Appendix C — myETF Benefits

C-1 How to Log Into myETF Benefits
C-2 Add Coverage
C-3 Add Dependent
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C-5 Change Health Plans
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C-8 Enrollment Inquiry
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C-1. How to Log into myETF Benefits

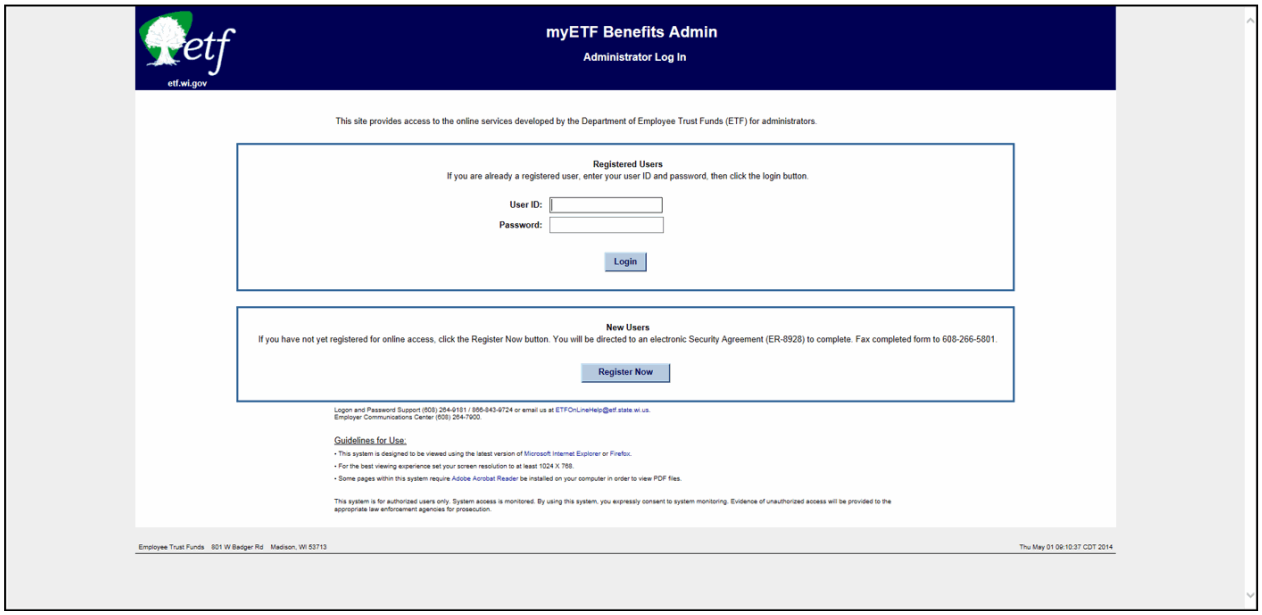
To get started in myETF Benefits you must first obtain access to the system by completing and submitting an *Online Network for Employers Security Agreement* (ET-8928) to the Department of Employee Trust Funds, on which you request access to myETF Benefits for Administrators for the following areas:

