	TF Bene	fits Admin	
myEmployerInfo	myMembers	Health	Life		Disability	WRS	Other Benefits	Test Support	Help	Log Off	
• Data	displayed was	Premium	insurance da	atabase.							
									Member	Search	
							Member ID:	Search	OR S	ocial Security Number	нг
					Mem	ber Information	ı.				Spouse Information
		Member ID: SSN: Name: Date of Birth: Date of Death: Gender: Marital Status: Marital Status: Marital Status Date Employer: Employment Begin	e: 1 Date:		XXXX-XX XXX-XX FIRSTI MM/DD/ MALE MARRIE MM/DD/ EMPLOY	DOOX DOOX MILAST ICCYY ED CCYY YER CCYY				Member ID: SSN: Name: Date of Birth: Gender:	

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

ett.wi.gov	tf						myET Health Inse	F Benefits Adn	nin mary				
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help Log	Off				
No He	ealth Enrollment d	ata was found for t	his member.										
								Member Search					
						Member ID: X	× xxxxxxx	OR Social Securi	ty Number:				
							Search	Name Search	Clear				
Member ID:	XXXX-X	XXX		SSN:	XXX-XX-X990		Subscriber:	FIRST M. LA	ST				
		Health Plan	1. C	Cover	rage Level		Beg	jin Date		End Date	Status	Employer	
								Add Coverage	\geq				
Employee Trust Funds 82	11 W Badger Rd Madisor	W 53713											
Set	f						MyETI Health I	F Benefits Admin	1				
etf.wi.gov myEmployerInfo	myMembers	Health	Life Di	sability V	VRS Other Be	nefits Test Support	Help	Log Off					
			ETF Member ID:	xxxx-xx	xx		SSN: XXX-X	XX-XXXX			Subscr	iber: FIRST M. LAST	
			[Add Coverage Rea	son: Select One				~	Event Date:		7	
			l							Employer Received Date:	8		
			Г	Employment Details Employer: EMPL	OYER		~	P	rogram Option: P	01 Surcharge: S01			
				Previous Employer	N/A		Employmen	nt Begin Date: MM/DD/CC	YY 💼	×			
			L	Employee Type: [•	j Employmen	It Status: Select One					
			[Coverage Type: [Health Plan: 	Select One		✓ Effective Date:					
				Contact Information	:								
				Update Contact Infe	ormation: Select O	te ❤ Count	VITED STATES	- US					
				State: STATE	34 STREET EARE	✓ Zip	Code: ZIP CODE	Care of:	Prim	ary Phone: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Ext.		
			L	Please verify the int	formation listed below	for yourself, and press t	he '+' button to add add	ditional eligible dependents.					
	Row SSN		Name - First, I	MI, Last, Suffix		DOB Ge	nder	Relationship		Marital Status	Marital Status Date	Tax Dep Disabled Physician	Add/Remove Row
	1 XXXXXX	XXX FIRST	M	LAST	~ MM	DD/CCYY To MAL	E 🗸 SELF		~	MARRIED	MINDDICCYY	NO V NO V	0
	Insurance: Choo	se 🗸 Other Insuranc	20 Co:	Group No:	Policy N							1	-
	Medicare: Choo	se 🗸 Medicare: Se	slect		Claim No:	Med A Eff	Dt:	Med B Eff Dt	Medi	care Info Blank Reasons: Select	~]	
								Cancel					

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

Setf ett.sk.gov	myETF Benefits Admin Health Insurance Add Coverage
myEmployerinfo myMembers Health Life	Disability WRS Other Benefits Test Support Hetp Log Off
ETF Member I	D: XXLX-XXLXX \$806:00000000000000000000000000000000000
	Add Coverage Reason: Resolver. Resolver. Coverage Reason: Resolver. Coverage Reason: Resolver. Coverage Reason: Resolver. Resolver. Coverage Reason: Resolver. Resolver. Coverage Reason: Resolver. Resolver. Resolver. Coverage Reason: Resolver. Resolver
	Please verify the information listed below for yourself, and press the 🙄 button to add additional eligible dependents.
Row SSN Name - First	rt, M., Last, Suffix DOB Gender Relationship Marital Status Marital Status Date Tax Dep Disabled Physician AddrRemove Row
1 [XXXXXXXX [78557] [M] Insurance [Choose V] Other Insurance Co [Medicare [Choose V] Medicare [Select	ILST V MALE SELF V MARRED 010102000 mm serverer NO
	Cancel

- 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.

myEmployerinfo myMembers Health Life Disability WRS	Other Benefits T	Test Support Help	Log Off						,
ETF Member ID:	****		SSN:	***			Subscrib	er: FIRST M. LAST	
	[Add Coverage Reason: NEW HIP	26		Event Date: Employer Received Date:	II II			
		I WANT MY COVERAGE TO BE E Note: If you select coverage to be e	FFECTIVE: As soon as possible frective as soon as possible you may b	 When my employer contributes to p responsible for the entire monthly premiu 	emum m.				
		Employee: Employee: NIA Employee: NIA Employee Type: STATE EMPLO	Employn Employn YEE - REGULAR - 02 Employn	Program S nert Begin Date: Im nert Status: FULL TIME ACTIVE EMPLI	Option: P01 archarge: S01 DYEE V				
		Coverage Selection: Coverage Type: FAMILY V	Health Plan: UNITY COMMUNITY	-40 V Effective (late: 10/01/2013				
		Contact Information: Update Contact Information: NO Address Line 1: State:	Country: UNIT Address Line Zip Code:	ED STATES - US	City:	Ext			
Row SSN	Name - First, M	Please verify the information listed	below for yourself, and press the "+" but DOB Gender	ton to add additional eligible dependents. Relationship	Marital Status	Marital Status Date	Tax Dep Disabled Physi	cian Add/Remove Row	
1 22222222	тыт м ())LIST	MALE V	SELF	MARRIED		NO V NO V YES	v	
Insurance: ND Other Martinane: NO Media	rinsurance Co:	Group No: Po	Neg A Ett D:	Med 6 Eff Dt	Medicare Info Blank Reasons: S	lect 🗸			
		Physicia	n info - National Provider Id:	Physician Last Clinic Name: PRARIE CLF	First Name:		*]		
2 00000000 Itsurance NO V Other	meurance Co:	LABT		SPOUSE	MARRIED		YES V NO V YES	∝ •	
		Physica	n info - National Provider Id:	Physician Lass Clinic Name: PRAIRIE CLF	First Name:		4		
3 20000000 8	HLD N 1	LAST V	EMEDICOTY THE FEMALE V	CHILD	V SINGLE	·	YES V NO V YES	u 🗛 🖓	
Insurance NO V Other Medicare NO V Medic	insurance Co:	Group No: Po	Ned A Eff D:	Physician Lass Clinic Name: Lifts Clinic	First Name:	lect 🗸]	~~/	\mathbf{x}
				Submit Cancel				Click on the gree rows for family c minus sign to rea	n plus sign to add additional overage or click on the red move 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.

etf.wi.gov	f					m	Health Insurance	nefits Admi	n		
myEmployerInfo	myMembers	Health	Life Disability WRS	Other Benefits	Test Support	Help	Log	Dff			
			ETF Member ID: XXXX-XXXX			SSN:	XXX-XX-XXXX				Subscriber: FIRST M. LAST
				✓ I apply for the in To the best of my Application Information Health Plan	surance under the knowledge, all st n NEW HIRE Coverage Level	indicated h atements ar (Begin Da	nealth insurance and answers are Confirm	contract made ava completed and t	ailable to me through the rue. All information is :	a State of Wisco	nsh and have read and agree to the <u>TERMS AND CONDITIONS</u> ar penalty of Wis. Stat. § 943-395.
				HEALTH PLAN	FAMILY			EMPLOYER			
				Covered Individual De	tail Summary						
				Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	End Date
				FIRST M. LAST	MWDDICCYY	М	SELF	MARRIED	MMDDICCYY	MM/DDICCYY	
				SPOUSE M. LAST	MMIDDICCYY	F	SPOUSE	MARRIED	MMDD/CCYY	MIDDICCYY	
Employee Trust Funds 801	W Badger Rd Madaon, 1	WI 53713		CHILD M. LAST	MNIDDICCYY	F	CHILD	SINGLE		MMDDICCYY	

- 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.

Setf				m F	yETF Ber lealth Insurand	nefits Admi ce Add Coverage	n		
myEmployerInfo myMembers Health	Life Disability WRS	Other Benefits	Test Support	Help	Log	htt			
	ETF Member ID: XXXX-XXXX			SSN:	xxx-xx-xxx	x			Subscriber: FIRST M. LAST
		Your request has been su	bmitted and will i	be processed	l overnight.				🚖 Print
				R	eturn to Health	Enrollment Sum	mary		
		Application Information	NEW HIRE						
		Health Plan	Coverage Level	Begin Dat	e End Date	Employer			
		HEALTH PLAN	AMILY	MMIDDICCI	'n	EMPLOYER			
		Covered Individual Deta	ill Summary						
		Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	te End Date
		FIRST LAST	MM/DD/CCYY	М	SELF	MARRIED	MMDD/CCYY	MWDDICCYY	YY.
		SPOUSE LAST	MMDD/CCYY	F	SPOUSE	MARRIED	MMDD/CCYY	MNDDICCYY	νγ
		CHILD LAST	MMIDDICCYY	м	CHILD	SINGLE		MNDDICCYY	217

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

ett.wi.gov	f					myE1 Health In:	TF Benefits Admi surance Enrollment Summ	n ary				
myEmployerInfo	myMembers	Health	Life	Disability	WRS Other Benefits	Test Support Help	Log Off					
							Member Search					l
*NOTE contrac	After the n	ightly batch rui e in the system	ns, this is what n.	the		Member ID:	OR Social Securit	Number:				
						Search	Name Search	Clear				
Member ID:		X000X-X000X		SSN:	XXXX-XXX-XXXXX	Subscriber:	FIRST M. LAS	r				
		н	ealth Plan		Coverage Level	Begin Date	End Date	Status	Employer			
View Edit		HEAL	TH PLAN INFO		FAMILY	10/01/2013		ACTIVE	EMPLOYER INFO - PROGRAM OPTION/S	URCHARGE OPTION - PREMIUM		
Employee Trust Punds 601	W Dadger Rd Made	ion, WI 63713										

Retf	myETF Benefi Health Insurance Enrol	s Admin ment Sunnary
myEmployerInfo myMembers Health Life Disability	WRS Other Benefits Test Support Help Log Off	
	Member 5	earch
NOTE. After the nightly batch runs, this is what the contract will look like in the system.	Member ID: OR So Search Name :	Jal Security Number:
Member ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX Subscriber: FIR	IT M. LAST
Health Plan	Coverage Level Begin Date End Date	Status Employer
View Edit HEALTH PLAN INFORMATION	FAMILY 10/01/2013	ACTIVE EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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.

etf.wi.gov					myE	ETF Benefit	s Admin	
myEmployerInfo myMembers Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off	
myMembers								
myMembers Requests	:	XXXXXXX		Emp	loyer Name:	E	MPLOYER NAME	

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

etf		myETF Benefits Admin nyWembers	
myEmployerInfo myMember	Health Life Disability WRS Other Benef	fits Test Support Help Log Off	
		Member Search	
	Enter the ETF Member ID (F known) or the SSN (do not use dashes or spaces) and click on the SEARCH button or hit ENTER.	D: OK Social Security Number: 00000000 × Search Name Search Clear	
	Member Information		Spouse Information
	Member ID: SSN: Name: Date of Birth: Date of Birth: Gender: Markal Status: Employmer: Employmer: Employmer: Benjo Juste:	Member ID: SSN: Nama: Date of Birth: Gender:	
		Contact Information	
	Home Address:	Primary Email: Primary Phone:	

3. Verify that all demographic data is current.

Tetf			myETF Bene myMemi	fits Admin ærs	
myEmployerInfo myMembers	Health Life	Disability WRS Other Benefits Test Suppo	rt Help Log Off		
Data displayed was four	ind in the health insurance database				
			Memb	er Search	
			Member ID: OR	Social Security Number:	
			Search Nan	Clear	
		Member Information			Spouse Information
	Member ID: SSN: Name: Date of Birth: Date of Death: Gender: Marrial Status: Amrial Status: Employer: Employment Begin Date:	X000-X00X FIRST M LAST MMBDICCYY MALE MARHED MMBDICCYY EMPLOYER NAME MMBDICCYY		Member ID: 55%: Name: Date of Birh: Gender:	X00000000 SOUGONOOC SPOUSE N. LAST IMMODOCCYY FEMALE
			Contact	Information	
	Home Address:	1234 STREET LANE CITY, ST ZIP CODE Waiting for USPS Validation		Primary Email: Primary Phone:	1000 300-9000t 169
		Please note: The demographic infor	mation listed above is from the memb ETF is working to consolid	er's health insurance application and may ate demographic information.	differ from other addresses on file.
			Edit P	rint Member ID	

- 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.

etf.wi.gov	f								myETF	Benef	its Admin ers	
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off			
		Member Enrollmen	t									
• Data o	displayed was for	Premium and in the health i	nsurance databas	e.								
										Membe	r Search	
							Men	ber ID:		OR	Social Security Number:	
									Search	Nam	e Search Clear	
					Memb	er Information						Spouse Information
		Member ID: SSN: Name: Date of Birth: Date of Death: Gender: Marital Status: Marital Status Employer: Employment B	Date: legin Date:		X000-3000X X00-30-3000X FIRST M. LAST MM/DD/CCYY MALE MARRIED MM/DD/CCYY EMPLOYER NAM MM/DD/CCYY	IE					Member ID: SSN: Name: Date of Birth: Gender:	X00000000 X00500000 SPOUSE M. LAST IMMDDICCYY FEMALE
									C	Contact I	nformation	
		Home Address	::		1234 STREET L CITY, ST ZIP CO						Primary Email: Primary Phone:	N/A (2009, 2004-2000X

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

ett,wi.gov				myET Health Inst	F Benefits Ad	min Immary		
myEmployerInfo myMembe	ers Health Life [Disability WF	S Other Benefits	Test Support Help Log C	M			
					Member Search	ı		
				Member ID:	OR Social Se	curity Number:		
				Search	Name Search	Clear		
Member ID:	X0000-X000X	SSN:	X000-X00-X00X	Subscriber:	F	IRST M. LAST		
	Health Plan		Coverage Level	Begin Date	End Date	Status	Employer	
View Edit	HEALTH PLAN INFORMATION		FAMILY	10/01/2013		ACTIVE	EMPLOYER NAME - PROGRAM OPTION	SURCHARGE OPTION - PREMIUM
1								
Employee Trust Funds 801 W Badger Rd	Madison, VM 53713							

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

etf	myETF Benefits Admin Report Change to Active Health Insurance Enrollment
myEmployerInfo myMembers Health Life Disability	WRS Other Benefits Test Support Help Log Off
ETF Member ID: XXXX-XXXX Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OP	SSN: XXX-XXX Subscriber: FIRST M. LAST PTION - 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:
	○ CHANGE HEALTH PLAN ❷
	Continue Cancel
	Please use the <u>Health Insurance Enrollment Summary</u> screen and press view to update subscriber/covered individuals information.
Employee Trust Funds 801 W Badger Rd Madison, WI 53713	

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

Retf	myETF Benefits Add Health Insurance Dependent I	Admin o Existing Coverage	
myEmployerInfo mytMembers Health Life Disability WRS Other Benefit	s Test Support Help Log Off		
ETF Member ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARGE OPTION - PREMIUM	SSN: XXX-XXX-XXXXX Health Plan: HEALTH PLAN NARE	Subscriber: FIRST M. LAST Coverage Level: FAMILY
	Rescon for Adding Department Service Com Control Control Control Control Control Control Control Control	Evert Date:	
	Tax Dependent: <u>Select One v</u> Distabled <u>Select One v</u> Begin Date: End Date:	ETP's Insurance [PRIMARY V] Relationship [Select Che V] Standard Plan Wat Indicato: 160 V]	
	Other Health Insurance: Choose V		
	Medicare: Choose V		
	Physician: National Provider ID: OR Physician Last/Clinic Na	me: Physician First Name:	
	Submit	Cancel	

- 9. Enter the Event Date (date of the qualifying event).
- 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.

ett vi gov ngt mjelynipyvinto nytumburs Haulih Lile Disability Will	myETF Benefits Admin Add Health Insurance Dependent to Existing Coverage											
ETF Member ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		SSN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Subscriber: FIRST M. LAST									
	Reason for Adding Dependent: [EMPLOYER CONTRIBUTION	V Event Date: BEODOCCY	*NOTE: For Loss of Coverage:									
	kientification:	Engloyer Received Date: EBGCOCCY T	If the last day of prior coverage is the end of the month, use the first of the following month as the event / effective date (ex. if coverage ends on 01/31/2013, then the event date should be 02/01/2013).									
	SSN: CHILD First Name: CHILD Modes Instat: M Last Name: LAST	Gender: Male v Date of Birk: <u>Beconcerr</u> Date of Death: Martial Statuc; SINGLE v	If the last day of coverage is the first of the month, then use the first of the month as the event / effective date. (ex. if coverage ends on 01/01/2013, then the event date should also be 01/01/2013).									
	Suffic V	Marital Status Date:	month, then use the following day as the event / effective date. (ex. if coverage ends on 01/15/2013, then the event date should be 01/16/2013).									
	Disabled: [No V Begin Date: End Date:	Relationship: CHLD V Standard Plan Wait Indicator: No V										
	Other Health Insurance: 110 V]									
	Medicare: NO V]									
	Physician: National Provider ID: OR Physician LastC	Inio Name: GENERIC PHYSICIAN Physician First Name:]									
	Subm	tit Cancel										

- 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. F	Review the	data	and if corre	ect, click	the	'Confirm'	button.
-------	------------	------	--------------	------------	-----	-----------	---------

Retf		Add	myETF Benefits Admin Health Insurance Dependent to Existing Coverage			
myEmployerinfo myMembers Heal	h Life Disability WRS Other	Benefits Test Support Help Log Off				
	ETF Member ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	I OFTION/BURCHARGE OFTION - PREMIUM	SSN Health Plan	E X00.30.3000X E HEALTH PLAN	Subscriber: FIRST M. LAST Coverage Level: FAMILY	
	_	 B Lappy for the incurring under the indexed heath in Concentration The dis best of my however, all statements and ann and the stat of my however, all statements and ann (2) Supportant in required to prove this sharpy indexe stats of the required. 	numers constitutes available to me through the State of Wates werk are completed and true. All information is furnished und a societating that it is my responsibility to provide the sports Constrain Council	orsin and have tead and agree to the <u>TERNS AND</u> or penalty of Wis. Stat. § 542.396. Instel documents to my employee ETP prior to the		
		Reason for Adding Dependent, LOSS OF OTHER C				
		Identification: Member ID: 55% XXXXXXXXXX Name: OKL5 M. LAR Gender: Nate	Dete of Brits Date of Basis Marcal Status Marcal Status Date	MMCDICOTY SINGLE		
		7ax Dependent: Yes Disabled: No Begin Dasa: MB0D000Y End Date:	ETP's Insurance Readonairg: Standard Plan Wait Indicator	PRMARY CHLD No		
		Other Health Insurance NO Insurance Company:	Oroup Number:	Policy Number:		
		Medicare:NO]	
		Medicare Eligibility Reason: Health Insurance Claim Number: Medicare Info Blank Reasons:	Medicare A Effective Date: Medicare B Effective Date:			
		Physician:		Burline Set Very		
		National Provider ID:	Physician Last-Cirric Name: GENERIC PHYSICIAN	Physician Pirst Name:		

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

Setf	Agg th	myETF Benefits Admin anth Insurance Dependent is Existing Coverage	
myEmployerinfo myMembers Health Life Disability	WRS Other Benefits Test Support Help Log Off		
Your request has been submitted and will be processed overnight. ETF Member ID:	2000-20000	55N: 1006-007-0000	Subscriber: FIRST II. LAST
Employer	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM	Health Plan: HEALTH PLAN	Coverage Level: FAMLY
	Return to Enrollment Summary	Return to Report Enrollment Change Add Additional Eligible Dependent	1
	Reason for Adding Dependent: LOSS OF 07HER CD	VERAGE EMPLOYER CONTRIBUTION Event Date: WEDDICCTY Employ: Review Date: WEDDICCTY Effective Date: WEDDICCTY	
	Identification:		_
	Menter (D) Sare, Dociolococi Narre, CHCI U LAT Gender Male	Dave of Brenn MBDD0CCYY Date of Deach Marrial Status; SINOLE Marrial Status; Date	
	Tas Dependent: Yes Disabet No Begin Des WIMDOCCYY End Dear	ETT's Insurance, PRIMARY Relationship: CHLD Standard Plan Vide Indeator: No]
	Other Health Insurance NO		-
	Insurance Company:	Group Number: Policy Number:	
	Medicare:NO		-
	Medicare Eligibility Reason: Health Insurance Claim Number Medicare Info Blank Reasons:	Medicare A Effective Date: Medicare 8 Effective Date:	
	Physician:		
	National Provider ID:	Physician Last/Clinic Name: GENERIC PhySiCIAN Physician First Name:	
			-

- 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.