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

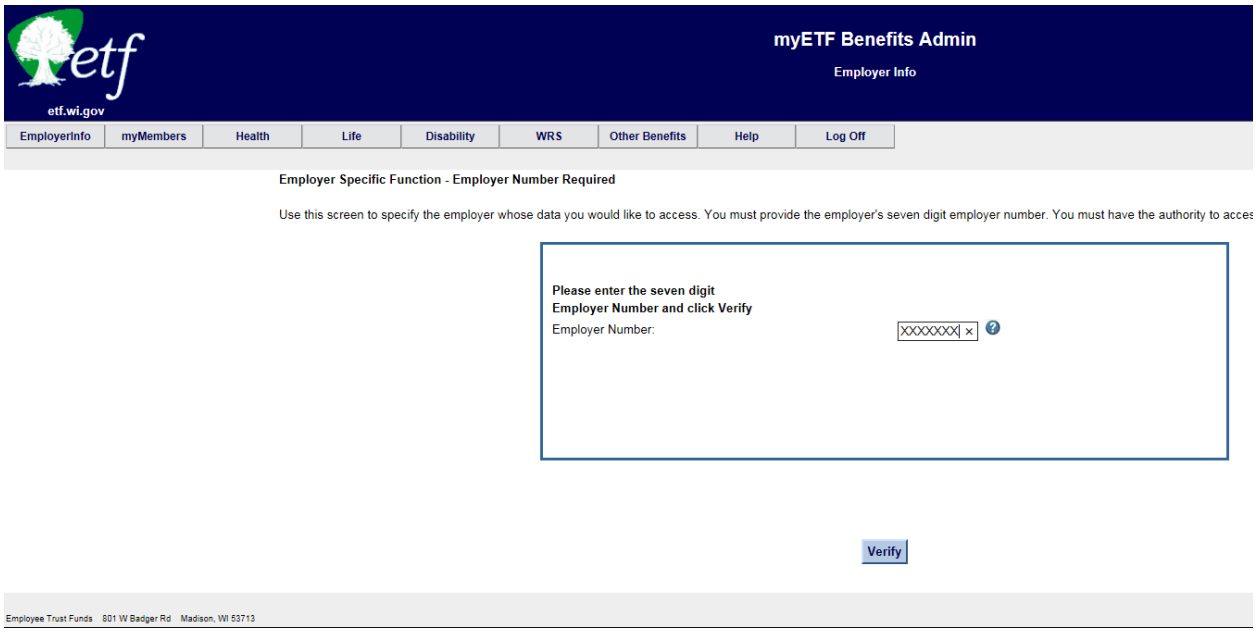
Once access has been granted, you will need to go on-line through the Online Network for Employers (ONE) Site to get to the myETF Benefits system.

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

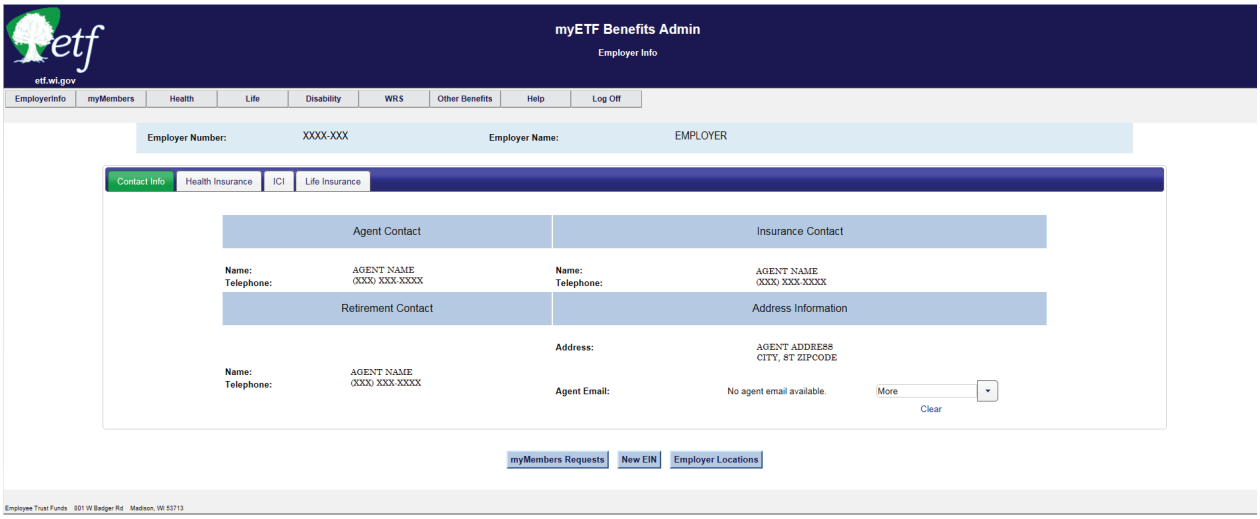
4. Enter your User ID and Password.



5. Enter your employer number and click the ‘Verify’ button.



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.