ETF Member ID: XXXX.XXXX Employer: EMPLOYER NAME - PROGRAM OPTIONSURCHA	ARGE OPTION - PREMIUM	Healt	Subscriber: FIRST M. LAST Coverage Level: FAMILY	
	Return to Enrollment Summary	Return to Report Enrollment Change	Add Additional Eligible Dependent	K

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

ett.wi.gov	ţf		myETF Benefits Admin Health Insurance Enrollment Summary										
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits Test Support	Help Log C	Ħ					
• This m	nember has a pend	ding request, see th	e myMembers Re	equests screen for n	tore detail.								
									Member Search				
							Membe	ID:	OR Social Secu	rity Number:			
								Search	Name Search	Clear			
Member ID:		XXXX-XXXX			SSN:	X0X-XX-XXXX		Subscriber:		FIRST M. LAST			
			Health Plan	•		Coverage Level	Begin Da	,	End Date	Status	Employer		
View Edit			HEALTH PLAT	N		FAMILY	MMDD/CCY	r		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURC	ARGE OPTION - PREMIUM	
Employee Trust Funds 60	HWBedgerRd Medison,	, WI 53713											

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.

etf						myE	ETF Benefit	s Admin
								1
Info myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off
myMembers								
myMembers Req	myMembers Requests				Employer Name:			MPLOYER NAME

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

ett.wi.gov			myETF Be ^{myk}	nefits Admin ^{Aembers}				
myEmployerInfo myN	Members Health	Life Disability	WRS Other Benefits Test Support Hel	p Log Off				
			Mem	ber Search				
	Enter the ETF Member II dashes or spaces) and c ENTER.	D (if known) or the SSN (do not use lick on the SEARCH button or hit	I (do not use OK Social Security Number: XXXXXXXXX = Social Security Number: XXXXXXXXX = Search Name Search Clear					
		Member	Information		Spouse Information			
	Member ID: SSN: Date of Birth: Date of Death: Gender: Marital Status Marital Status Date: Employren: Employment Begin Dat	e:		Member ID: SSN: Name: Date of Birth: Gender:				
			Contac	t Information				
	Home Address:			Primary Email: Primary Phone:				

3. Verify that all demographic data is current.

Tetf						myETF Bene myMen	efits Admin			
myEmployerInfo myMembers	Health Life	Disability WRS	Other Benefits	Test Support	Help	Log Off				
Data displayed was found in the health insurance database.										
	Member Search									
	Member ID: OR Social Security Number:									
	Search Name Search Clear									
		Mer	nber Information				Spouse Information			
	Member ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						Member ID: SSN: Name: Date of Birth: Gender:	0000-0000 300-0000 SPOUSE UL LAST MNDDOCCYY FEMALE		
						Contac	Information			
	Home Address:	1234 STREET CITY, ST ZIP (LANE CODE				Primary Email: Primary Phone:	N/A x000; x000;x000x		
		Waiting for US	PS Validation							
		Please	note: The demog	raphic informatio	IISTED ADOV ETF IS	e is from the mem working to consoli	per's health insurance a date demographic infor	e application and may differ from other addresses on file. ormation.		
						Edit	Print Member ID			

- 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.

Setf ett.wi.gov			myETF Benefits Admin myMembers								
myEmployerInfo myMembers	Health Life Disability	WRS Other Benefits Test Support Help	Log Off								
Data displayed was four	Data displayed was found in the health insurance database.										
			Member Search								
	Member ID: OR Social Security Number:										
	Search Hame Search Clear										
		Member Information		Spouse Information							
	Member ID: 55%: Hame: Date of Disth: Date of Disth: Gender: Marial Status Status Marial Status Status Marial Status Status Employer: Employment Begin Date:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Momber ID: 55% Name Date of Birth: Gender:	XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX							
			Contact Information								
	Home Address:	1234 STREET LANE CITY, ST ZIP CODE Wailing for USPS Validation	Primary Email: Primary Phone:	N/A N/A							
		Please note: The demographic information listed abov ETF is	e is from the member's health insurance application and may working to consolidate demographic information.	differ from other addresses on file.							
			Edit Print Member ID								

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

etf		myETF Benefits Admin Health Insurance Enrollment Summary									
myEmployerInfo myMembers	Health Life	Disability WRS	Other Benefits	Test Support Help Lo	g Off						
	Member Search										
	Member ID: OR Social Security Number:										
				Search	Name Search	Clear					
Member ID:	XXXX-XXXX	SSN:	XXX-XX-XXXX	Subscriber:		FIRST M. LA	ST				
	Health Plan	Co	verage Level	Begin Date	End Date	Status	Employer				
View Edit	HEALTH PLAN	FA	MILY	MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURC	HARGE OPTION - PREMIUM			
1											
Employee Trust Punds 801 W Badger Rd Mar	dison, Wi 53713										

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

effwiger	f								Rep	myETF Be	enefits Admin e Health Insurance Enrollment	
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off			
	ETF Member ID: Employer:	XXXX-XXXX Employer N/	AME - PROGRAM OPT	TION/SURCHARGE O	PTION - PREMIUM	: Health F	SSN: XXX-XX Plan: HEALT	LXXXX H PLAN		Subscriber: Coverage Level:	FIRST M. LAST Family	
						Please t	select the chang	e you would like to	make from the option use the one that occur I would	ns listed below. Irred first. When you ha I like to: O ADD DE O CHANGI	EPENDENT	ige, select additional changes as needed.
						Please	use the <u>Health I</u>	nsurance Enrollmer	<u>it Summary</u> screen ar	nd press view to update	E DEPENDENT Cancel	formasion.
Employee Trust Funds 801	1 W Badger Rd Madison, V	W 53713										

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

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XXXXXXXX PREFIX LAST MINEGONCCYT IS 201.* WO NO					Select	Reason for R Employer Re Member ID	temoving Dependent:	SHed Ove CHANGE FAMILY DEATH OF DEPEN DVORCE ELIGIBLE FOR OT Birthdate	TO SINGLE IDENT HER GROI	E COVERAGE UP INSURANCE Relationship	Event Date:	t Disabled	MICOMM	Medicare E	3 Begin Date	Old End	New End		
DXXXXXXX PRETELLATI MEEDOCCYT P VXXX YES NO					_											Care	Call		
xxxxxxxxx sevants MBEDDCCYT sevants YES NO						X000X-X000X	FIRST III. LAST	MNDD/CCYY		SELF	NO	NO	NO	NO	MNDD/CCYY				
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						X000(-X000X	CHILD W. LAST	MIDDICCYY		CHLD	YES	NO	NO	NO	MNDD/CCYY				

- 12. Enter the Event Date (date of the qualifying event).
- 13. Enter the Employer Received Date (date application received by employer).
- 14. 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.

ettwi.gov	f										myETF E	Senefits Adm	lin ndent								
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other B	enefits Te	st Support H	lelp Lo	Off											
		ETF Member ID Employer	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	- PROGRAM OPTION/SUR	RCHARGE OPTION	PREMIUM								Health	SSN: XOX-XX Plan: HEALTH	3000X PLAN				Subso Coverage L	iber: FIRST II. LAST evel: FAMLY
	Reason for Removing Dependent Employer Received Date: [1992] Safeet Member (D. Name								nt DIVORCE	~~~		Y Event Date	MIDDICCYY	B MMCOTY	m		Old End	New End			
						Select	Member ID	Name	Birthda	e Gend	r Relationsh	p Tax Dependen	t Disabled	Medicare A	Medicare B	Begin Date	Date	Date			
	When using	the reason DIV	ORCE, it will a	utomatically			XXXXX-XXXXX	FIRST M. LAST	WINDOWCO	w W	GELF	NO	NO	NO	NO	MNDD/CCYY					
	check the b	oxes for the spor	ase and any step	p-children.		×	X000X-X000X	SPOUSE III. LAST	MNDD/CC	W F	SPOUSE	YES	NO	NO	NO	MUDD/CCYY					
							X000X-X000X	CHILD M. LAST	MILDO/CC	Y F	CHILD	YES	NO	NO	NO	MNDD/CCYY					
							X00X-X00X	CHILD M. LAST	MINDO/CC	Y B	CHILD	YES	NO	NO	NO	MUDD/CCYY					
												Submit Cana	cel .								
Employee Trust Funds 60	Willadger Rd Madaon,	WI \$2713																			

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.

Retf					,	myETF Bi	enefits Admin e - Remove Depende	nt							
myEmployerInfo myMembers Health Life Disability WRS	Other B	enefits Te	it Support Help	Log O	Ŧ										
Date of COBRA Notice is required.															
ETF Member ID: X000X000X Employer: EBFLOYER NAME - PROGRAM OPTIONSURCHARGE OPTION	PREMUN								Health	SSN: XXXXXX Plan: HEALTH	XXXXX PLAN				Subscriber: FIRST M. LAST Coverage Level: FAMLY
1		Reason for R	emoving Dependent: DIVO	RCE			 Event Date: WM 	DD/CCYY	MMCDYYYY						
·····		Employer Re	ceived Date: MM/DD/CCYY	миссти	Date of	COBRA Notice		\geq							
	Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date	1	
		X000-X000X	FIRST M. LAST			SELF	NO	NO	NO	NO					
		XXXXX-XXXXX	SPOUSE III. LAST	MNDD/CCYY	1	SPOUSE	YES	NO	NO	NO	MINDDICCYY				
		X0006-X000K	CHILD M. LAST	BRODICCYY	1	CHILD	YES	NO	NO	NO	MNDD/CCYY				
		X000X-3000X	CHILD M. LAST	MNDD/CCYY		CHILD	YES	NO	NO	NO	MMOD/CCYY				
						S	ubmit Cancel	J							
Ensityee Twel Punts 301 W Belger Rd Mellion, W 2313															

- 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.