C-2. Add Coverage

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

ETF Use Only

State of Wisconsin
Department of Employee Trust Funds (ETF)
Health Insurance Application/Change Form

Employer Notes

1. APPLICANT INFORMATION | ETF Member ID | SSN XXX-XX-XXXX

Applicant Name – First	M.I.	Last	Previous Name	DOB MM/DD/CCYY	Gender	Physician/Clinic
FIRST	M	LAST			M	PRAIRIE CLINIC

Home Mailing Address—Street and No.	City	State	Zip Code	☐ Check here if updating address phone, email, or marital status.
1234 STREET LANE	CITY	ST	ZIPCODE	

Primary Telephone Number: (608) 555-1111 | Country (if not USA) | Applicant E-mail:

MARITAL OR DOMESTIC PARTNERSHIP STATUS:
☐ Single ■ Married ☐ Domestic Partnership (DP) ☐ Divorced ☐ Widowed Date: MM/DD/CCYY

Spouse/DP: SSN XXX-XX-XXXX Name FIRST NAME/LAST NAME
Previous Name MAIDEN NAME Physician/Clinic PRAIRIE CLINIC
DOB: MM/DD/CCYY Gender: F Tax Dep ■ Yes ☐ No

ELIGIBILITY STATUS:
■ Employee ☐ Graduate Assistant ☐ Survivor
☐ Continuant (COBRA) ☐ Annuitant/Retiree

NEW HIRE — I WANT MY COVERAGE TO BE EFFECTIVE:
■ As soon as possible (Employee will pay entire monthly premium until eligible for contribution)
☐ When employer contributes to premium

Coverage Desired ☐ Single ■ Family | **Health Plan Selected:** Unity - Community

2. REASON FOR APPLICATION
Reasons marked with an * require supporting documentation. See page 4 of this application for specific documentation requirements.

A. Decline Coverage *(Check one box below and go to Section 6 to sign and date your application.)*
☐ I do not wish to enroll at this time. ☐ I do not wish to enroll at this time as I currently have other insurance coverage.

B. Enrollment *(Check a Reason* **and** *an Event below and indicate the date of event. Update Dependent Information below as appropriate)*
***Note**: Deletion of a Dependent due to loss of eligibility provides a COBRA enrollment opportunity. Notice must be provided to Employer within 60 days of event.*

Reason: ■ **Add Coverage (Add Cvg)** ☐ **Add Dependent (Add Dep)** ☐ **Remove Dependent (Rem Dep)**

Event:

■ New Hire (Add Cvg)
☐ Spouse/DP to Spouse/DP Transfer (Add Cvg)
☐ Transfer from One Employer to Another Employer (Add Cvg)
Name of Previous Employer _____
☐ Marriage/DP* (Add Cvg, Add Dep)
☐ Birth (Add Cvg, Add Dep)
☐ Adoption* (Add Cvg, Add Dep)
☐ National Medical Support Notice* (Add Dep)
☐ Paternity Acknowledgment* (Add Dep)
☐ Legal Ward/Guardianship* (Add Dep)
☐ Legal Ward/Guardianship Ends* (Rem Dep)
☐ Disabled, Age 26 or Older* (Add Dep)
☐ LTE New Hire - State Only (Add Cvg)
☐ State Annuitant/Retiree Re-enroll Effective Date _____ (Add Cvg)
☐ Eligible Dependent Not Included on Initial Enrollment (Excludes DP and Adult Dependents)
☐ Loss of other Coverage/Employer Contributions* (Add Cvg, Add Dep)
☐ Divorce*/DP Terminated* (Rem Dep)
☐ Death of Dependent (Rem Dep)
☐ Disabled Dependent: Disability Ends or Dependent Marries or Support less than 50% (Rem Dep)
☐ Grandchild's Parent Turns 18 (Rem Dep)
☐ Adult Dependent Eligible for other coverage (Rem Dep)
☐ Annual It's Your Choice (Jan. 1) (Add Cvg, Add Dep, Rem Dep)
☐ COBRA (Add Cvg)
☐ Other: _____

Event Date: 09/19/2013 (required)

DEPENDENT INFORMATION (excludes spouse/DP) — Complete all requested information.

Social Security Number	First Name	M.I.	Last	Previous	Birth Date (mm/dd/ccyy)	Gender (M/F)	Rel. Code	Tax Dep? (Y/N)	Disabled? (Y/N)	Enter Physician/ Clinic **or** Provide Dependent address for COBRA, if removing dependent.
XXX-XX-XXXX	CHILD	M	LAST		MM/DD/CCYY	F	19	Y	N	PRAIRIE CLINIC

ET-2301 (REV 9/13) etf.wi.gov

Applicant Name XXXXXXXX	ETF Member ID	SSN XXXXXXXXX

2. REASON FOR APPLICATION (continued)
Reasons marked with an * require supporting documentation. See page 4 of this application for specific documentation requirements.

C. Change Health Plan (Check one box below, Indicate Current Health plan, Provide date of event, Update Section 1 or 2 if applicable)
☐ Move from Service Area ☐ Eligible Section 125 Status Change (see Instructions, Section 2(4).)* ☐ Annual It's Your Choice (Jan. 1)
Current Health Plan: _____ **Event Date:** _____

D. Spouse/DP/Dependent Personal Data Update/Correction ☐ Update Name/SSN/DOB (Complete Section 1 or 2)
Previous Name _____ Previous DOB _____ Previous SSN _____

E. Cancel Coverage: ☐ **I wish to cancel coverage: Event Date** _____ (Check a post-tax or pre-tax box below.)
My Premiums are Deducted: ☐ Post-tax, Coverage may be 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 transfer.
☐ Eligible Section 125 Status Change* (see Instructions, Section 2(4))*.
Event: _____
☐ My employee premium contribution has increased significantly.*
☐ I (and all dependents if applicable) became eligible for and enrolled in other group coverage.*
☐ Annual It's Your Choice Enrollment (Jan. 1).

Note: If pre-tax, coverage may only be cancelled due to a qualifying event or during the annual It's Your Choice period.

F. Family to Single Coverage: If your employee premium share is taken pre-tax, Internal Revenue Code Section 125 restricts mid-year changes to your coverage. ***My employee-required premium contribution is deducted*** *(Check one box below, indicate event date, and update Section 1)*:
☐ Pre-tax and my employee premium contribution has increased significantly
☐ Pre-tax and all dependents became eligible for and enrolled in other group coverage.*
☐ Pre-tax, change to single during annual It's Your Choice (Jan. 1).
☐ Post-tax, midyear changes to coverage level can be made at any time.
☐ Pre-tax and my last dependent has become ineligible for this coverage.
☐ Pre-tax, eligible Section 125 Status Change (see Instructions, Section 2(4))*. Event: _____
Event Date: _____

3. ADDITIONAL INFORMATION Are any of the dependents listed under Dependent Information your or your spouse/DP's grandchild?
■ No ☐ Yes If yes, name of parent _____

4.MEDICARE INFORMATION/UPDATE MEDICARE INFORMATION
Are you or any insured dependent covered under Medicare? ■ No ☐ Yes If yes, list names of insured and Medicare dates.
Name: _____ Dates: Part A _____ Part B _____ HIC # _____
Name: _____ Dates: Part A _____ Part B _____ HIC # _____

5. OTHER HEALTH INSURANCE COVERAGE/UPDATE OTHER HEALTH INSURANCE (If yes, complete requested information)
Other coverage? ■ No ☐ Yes Name of Company _____ Policy #: _____ Group #: _____
Name(s) of Insured: _____

6. SIGNATURE (Read the **TERMS AND CONDITIONS** on page 7 and sign the application.)
By signing this application, I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and I have read and agree to the TERMS AND CONDITIONS. A copy of this application is to be considered as valid as the original. In addition, to the best of my knowledge, all statements and answers in this application are complete and true. All information is furnished under penalty of Wis. Stat. §943.395. Additional documentation may be required by ETF at any time to verify eligibility.