Setf et a gov				н	myETF Be lealth Insurance	nefits Admin	n :nt							
myEmployentedo myMembers Health Life Disability WRS ETF Member ID: XXXX.XXXX Employer: EIPLOTE NAME - PROGRAE OFTOAKURCHARGE OFTOA	Other Benefits	Test Support Help	Log Of					Health	SSN: XXX-XX- Plan: HEALTH	XOOX PLAN			Subscriber: Coverage Level:	FIRST M. LAST FAMILY
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.	he insurance rers are com	a under the indice npleted and true that it is my respo Cor	ited health insurance. All information is unsibility to provide t ntime Cance	e contract m furnished ur he appropriat	nce available to user penalty of e documents to	me through the Wis. Stat. § 94 my employer wi	State of Wiso 3.395. Ithin 5 days.	onsin and have n	ead and					
	Select Member I	D Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date		
		X FIRST II. LAST	MIDDICCYY	•	SELF	NO	NO	NO	ND	HEDDICCYY				
	☑ x0000-x000	X SPOUSE M. LAST	MADDICCYY		SPOUSE	YES	NO NO	NO	NO			MNDD/CCYY		
	2000-2000	X CHILD II. LAST	HEDDICCYY		CHILD	YES	NO	NO	NO	MADDICCIA				
Binplayee That Runas 601 Willesper Rd Madaon, W 62113														

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

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

Retf				,	myETF Be lealth Insurance	nefits Admin - Remove Depend	n ent							
myEmployerInfo myMembers Health Life Disability WRS	Other Benefits	Test Support Help	Log Of	r										
ETF Member ID: XXXXXXXX Employer: SIRLOTER NAME - PROGRAM OFTION/SURCHARGE OFTION - PR	REWUM							Health	SSN: XXX-XX Plan: HEALTH	-XODOX I PLAN				Subscriber: FIRST M. LAST Coverage Level: FAWLY
			Return t	o Report Er	arollment Change		Return to	> Enrollment \$	ummary					
	Your requ	est has been submitted and will	be processed o	vernight.								Print		
	Reason 6	r Removing Dependent: DIV	ORCE											
	Select Member	D Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date		
	xxxxx.xxx	FIRST III. LAST	MINDDICCYY		SELF	NO	ND	NO	NO					
\rightarrow	¥ XXXX-XXX	SPOUSE M. LAST	MINDDICCYY	,	SPOUSE	YES	NO	NO	NO	MIDDICCIY		MINDEVCCYY	←	
-		CHILD M. LAST	MMODICCYY		CHILD	YES	NO	NO	NO	MNDD/CCYY				
	0006-0000	CHILD M. LAST	MMODICCYY		CHILD	YES	NO	NO	NO	MIDDICCYY				
Implayee Trust Punds - 801 W Beoger Rol - Madison, W 53713														

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

Setf					myETF Benefits A Health Insurance Enrollment	u dmin Summary	
myEmployerInfo myM	lembers Health Life Disabili	ty WRS Other Benefit	s Test Support	Help Log Off			
This member	has pending requests, see the myMembers Requests scree	in for more detail.					
					Member Se	arch	
				Member ID:	OR Soci	al Security Number	r
					Search Name Se	Clear	J
Member ID:	XXXX-XXXX	SSN:	XXX-XX-XXXX	Subsc	oriber:	FIR	ST M. LAST
	Health Plan	Coverag	e Level	Begin Date	End Date	Status	Employer
View Edit	HEALTH PLAN	FAMILY		MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUN

20. 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.

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

etf.wi.gov	ţf						myE	ETF Benefit	s Admin	
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off	
\rightarrow	myMembers									
	myMembers Requ	er Numbe رسمانی	r:	XXXXXXX		Empl	loyer Name:		EMPLOYER NAME	

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

et.wi.gov	myETF	Benefits Admin myMembers
myEmployerInfo myMembers	Health Life Disability WRS Other Benefits Test Support	Help Log Off
	Ν	ember Search
	Enter the ETF Member ID (# known) or the SSN (do not use dashes or spaces) and click on the SEARCH button or hit ENTER.	Social Security Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Member Information	Spouse Information
	Mamber ID: SSN: Date of Finit: Date of Death: Date of Death: Date of Death: Marinel Status: Date: Employer: Employment Begin Date:	Mamber ID: SSN: Name: Date of Einft: Gender:
	Co	itact Information
	Home Address:	Primary Email: Primary Phone:

3. Verify that all demographic data are current.

ett.wi.gov	;								myETF Ber	efits Admin	ı		
myEmployerInfo my	Members	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off				
• Data displa	ayed was four	nd in the health	insurance databas	se.									
									Men	ber Search			
							Memi	ber ID:	OR	Social Security	y Number:		
									Search	ame Search	Clear		
					Memb	er Information						Spouse Information	
		Member ID: SSN: Name: Date of Birth: Date of Death Gender: Marital Status Marital Status Employer: Employment	: :: Date: Begin Date:		X000-X00 X00-X0-3 FIRST M. MMDDIC MARRIEL MARRIEL MMDDIC EMPLOYI	OX DOX LAST CYY CY ER NAME GYY				Member ID: SSN: Name: Date of Birth: Gender:	1	XXXX.XXXX XXXXXXXXX BYOUNG BL LAST MINIDOCCYY FEMALE	
									Conta	ct Information			
		Home Addres	s:		1234 STREET LAN CITY, ST ZIP COL	v≆ ⊅£ Validation				Primary Ema Primary Pho	il: ne:	N/A (XXX) XXX-XXXX	
					Please no	ote: The demog	aphic informatic	n listed above ETF is	e is from the mer working to conso	nber's health ins idate demograp	surance application and may d oblic information.	liffer from other addresses on fil	e.
									Edit	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.

Setf ett.wi.gov			myETF Benefits Admin		
myEmployerInfo myMembers	Health Life Disability	WRS Other Benefits Test Support Help	Log Off		
Data displayed was for	Inquiry Member Enrollment Premium Termination of Coverage				
			Member Search		
		Member ID:	OR Social Security Number:		
		I	Search Name Search Clear		
		Member Information		Spouse Information	
	Member ID: 55%: Date of Bith: Date of Death: Gender: Martial Status Date: Employer: Employment Begin Date:	XXXX XXXX XXX XXX XXX FRISTUL LAT MALES MA	Member ID: 55%: Name: Date of Simt: Gender:	XXXXXXXX XXXXXXXXX SYOUSEILLAAT MMCDCCYY FEMALE	
			Contact Information		
	Home Address:	124 STREET LANE CITT, ST 2P CODE Walling for IISPE Validation	Primary Email: Primary Phone:	N/A (XXX) XXX-XXXX	
		Please note: The demographic information listed above ETF is v	e is from the member's health insurance application working to consolidate demographic information.	ion and may differ from other addresses on file.	
			Edit Print Member ID		

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

ett.wi.gov	<u>.</u>			myE Health I	ETF Benefits Ad	min ^{mmary}		
myEmployerInfo m	yMembers Health Life	Disability WRS	Other Benefits Test Sup	pport Help Lo	g Off			
					Member Search	1		
				Member ID:	OR Social Se	curity Number:		
				Searc	h Name Search	Clear		
Member ID:	10007-30001	SSN:	3007-307-3000	Subscriber:		FIRST M. LAST		
	Health Plan	Cover	age Level	Begin Date	End Date	Status	Employer	
View Edit	HEALTH PLAN	FAMIL	r	MMIDD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTIONISU	RCHARGE OPTION - PREMIUM
1						Ŭ		
Employee Trust Funds 801 W Ba	adger Rd Madison, WI 53713							

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

etf.wi.gov	tf								R	myETF Benefits Admin Report Change to Active Health Insurance Enrollment	
myEmployerinfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off		
	ETF Member ID: Employer:	XXXX-XXXX Employer Nat	ME - PROGRAM OF	TION/SURCHARGE	E OPTION - PREMIL	IM Health	SSN: XXX-XX-XX Plan: HEALTH Pl	XX LAN		Subscriber: FIRST M. LAST Coverage Level: FAMILY	
						Please If you n	select the change y	rou would like to r le changes, choor	nake from the opti se the one that occ	ons listed below. curred first. When you have finished reporting the first chan	e, select additional changes as needed.
									l wou	Id like to: O ADD DEPENDENT	
								_		CHANGE HEALTH PLAN	
										REMOVE DEPENDENT	
										Continue Cancel	
						Please	use the <u>Health Ins</u> u	rance Enrollment	Summary screen	and press view to update subscriber/covered individuals int	formation.

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



- 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.

Setf	myETF Benefits Admin Ifediti Insurare - Change Health Flan	
myEmployerinto myMembers Health Life Disability ETF Member ID: X000X000X Employer; EMPLOYTER NAME - PROGRAM 0710453	WRS Other Bandlis Test Support Holp Log Off SERV SSRV SSRV<	Subscriber: FIRST M. LAST Coverage Level: FAMILY
*NOTE - Remember to update the physician / clinic info per	Reason for Changing Nealth Plan [MDVE PROM SERVICE AREA V Event Date: [0/252014] [] undoovvv New Residential County, [DAVE V Employer Received Date: [0/252014] []] undoovvvv You are requesting a change in Nealth plan for member and all dependents.	
the application.	Health Plan Coverage Level Begin Date End Date Status Employer	
	HEALTH PLAN FAMILY MINDOCCYY MINDOCCYY PENDING EMPLOYER NAME - POSO - PREMIUM	
	HEALTH PLAN Y PAULY BUDDICCYY PENDING EMPLOYER NAME - POSO - RPENIUM	
	Row SSN Name - First, MI, Last, Suffix DOB Gender Relationship Tax Dep Disabled Physician	
	1 00000000 戸町 単人和1 マ 単位のCCCV 11 単化化 SELF マ NO マ NO マ NO マ 110 マ 125 マ Hardwood 10 マ	
	Nedcare: INC V metodate (more -) carrier in () metodate () (metodate in () metodate () (metodate in () metodate () (metodate in () (me	
	2 2000000000 (HED (HED (HED (HED	
	Physican Into - National Provider Id Vest NationaProvider Id Ves	
	Physican Into - National Physican Last Clinic Name (White CAUC) First Name (Shine Caucil) Subanit Caucil	

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

€ etf			myETF Be Health Insurance	enefits /	Admin fealth Plan			
myEmployerInfo myMembers Health Life Disability WRS	Other Benefits Test Support	Help Log Off						
ETF Member ID: X000-X000						SSN:	3004-304-3000	Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHA	RGE OPTION - PREMIUM					Health Plan:	HEALTH PLAN	Coverage Level: FAMLY
-	You have requested a change in of by Continuing this real agrees to the <u>TERMER AND</u> . To the best of my knowle Reason for Changing Health /	n member's ournert Health Pla uest. I apply for or am ending <u>CONDITIONS</u> dge, all statements and answ dge. MOVE FROM SERVICE	n. To continue changing the insurance under the wers are completed an Co E AREA	member's h indicated he d true, All in	alth plan, please alth insurance co formation is furn Cancel	confirm your request. Intract made available to m hished under penalty of W	a trough the State of Wassman and New Head and	
	Health Plan	Coverage Level	Begin Date	E	nd Date	Status	Employer	
	CURRENT HEALTH PLAN	FAMLY	MMODICCYY		IDD/CCYY	PENDING	EMPLOYER NAME - POISO - PREMIUM	
	NEW HEALTH PLAN	FAMLY	MINDD/CCYY			PENDING	EMPLOYER NAME - POISO - PREMIUM	
			Covered In	individual De	tail Summary			
		Name	DOB	Gender	Relationship	Begin Date End Date		
		FIRST LAST	MWDD/CCYY	MALE	SELF	MMDD/CCYY		
		CHILD LAST	MW/DD/CCYY	MALE	CHILD	MWDD/CCYY		
		UNILD LAST						

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

ett.wi.gov	f									myETF Be Health Insurance	enefits /	Admin Iealth Plan								
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefit	s Test Support	Help	Log Off											
		ETF Member II Employe	D: X0000-X000X HT: ENIPLOYER NAME	- PROGRAM OPTIONISI	IRCHARGE OPTION	PREMIUM							н	SSN: XXX-XX-X ealth Plan: HEALTH PL	XXXX LAN			Cov	Subscriber: FIR erage Level: FAI	ST M. LAST Ally
						Your	request has been si	ubmitted and w	il be processed overnig	ht.						🕒 Print				
						1	Note: During It's You Dependent and It's 1	ur Choice, you Your Choice. To	may also change memb o change from family to	er's coverage level by single coverage please	eturning to select Rem	he Report Chang ove Dependent.	e to Health En	roliment. To change to	family coverage pleas	se select Add				
									Return to Rep	ort Enrollment Chang	e	Retur	rn to Enrollme	ent Summary						
						Reas	on for Changing H	lealth Plan: M	IOVE FROM SERVICE	AREA										
						н	ealth Plan	Co	overage Level	Begin Date	6	nd Date	Stat	us	Employer					
						0	LD HEALTH PLAN	FA	MLY	MMOD/CCYY		IDDICCIY	PEND	NNG	EMPLOYER NAME	- POISO - PREMIUM				
						N	EW HEALTH PLAN	FA	MLY	MMOD/CCYY			PEND	NNG	EMPLOYER NAME	- POISO - PREMIUM				
										Covered In	dividual De	tail Summary								
									Name	DOB	Gender	Relationship	Begin Date	End Date						
									FIRST LAST	MWDD/CCYY	FEMALE	CHILD	INDO/CCYY							
									CHILD LAST	MWDD/CCYY	WALE	CHILD	MNDD/CCYY							
Employee Trust Funds 801	Willedger Rd Medison	. W (12713																		

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

et.wi.gov	f			my Health	ETF Benefits Admin			
myEmployerInfo	myMembers Health Life	Disability WRS Other Benefit	ts Test Support Help	Log Off				
• This men	mber has a pending request, see the myMembers Reque	sts screen for more detail.						
					Member Search			
				Member ID:	OR Social Security	Number:		
				Se	arch Name Search	Clear		
Member ID:	XXXX-XXXXX	SSN:	XXX-XX-XXXX	Subscriber:		FIRST M. LAST		
	Health Plan	Covera	je Level	Begin Date	End Date	Status	Employer	
View Edit	HEALTH PLAN	FAMILY		MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PO/SO - PREMIUM	
Employee Trust Funds 801 W	/Badger Rd Madison, W 83713							

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 higlight 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.

Tet wigov	f									myETF	Benefits Admin yEmployer Info				
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Maintenance	Test Support	Help	Log Off					
n	myMembers Requi	ests E	nployer Number:		xx	XXX-XXXX			Employer Name:			ENPLOYER NAME			
		Contact Info	Health Insurant	e ICI Ufeinsi	rance										
						Agent	Contact						Insurance Contact		
				Name: Telephone:		AGENT NA (XXX) XXX	ME 6-00000			Name: Telephone:			AGENT NAME (KOO) XOO-XOOX		
						Retireme	nt Contact						Address Information		
				Name:		AGENT NA	ANE			Address:			AGENT ADDRESS CITY, ST ZIP CODE		
				Telephone:		(2004) X00 No	X-XXXXXX	r address informat	tion listed above is	Agent Email: not correct for you	employer please submit a D	esignation of Agent Form, 8	ET-1313 to correct the information.	More Clear	
										Edit	myMembers Reques	ts			
religion Trust Funds 501	Villager Ra Medison	W 63713													

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

Setf									myETF	Benefit myMember	enefits Admin Munders	
myEmployerInfo myMembers	Health	Life	Disability	WRS	Other Benefits	Maintenance	Test Support	Help	Log Off			
	Inquiry											
	Member Enrollment Premium	_								Membe	Member Search	
7	Termination of Cover	age						Member ID:	[OR	OR Social Security Number:	
									Search	Nam	Name Search Clear	
					Member	Information					Spouse Information	
	Member ID: SSN: Date of Birtl Date of Dea Gender: Marital Stat Employer: Employmen	h: th: us: us Date: t Begin Date:									Manaker (D). 1931 Marane: Date of Britch Gender:	
										Contact I	ontact Information	
	Home Addr	P55:									Prinary Enail: Prinary Phone:	
										Print M	Print Member 10	
Employee Trust Funds 601 W Bedger Rd Median	n, W 53713											

- 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.

etf.wi.gov	tf						myETI Health Insura	F Benefits Ad	dmin I Coverage			
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off			
				E	mployer Number:	: XXXX-XXX		Empl	oyer Name:	EMPLOYER NAME		
	Note: <u>Termi</u> employee sh	nation of En hare of their	n <u>ployment</u> requires tha premium has been deo	It the employer provi lucted pre tax they m	ide the subscriber nust have comparal	and all eligible dep ble coverage to be e	endents with a Conti digible to voluntarily c	inuation-Conversion ancel outside of the	Notice (ET-2311) w It's Your Choice per	vithin 5 days of the qualifying eve iod.	nt. In addition, if a subscriber is <u>volunt</u>	tarily canceling coverage and t
		Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
		1	FIRST M. LAST	0	R XXXXXXXX Premiums are	MM/DD/CCYY	MWDD/CCYY	MM/DD/CCYY	MM/DD/CCYY~	CANCEL DUE TO SPOUSE-TO-	SPOUSE TRANSFER V FAMILY	O
						Post-ta Pre-tax Pre-tax Pre-tax Pre-tax Pre-tax	 x. Coverage may be an anterminating emission of a second se	cancelled at any time oployment. upaid leave of absend an half-time employ ium contribution has dents, if any) became bice open enrollment	e. ment. increased significan e eligible for and enr : period.	tly. oiled in other group coverage.		
loyee Trust Funds 801	11 W Badger Rd Madison,	WI 63713										

etf.wi.gov	f						myE1 Health Insu	TF Benefits A	dmin of Coverage			
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off			
					Employer Numbe	r: XXXX-XXX		Emp	loyer Name:	EMPLOYER NAME		
	Note: <u>Termi</u> employee sl	nation of Emplo nare of their pre	<u>yment</u> requires tha nium has been ded	it the employer pr fucted pre tax they	ovide the subscribe must have compar	er and all eligible d able coverage to be	ependents with a Cor e eligible to voluntarily	ntinuation-Conversion cancel outside of the	Notice (ET-2311) It's Your Choice p	within 5 days of the qualifying eve eriod.	nt. In addition, if a subscriber is <u>voli</u>	intarily canceling coverag
		Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverag Level	e Add/Remove Row
		Row	Member ST M. LAST	S SN XXXXXXXXXXXX	OR XXXXXXXX Premiums a	Begin Date MM/DD/CCYY	Event Date	Received Date	End Date	Reason	SPOUSE TRANSFER V FAMILY	e Add/Remove Row
		Row	Member IST M. LAST	SSN [X00000000X]	Member ID OR XXXXXXX Premiums a	Begin Date MM/DD/CCYY re deducted: Post Pre- Pre- Pre- Pre- Pre-	Event Date Date CLONG -tax. Coverage may be tax: I am terministing e tax: I am going on an i tax: I am going to less tax: I am dail my depe tax: Annual Its Your C	Received Date MM/DD/CCYY e cancelled at any time mijoyment. unpaid leave of absen than half-time employ mium contribution has endents, if any) becam hoice open enrollmen	End Date	Reason CANCEL DUE TO SPOUSE-TO- notify, nrolled in other group coverage.	SPOUSE TRANSFER V FAMILY	e Add/Remove Row

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.

etf.wi.gov	f						myE Health Ins	ETF Benefits A surance Termination o	dmin f Coverage			
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off			
				E	mployer Number:	XXXX-XXX		Emp	loyer Name:	EMPLOYER NAME		
	Note: Term employee s	<u>nination of Emplo</u> share of their prer	<u>iyment</u> requires tha mium has been dec	at the employer prov ducted pre tax they m	ide the subscriber ust have comparab	and all eligible de le coverage to be	pendents with a C eligible to voluntar	Continuation-Conversion ily cancel outside of the	Notice (ET-2311) v It's Your Choice pe	within 5 days of the qualifying event. In addition, riod.	if a subscriber is <u>volunt</u>	tarily canceling coverage and the
		Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
		1		XXXXXXXXXX 0	R XXXXXXXXX	MMDDICCYY	MMIDDICCYY	MMDD/CCYY	MINDDICCYY V	RETIREMENT	✓ FAMILY	
						S LE HC	ICK AVE URS	PAY RATE	Calculate	J		
								Submit Clea	r			
Employee Trust Funds 801	1 W Badger Rd Madison	n, WI 53713										

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



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

etf etwigov						myETF Health Insuran	Benefits Admin	1 rage					
ryEmployerInfo myMembers Health Life	Disability	WRS	Other Benefits	Maintenance Test Si	apport Helj	p Log Off							
				Employer	Number:	X000-300X	Employ	yer Name: EXP	LOYER NAME				
Note: Termination of Employment requi be eligible to voluntarily cancel outside	res that the employe of the It's Your Choic	r provide the subst se period.	riber and all eligible	dependents with a Contin	tuation-Conversion i	Notice (ET-2311) within 5 d	lays of the qualifying ever	t. In addition, if a s	subscriber is <u>voluntarily canceling</u> coverage and t	he employee share o	f their premium I	has been deducted pre to	x they must have con
	Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason		Coverage Level	Add/Remove Row	
*NOTE: After hitting TAB or clicking on the	1	FIRST III. LAST	X00000000K	OR 0000000		(MADD/CCYY)	MMOD/CCYY 3	MMOD/CCYY V	TERMINATION OF EMPLOYMENT	~	FAMILY	0	
time space of the page, the rest tan provide information will appear, including the begin date of the current ACTIVE contract.						/	Submit Clear	I					
cover Trust Funds IICr Wilesber Rd Madiaon W 63713													

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.

ett.wi.gov	f								M i Health	yETF Benefits	S Admin				
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benef	its Maintenance	Test Support	Help Log	Off					
						SSN	Member ID	Member	Health Plan	Coverage Level	Begin Date	Event Date	Received Date	End Date	Reason
						X0000000X	X000000X	FIRST III. LAST	HEALTH PLAN	FAMILY	MINDDICCYY	MMOD/CCYY	MMOD/CCYY	MIDDICCYY	TERMINATION OF EMPLOYMENT
								Please review the terr	mination of coverage for e	each subscriber above	to ensure accurate	e reporting and pr	ess confirm to process	s changes.	
									/	Confirm	Edit				
Employee Trust Funds (201	W Redoer Rd Medisor	W 62712													

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

ettwigov	ţf									myETF Health Insuran	Benefits Admin	1 rage						
myEmployerInfo	myMembers	Health	Life	•	Disability	WRS	Other Benefits Ma	sintenance Test \$	kupport Help	Log Off								
-	 Z B	Inquiry Member Enrollin Premium Termination of C engrove to volume	tent Coverage <u>ner</u> any cancel o	nt requires outside of th	that the employ te It's Your Choi	er provide the subsc be period.	riber and all eligible de	Employer pendents with a Conti	Number: 0001110	ofice (ET-2311) within 5 d	Employ lays of the qualifying even	yer Name: EMPLC	oyee TRUST FUNDS, D ubsoriber is <u>voluntarily ce</u>	EPT OF	imployee share	of their premium	has been deducted pre	ax they must have comparable coverage
					Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason			Coverage Level	Add/Remove Row	
					1			DR		05/06/2014	05/06/2014	05/31/2014 🗸	Select One		~		0	
											Submit Clear	J						
Employee Trust Punds 60	1 W Belger Rd - Media	en, V# \$3713																

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

Setf ettysigov		myE⊺ Health Ins	IF Benefits Admin surance Enrollment Summary		
myEmployerInfo myMembers Health Life	Dirobiity WRO Dirabiity Holotorooo	Test Support Help Log Off			
Our records indicate that this member has a pending reque End datas in red are associated with Cancel Converage requ This member has a pending request, see the myMembers	ist for Cancel Coverage. This contract is not eligible for any additional chan uests that have been approved and will be processed tonight. Requests screen for more detail.	nges at this time. Please see myMemberRequests for a	dditional details.		
			Member Search		
		Member ID:	OR Social Security Number: XXXX	00000	
		Search	h Name Search Clear		
Member ID: XXXX-XXXX	SSN: XXX-XX-XXX	X Subscriber:	FIRST M. LAST		
Health PL	an Coverage Level	Begin Date	End Date Status	Employer	
View HEALTH PLAN	FAMILY	MIDD/CCYY	ENDED ENDED	EIIPLOYER NAME - POISO - PREMIUM	
View HEALTH PLAN	FAMILY	MMDD/CCYY	MINDORCHY ENDED	EMPLOYER NAME - POISO - PREMIUM	
Employee Trust Funds 501 W Bedger Rd Medison, 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.

Setf ettalgor			myETF Benefits Admin myEmployer Info			
myEmployerInfo myMembers Health Life myMembers myMembers Requests Employer Number:	Disability WRS Ot	her Benefits Maintenance Test Support Help Employer Name:	Log Off			
Context Info	ICI Life insurance					
	Name: Telephone:	Agent Contact	Name: Telephone:	AGENT NAME (DOX) XXXXXXXXXX		
		Retirement Contact		Address Information		
	Name: Telephone:	ACENT NAME poor xocxoox Note: if the contact or address information listed above is no	Address: Agent Email: it correct for your employer please submit a Designation of Agent Form,	AGENT ADDRESS CITY, ST ZIP CODE ET-1313 to correct the information.	[More] Clear	
			Edit myMembers Requests			
Employee Trust Funds 601 W Besper Rd Mediaon, W 63713						

- 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:	XXXX-XXX	Employer Na	me: EMPLOYER NAME	New EIN
Request Status: PENDING +	>	Benefit Program: ALL	•	Request: ALL	•
Reason: ALL		•		Max Rows: 50 ·	Emplo
Employer Contact:		Request From Date:	(10110801111)	Request To Date:	8877777)
			Search Clear	I	
Show 10 - entries				Search:	
Member ¢	ID Member	Request Date Ben ≎ Prog	əfit Request am _≎	Reason for Request	Employer Employer Action Contact Date
Select XXXX-XXXX	FIRST M. LAST	MIM/DD/CCYY HEALT	UPDATE PERSONAL H DATA	MEMBER HEALTH PERSONAL DATA CHANGE	
Select XXXX-XXXX	FIRST M. LAST	MW/DD/CCYY MY INF	0 UPDATE PERSONAL DATA	MEMBER MYINFO ADDRESS CHANGE	
Select XXXX-XXX	FIRST M. LAST	MM/DD/CCYY HEALT	UPDATE PERSONAL H DATA	MEMBER HEALTH PERSONAL DATA CHANGE	
Select XXXX.XXXX	FIRST M. LAST	MW/DD/CCYY HEALT	UPDATE PERSONAL H DATA	MEMBER HEALTH PERSONAL DATA CHANGE	

- 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.

ett wilgov	tf	Unit	12	Picebat	1170		No. 1000	myETF Benefits Admin myMember Request Detail					
mycmployerinto	mywembers	mealth	Life	Unsability	with s	Uther Denents Test Support	nep Log Off	1					
							Employer Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Employer Name:	EMPLOYER NAME				
						Member ID: XX Benefit Program: HE Request Status PEI Health Plan: UN	XX-XXXX ALTH NDING ITY UW HEALTH	Member: FIRST M. LAST Request: ADD DEPENDENT Reason for Request: BIRTH	Request Date: Event Date: Effective On:	IIII DDICCYY IIII DDICCYY IIII DDICCYY			
	Person			SSN		Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value	
	FIRST M.	AST		X00X-XXX-X00X		SINGLE	MIDDICCYY	м	CHILD	ADDED A DEPENDENT			
Employee Trust Funds - B	O1 Willedger Rd Medileo	, W 63713		-			Approve	Deny Cancel Edit Return to myMe	mbersRequests	>			

- 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 Num	ber: XXXXXXX	Employer Name:	EMPLOYER NAME			
		_	Comments:					
			I would like to cance	el this request				
		Member ID: XXXXXXXXXX Benefit Program: HEALTH		Member: FIRST M. LAST Request: UPDATE PERSONAL DATA	Requ	est Date: MM/DD/CCYY ent Date: MM/DD/CCYY		
-		Request Status PENDING Health Plan:	Reason f	for Request: CHANGE	Effe	ctive On: MM/DD/CCYY		
Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXX-XXXXX	SINGLE	MM/DD/CCYY	М	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	М	CHILD	OTHER INSURANCE INDICATOR		N
Employee Trust Funds 801 W Bada	er Rd Madison WI 53713							

- 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 Num	ber: XXXXXXXX	Employer Name:	EMPLOYER N	AME		
			Comments:					
			I would like	to deny this request				
		Member ID: XXXXXXXXX Benefit Program: HEALTH Request Status PENDING Health Plan:	я	Member: FIRST M. LAST Request: UPDATE PERSONAL DATA MEMBER HEALTH PERSONAL CHANGE	R	equest Date: IMMDD/CCYY Event Date: IMMDD/CCYY Effective On: IMMDD/CCYY		
Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	X000-X00-X00X	SINGLE	MM/DD/CCYY	М	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXX-XXXX	SINGLE	MM/DD/CCYY	м	CHILD	OTHER INSURANCE INDICATOR		N
mployee Trust Funds 801 W Badge	r Rd Madison, WI 53713							

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.

etf				myETF Benefi	i ts Admin r Info				
overtinfo myMembers Health Inquiry	Life	Disability WRS	Other Benefits Test Sup	pport Help	Log Off				
Member Enrollmer	nt	X00-X0X	Employer Name	е	EMPLOYER NAME				
Contact Info Health In	surance ICI	Life Insurance							
		Agent Contact				Insurance Contact			
	Name: Telephone:	AGENT NAME (XXX) XXX-XXXXX		Name: Telephone:		AGENT NAME (XXX) XXX-XXXX			
		Retirement Contact				Address Information			
	Name:	AGENT NAME		Address:		AGENT ADDRESS CITY, ST ZIP CODE			
	Telephone:	(1001) 1001-10001		Agent Email:			More]	
		Note: if the co ET-1313 to co	ntact or address information lis rrect the information.	ted above is not correct	for your employer please s	submit a Designation of Agent I	Form,		
			Edit my	Members Requests	Employer Lo	cations			

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

State Agency Health Insurance Administration Manual Appendix C — myETF Benefits

2. Highlight Inquiry.

etf.wi.gov	f	myETF Benefits Admin myEmployer Info										
myEmployerInfo	myMembers	Health	Life	Disability	WRS	Other Benefits	Test Suppo	ort Help	Log Off			
		Inquiry Member Enrollmer	Enrollm	ent Reports								
		Premium				Employer Name: EMPLOYER NAME						
		Termination of Con	vorano		-							
	Contac	Into Health In	surance ICI	Life Insuran	ce							
					Agent Contact					Insurance Contact		
			Name: Telephone:		AGENT NAME (XXX) XXX-XXXX		N Te	ame: elephone:		AGENT NAME (XXX) XXX-XXXX		
				R	etirement Contac	t				Address Information		
			Name:	,	GENT NAME		A	ddress:		AGENT ADDRESS CITY, ST ZIP CODE		
			Telephone:	(X	XXXX-XXXX (XXX		Α	gent Email:			More	
					Note: if the co ET-1313 to co	ontact or address infor prrect the information.	mation listed	l above is not corre	ct for your employer please	submit a Designation of Agent	Clear Form,	
						Edit	туМе	mbers Requests	Employer Lo	ocations		

3. Highlight Enrollment Reports.

ett.wi.gov	f					myETF Benef	its Admin r Info		
myEmployerInfo	myMembers	Health	Life	Disability WRS	Other Benefits Test Su	oport Help	Log Off		
		Inquiry	Enrolli	ment Reports Enrollment Inquiry	_				
		Member Enrolime	nt Premiu	im Reports Dependent Inquiry	Employer Name	e	EMPLOYER NAME		
		Premium		Address Inquiry					
		Termination of Co	warana						
	Contac	Health Ir	nsurance IC	Life Insurance					
				Agent Contact			Insurance Con	tact	
			Name:	AGENT NAME		Name:	AGENT NAME		
			Telephone:	XXXXX XXXX XXXX		Telephone:	(XXX) XXXX (XXX)		
				Retirement Contact			Address Inform	ation	
				Neurement Contact			Address morning		1
						Address			
						Address:	AGENT ADDRESS CITY, ST ZIP CODE		
			Name: Telephone:	AGENT NAME					
				()		Agent Email:		More	
				Note: If the center	et es address information lis	ted above is not correct	for your employer places submit a Designation	clear of Ament Form	
				ET-1313 to correc	t the information.	ted above is not correct	tor your employer please submit a Designation	or Agent Form,	
					Edit my	Members Requests	Employer Locations		
Feedback Total Funds - 801	W Barloar Brt Marlas	on. WI 53713							

4. Select Enrollment Inquiry.

ett.wi.gov				myETF Benefits Adn	in		
myEmployerInfo myMem	nbers Health	Life	Disability WRS Other Benefits Test	Support Help Log	Off		
	Inquiry	Enrollmen	nt Reports Enrollment Inquiry				
	Member Enrollme	nt Premium	Reports Dependent Inquiry Employer Na	me: EN	PLOYER NAME		
	Premium Termination of Co		Address inquiry				
	Contact Info	ISURANCE 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		
				Address:	AGENT ADDRESS		
		Name:	AGENT NAME		CITY, ST ZIP CODE		
		Telephone:	XXXX-XXXX (XXXX)	Agent Email:		More	
						Clear	
			Note: if the contact or address information ET_1313 to correct the information	Isted above is not correct for your em	ployer please submit a Designation of Agent Form	ι,	
			ET 1010 to contex the monitation.				
			Edit	myMembers Requests	Employer Locations		

5. Select the Coverage Month.

Setf	myETF Benefits Admin Health Insurance Enrollment Inquiry
myEmployerInfo myMembers Health Life Disability WR	; Other Benefits Test Support Help Log Off
	Employer Number: 2002.02 Employer Group: 2002.02 Coverage Month: 2014 V Health Plan: 2014 V February February V Goverage Type: March March March March March Save As Save As

Employee Trust Funds 801 W Badger Rd Madison, WI 53713

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6. Select the Coverage Year.

Setf et.wi.gov	myETF Benefits Admin Health Insurance Enrollment Inquiry	
myEmployerInfo myMembers Health	Life Disability WRS Other Benefits Test Support Help Log Off	
	Employer Number: XXX.XXX Employer Group: XXXX.CXX Coverage Month: May Vear. 2011 V Health Plan: - 2015 V Coverage Type: Vear. 2015 V Clear Display Save As	

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

Setf	myETF Benefits Admin Health Insurance Errollinent Inquiry
myEmployerInfo myMembers Health	Life Disability WRS Other Benefitis Test Support Help Log Off
	Employer Group: Employer Group: Coverage Month: Health Plan: Coverage Type: Coverage Type
Engingen Toet Punds - 821 Willinger for - Skedson, W 22113	4 - WPS WETRO CATOLER ST 5 - HEAL THARATIKERS 6 - WEA TINIST PPO PAST 7 - WPS WETRO COLLEC WARTHWEST 9 - WPS WETRO COLLEC WARTHWEST 9 - WEAT TUST PPO SOUTHCENTRAL 9 - UNITED HEAL TH 9 - UNITED HEAL TH CARE

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

Setf	myETF Benefits Admin Health Insurance Enrollment Inquiry	
myEmployerInfo myMembers Health	Life Disability WRS Other Benefits Test Support Help Log Off	
	Employer Number: Employer Group: Coverage Month: Health Plan: Coverage Type: Coverage Typ	
Employee Trust Funds 801 W Badger Rd Madison, WI 53713		

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

Setf et.wi.gov	myETF Benefits Admin Health Insurance Errollment Inquiry
myEmployerInfo myMembers Health	Life Disability WRS Other Benefits Test Support Help Log Off
	Employer Number: XXX.XX Employer Group: XXXX: CHI-OTRE NAME Coverage Monte: XXXXIII V Year: COVY V Health Plan: XXXIII V Year: COVY V Coverage Type: 01-SENCLE V Clear Display Save As
Employee Trust Funds 801 W Bedger Rd Madison, WI 53713	

- 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).

Setf etf.wi.gov				myET Health In:	F Benefits Admin surance Enrollment Inquiry					
myEmployerInfo myMembers	Health Life	e Disability	WRS Other Ber	efits Test Support	Help Log Off					
Show 10 ⊻ entries				Employer Number: 200 Employer Group: 200 Coverage Mont: 400 Health Plan: 200 Coverage Type: 01 Clear	CXXXX CXX EXPLOYER NAME NTH Y Year: COYY Y -HEALTH FLAN - SINGLE Display Save As	▼ ▼ ▼			~	Search:
n Employee Type Code	Member ID	SSN	La	st Name	First Name	B	rthdate	Gender	Coverage Effective Date	Coverage Expiration Date
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1 03	XXXXX-XXXXX	XXX-XX-XXXX	LAST		FIRST	CCYY-MM-DD	$\langle \rangle$		CCYY-MM-DD	\
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6 03	XXXXXXXXX	XXX-XX-XXXXX	LAST		FIRST	CCYY-MM-DD		N	CCYY-MM-DD	
7 03	XXXX-XXXX	XXX-XX-XXXX	LAST		FIRST	CCYY-MM-DD		A. La Carteria de	CCYY-MM-DD	
8 03	XXXX-XXXX	XXX-XX-XXXX	LAST		FIRST	CCYY-MM-DD		-	CCYY-MM-DD	
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Showing 1 to 10 of 1,302 entries										Firs Previous 1 2 3 4 5 Nex Last

Employee Trust Funds 801 W Badger Rd Madison, W 53713

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

S ,	etf				myET Health In	F Benefits Admin				
myEmp	loyerInfo myMembers	Health Life	Disability	WRS Ot	her Benefits Test Support	Help Log Off				
					Employer Number: 20 Employer Group: 2 Coverage Month: 2 Health Plan: 2 Coverage Type: 0	XXXXXX XXXX = SMPLOYER NAME DNTH V Year: CCYY V - HEALTH PLAN 1 - SINGLE Display Save As	▼ ▼ ▼			
Show	10 Y entries									Search:
n *	Employee Type Code	Member ID	SSN ¢		Last Name ≎	First Name ≎	Birthdate ≎	Gender ¢	Coverage Effective Date	Coverage Expiration Date
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2	03	XXXX-XXXX	XXX-XX-XXXX	LAST		FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
3	03	XXXX-XXXX	XXX-XX-XXXXX	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	
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a. You will be given the option to Open or Save the Excel spreadsheet or Cancel the export.

Setf et.migov				my Heat	ETF Benefits A	.dmin t Inquiry				
myEmployerInfo myMembers	Health Lif	e Disability	WRS	Other Benefits Test Support	Help	Log Off				
				Employer Number Employer Group Coverage Month Health Plan Coverage Type	: X000X-X00X X000X - EMPLOYER NAME MONTH V Yes XX - HEALTH PLAN 01 - SINGLE		2			
				Clei	ur Display	Save As	-			
Show 10 rentries	Member ID	SSN		Last Namo	F	irst Name	Birthdate	Gender	Coverage Effective Date	Search:
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1 03	X000X-X000X	XXX-XX-XXXXXX	LAST		FIRST		CCYY-MM-DD	-	CCYY-MM-DD	
3 03	XXXX-XXXX	XXXXXXXXXXX	LAST		FIRST		CCYY-MM-DD	F	CCYY-MM-DD	
4 03	XXXX-XXXXX	XXX-XX-XXXXX	LAST		FIRST		CCYY-MM-DD	F	CCYY-MM-DD	
5 03	XXXXX-XXXXX	XXXX-XXX-XXXXX	LAST		FIRST		CCYY-MIN-DD	м	CCYY-MM-DD	
6 03	XXXXX-XXXXX	XXX-XX-XXXX	LAST		FIRST		CCYY-MM-00	м	CCYY-MM-DD	
7 03	XXXX-XXXXX	XXX-XX-XXXXX	LAST		FIRST		CCYY-MM-DD	м	CCYY-MM-DD	
8 03	****	XXX-XX-XXXX XXX-XX-XXXX	LAST		FIRST		CCYY-MM-DD	F	CCYY-MM-DD	
9 03	XXXX-XXXX	XXXXXXXXXX	LAST		FIRST		CCYV-IIII-DD	M	CONTINUED	
Showing 1 to 10 of 1,302 entries										FirsPrevious 1 2 3 4 5NexLast
			Eo you want to open t	rr Low Healthdowearcethilog_2914031)	liab from technolouff		Open See •	Cancel c		

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

	А	В	С	D	E	F	G	Н	L I	J	К
				XXXX	(X - EMI	PLOYER	NAME				
1					MONT	H - YEAR					
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	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
4	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
5	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
6	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
7	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
8	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
9	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
10	XX	XXXXXXXX	XXXXXXXXX	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.

ett.wi.gov	f					myETF Benefi _{myEmployer}	ts Admin Info			
myEmployerInfo	myMembers	Health	Life	Disability WRS	Other Benefits Test Su	pport Help	Log Off			
		Inquiry Member Enrollme Premium	ent	X000-X0X	Employer Name	ə:	EMPLOYER NAME			
	Contact	Info Health In	ICI	Life Insurance						
				Agent Contact				Insurance Contact		
			Name: Telephone:	AGENT NAME (XXX) XXX-XXXX		Name: Telephone:		AGENT NAME (XXX) XXX-XXXX		
				Retirement Conta	ct			Address Information		
			Name:	AGENT NAME		Address:		AGENT ADDRESS CITY, ST ZIP CODE		
			l elephone:	(XXX) XXX-XXXX Note: if the (ET-1313 to)	contact or address information lis correct the information.	Agent Email: ited above is not correct i	or your employer please s	ubmit a Designation of Agent	More Clear Form,	
					Edit my	Members Requests	Employer Loo	cations		

2. Highlight Inquiry.

etf etwiacy				myETF Benefit	s Admin ^{nfo}			
mployerinfo myMembers Health	Life	Disability WRS Other Be	mefits Test Su	pport Help	Log Off			
Inquiry Member Enrollmen Premium	Enrollment	Reports eports	Employer Name	r:	EMPLOYER NAME			
Contact Info Health In	surance ICI	Life Insurance						
		Agent Contact				Insurance Contact		
	Name: Telephone:	AGENT NAME (XXX) XXX-XXXXX		Name: Telephone:		AGENT NAME (XXX) XXX-XXXXX		
		Retirement Contact				Address Information		
	Name:	AGENT NAME		Address:		AGENT ADDRESS CITY, ST ZIP CODE		
	Telephone:	(x000) x000-x0000x Note: if the contact or add	lress information lis	Agent Email:	r vour employer please s	ubmit a Designation of Agent Fi	More Clear	
		ET-1313 to correct the inf	ormation.					
		1	Edit my	Members Requests	Employer Loc	cations		
ee Trust Funds 801 W Badger Rd Madison, WI 63713								

3. Highlight Enrollment Reports.

ett.wi.gov	f						myE	TF Benefit	r s Admin Info			
myEmployerInfo	myMembers	Health	Life	Disabil	ty WRS	Other Benefits	Test Support	Help	Log Off			
		Inquiry	Er	rollment Reports	Enrollment Inquiry							
		Member Enrollme	nt Pr	emium Reports	Dependent Inquiry	Employ	er Name:		EMPLOYER NAME			
		Termination of Co	worana		Address Inquiry							
	Cont	act Info Health I	nsurance	ICI Life Insu	ance							
					Agent Contact					Insurance Contact		
			Name: Telephor	ie:	AGENT NAME (XXX) XXX-XXXX		Name: Telepl	ione:		AGENT NAME (X00) X00-X000		_
					Retirement Contac	t				Address Information		
			Name:		AGENT NAME		Addre	ss:		AGENT ADDRESS CITY, 8T ZIP CODE		
			Telephor	ie:	1000() 1000(-1000)		Agent	Email:			More	
											Clear	
					Note: if the co ET-1313 to co	ontact or address inform prrect the information.	ation listed abo	ve is not correct fo	r your employer please :	submit a Designation of Agent F	Form.	
						Edit	myMembe	rs Requests	Employer Lo	cations		
Employee Trust Funds 801	W Badger Rd Mar	dison, WI 53713										

4. Select Dependent Inquiry.

etf.wi.gov	f								myETF Benef	i ts Admin er Info			
yEmployerInfo	myMembers	Health	L	.ife	Disability	WRS	Other Benefits	Test Su	pport Help	Log Off			
		Inquiry		Enroliment	Reports	Enrollment Inquiry							
		Member Enrollme	nt I	Premium R	teports	Dependent Inquiry	Em	ployer Name	ə:	EMPLOYER NAME			
		Premium				Address Inquiry							
		Termination of Co	worano	_									
	Contact	Info Health In	nsurance	ICI	Life Insura	nce							
						Annual Constant					Incurrence Constant		
						Agent Contact					Insurance Contact		
			Name: Teleph	008.		AGENT NAME			Name: Telephone:		AGENT NAME		
			recpin	one.		(100) 100-000			relephone.		(000) 000-0000		
					F	Retirement Contac	t				Address Information		
									Address:		AGENT ADDRESS		
			Name:			AGENT NAME					CITY, ST ZIP CODE		
			Teleph	one:	6	XXXX) XXXX-XXXXX			Agent Email:			More	
												Clear	
						Note: if the co ET-1313 to co	intact or address in prrect the information	nformation lis ion.	sted above is not correct	for your employer please	submit a Designation of Ager	nt Form,	
							Edit	my	Members Requests	Employer Lo	cations		

State Agency Health Insurance Administration Manual Appendix C — myETF Benefits

5. Select the Coverage Month.

Setf et.wi.gov	myETF Benefits Admin Health Insurance Dependent Inquiry												
myEmployerInfo myMembers Health Life Disa	ability WRS Other Benefits Test Support Help Log Off												
	Employer Number: 2003.201 Employer Group: Vear: Vear: V Health Plan: March Relationship: April March April March Apri												
Employee Trust Funds 801 W Badger Rd Madison, WI 53713													

6. Select the Coverage Year.

myETF Benefits Admin Health Insurance Dependent Inquiry	
yEmployeehds myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off	
Employer Number: X03303 Employer Group: X03303 Coverage Monther: X03303 Heath Plan: X0330 Relationship: X033 Clear Display Save As	
Nye That Faits 301 Walaperfer Walance W 2013	

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

Retf	myETF Benefits Health Insurance Depend	Admin ent Inquiry
myEmployerInfo myMembers Health Life Disability WRS Oth	er Benefits Test Support Help	Log Off
Employer Number: Employer Group: Coverage March Health Plant: Relationship:	XXXX XXX XXXX: SERVICES NAME V XXXX: SERVICES NAME V RULL STANDARD PLAN 0.5 11: - ANTER BCBS SOUTHEAST 13 11: - ANTER BCBS SOUTHEAST 14 12: - ANTER BCBS NORTHWEST 15 13: - ANTER BCBS NORTHWEST 17 14: - DEAN PREVEASO 17 17: - DEAN PREVEASO 17 17: - DEAN PREVEASO 17 17: - DUAN UTY COMMANITY 17 16: - STANDARD PLAN 17 17: - DUANT PLAN 17 16: - STANDARD PLAN 17 17: - DUANT PLAN 17 16: - STANDARD PLAN 17 17: - DUANT PLAN 17 16: - STANDARD PLAN 17 17: - DUANT COMMANITY 17 16: - STANDARD PLANT PLAN 17 16: - STANDARD PLANT PLAN 17 17: - STANDARD PLANT PLAN 17 16: - STANDARD PLANT PLAN 17 17: - STANDARD PLANT PLAN 17 16: - STANDARD PLANT PLAN 17 17: - STANDARD PLA	Coverage Type: Tax Dependent: ALL V Save As
onyen Truer Funda - 1811 W.Bedger Ref - Madalon, W 52113	165 - HEALTHPARTNERS 166 - WEATRUST PPO EAST 127 - WEATRUST PPO EAST 139 - WEATRUST PPO SOUTHWEST 139 - WEATRUST PPO SOUTHWEATRAL 139 - WEATRUST PPO SOUTHCENTRAL 134 - UNITEDHEALTHCARE	

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

Setf	myETF Benefits Admin Health Insurance Dependent Inquiry												
myEmployerInfo myMembers Health Life	Disability WRS Other Benefits Test Support Help Log Off												
	Employer Number: XXXXXX Employer Group: Cource Laboration of the Automatic State Sta												
Employee Trust Funds 801 W Badger Rd Madison, WI 63713													

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

Setf etf.wil.gov		myETF Benefits Admin Health Insurance Dependent Inquiry												
myEmployerInfo myMember	s Health	Life	Disability	WRS	Other Benefits	Test Support	Help	Log Off						
				Employer Numb Employer Gro Coverage Mor Health Relationst	er: 000.00 00007-EMP 00007-EMP 00007-EMP 0007H 0007H 00-SPOL	LOYER NAME Year: Corr IFLAN ISE INT OF MINOR DE L WARD CHILD DENT OF MINO NDENT OF DOME STIC PARTNER	PPENDENT R DEPENDENT ESTIC PARTNER	Coverage Type: Tax Dependent: Save As	: [02-FAMILY V] : ALL V					
Employee Trust Funds 801 W Bedger Rd M	edison, WI 53713													

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

Setf ett.wi.gov	myETF Benefits Admin Health Insurance Dependent Ingulay											
myEmployerinto myMembers Health	Life Disability WRS Other Rumetits Text Support Log Off Employer Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
Engligen Troof Fords - 621 W Engline Rd - Madaun W 12713												

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

Setf	myETF Benefits Admin Health Insurance Dependent Inquiry												
myEmployerinfo myMembers Health Life	Disability WRS Other Benefits Test Support Help Log Off												
	Employer Group: Employer Group: Goverage Month: Menth Plan: Relationship: S-DOMESTIC PARTNER Clear Display Save As												
Employee Trust Funds 801 W Bedger Rd Madison, WI 53713													

- a. You can select the number of entries to show at one time.
- b. You can Search for specific information (example: Health Plan, Coverage Type, Employee Type, Subscriber SSN, Dependent SSN, Dependent MID#, 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).

Implemployentitio mydlembers Haalth Life Disability Wits Other Densitie Test Support Heig Log Off Employer Employer Sococccccccccccccccccccccccccccccccccc													
Employer Number: XXX.XX Employer Group: XXX.XX XXX.XX Employer Group: XXX.XX XXX.XX Relationable: XXX.XX XXX.XX XXX.XX Employer Group: XXX.XX XXX.XX XXX.XX XXX.XX Endeth Plan: Cover Employer Group: Save As Save As In Health Cover Employer Group: Save As Save As Save As In Health Cover Employer Group: Save As Save As Save As In Health Cover Employer Group: Save As Save As Save As In 15 64 12 XXXXXXXXXXX LAST, FIRST XXXXXXXXXXXXXXXXX LAST, FIRST Correlated P P Correlated B P Correlated B P Correlated B Save As 1 15 64 12 XXXXXXXXXXXXXXXXXXXXXXXXXXXX													
Clear Display Save As Store 10 Finite Save As None Dop DSN Dop Martial Cov Eff Date	Employer Number: XXXX.XXX Employer Group: XXXX: EXPLOYER NAME Coverage Month: XXX: HEALTHPLAN Nedeth Plan: XX: HEALTHPLAN Relationship: 53 - DOMESTIC PARTNER Coverage Type: 42 - FAMILY Coverage Type: 42 - FAMILY												
Show ID Cove Empe Type Stub SSN Stub Name Dep SSN Dep Mbr ID Dep Name Dep DOB Grid Dep Martial Status Cov Eff Date Status Cov Eff Dat													
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Showing to 10 of 11 entries													

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

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^n	Health I ≎	Plan Cov Code ¢	Empe Type Code	Sub SSN ≎	0	ub Name	Dep SSN ≎	≎ Dep Mbr ID	Dep Name	е	Dep DOB ≎	Dep Gndr ≎	Dep Marital Status ≎	Cov Eff Date ≎	o Cov Exp Date	Rel Code ≎	Disabled ≎	? Tax Dep? ≎
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4	92	02	02	XXX-XX-XXXX	LAST, FIRST		XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST		CCYY-MM-DD	M	SGL	CCYY-MM-DD	000010000	19	N	Y
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Employee Tr	rust Funds 80	1 W Badger Rd Mad	ison, WI 53713															

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

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Empl	oyerinfo	myMembers	Healt	th Life	Disabili	y WRS	Other Benefits	Help Log	on								
	Employer Number: Employer Number: Coverage Month: Health Plan: Relationship: Clear Display New EIN Save As																
Sh	ow 10 🚿	entries												Search	1:		
'n	Health ≎	Plan Cov Type Code	Empe Type Code	Sub SSN ≎	¢	Sub Name	Dep SSN	l Dep Mbr ID ≎	Dep Name ≎	Dep DOB ≎	Dep Gndr	Dep Marita Status ≎	l ⊖ Cov Eff Date	Cov Exp Date ≎	Rel Code)isabled' ≎	, Tax Dep? ≎
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7	92	02	02	XXX-XX-XXXX	LAST, FIRST		XXX-XX-XXXX	XXXX-XXXX	LAST, FIRST	CCYY-MM-DD	F	MAR	CCYY-MM-DD		01 N	4	Y
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							De you want to ope	n or save EmployerDependentEnquirg	Listing,20140523 ads from test.etfnet.w?	Open Save	Cancel	×					

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

1	XXXXX - EMPLOYER NAME MONTH YEAR HEALTH PLAN = HEALTH PLAN, COVERAGE TYPE = FAMILY, RELATIONSHIP = ALL, TAX DEPENDENT STATUS = ALL															
2	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
3	XX	XX	XX	XXXXXXXXXX	LAST, FIRST	XXXXXXXXXX	XXXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
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5	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		01	N	Y
6	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y
7	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	SGL	CCYY-MM-DD		01	N	Y
8	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	MAR	CCYY-MM-DD		19	N	Y
9	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
10	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y

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.