SIGN HERE & Return to Employer ➡ *Signature*	Date Signed (mm/dd/yy) 09/23/13

7. EMPLOYER COMPLETES (Coding instructions are in the Employer Health Insurance Administration Manual)

Employer Number 69-036-XXXX-XXX	Name of Employer NAME OF EMPLOYER	Payroll Representative E-mail

Group Number XXXXX	Employee Type 02	Coverage Type Code 02	Health Plan Name or Suffix UNITY COMMUNITY / 40

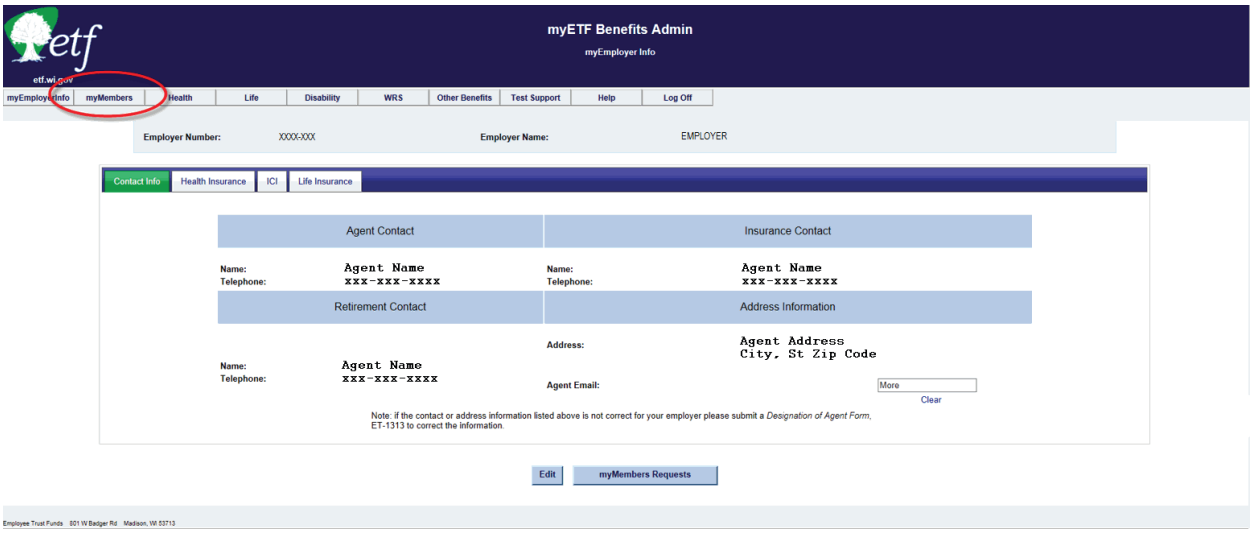
EMPLOYMENT STATUS: ☒ Full Time ☐ Part Time ☐ LTE **Employee Deductions:** ☒ Pre-tax ☐ Post-tax

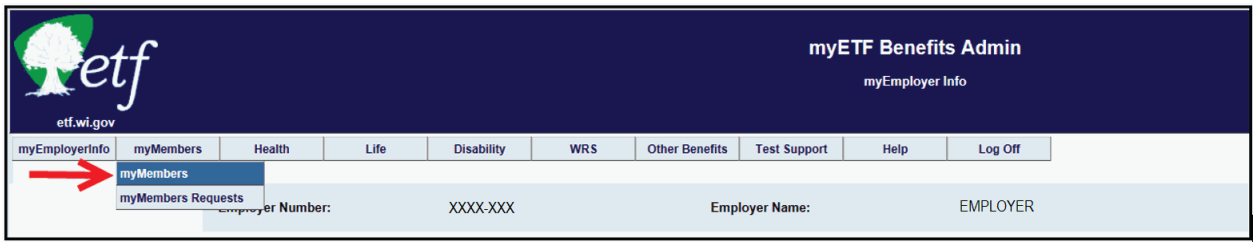
Previous Service - Complete Information
1. Are you a WRS participating employer? ☒ YES ☐ NO *If Yes, answer questions 2, 3, and 4.*
2. Did employee participate under WRS prior to being hired by you? ☐ Yes ☒ No
3. Previous service check completed? ☒ Yes ☐ No
4. Source of previous service check: ☒ Online Network for Employers (ONE) ☐ ETF

Payroll Representative Signature/Phone Number *(XXX) XXX-XXXX*
Agent Name

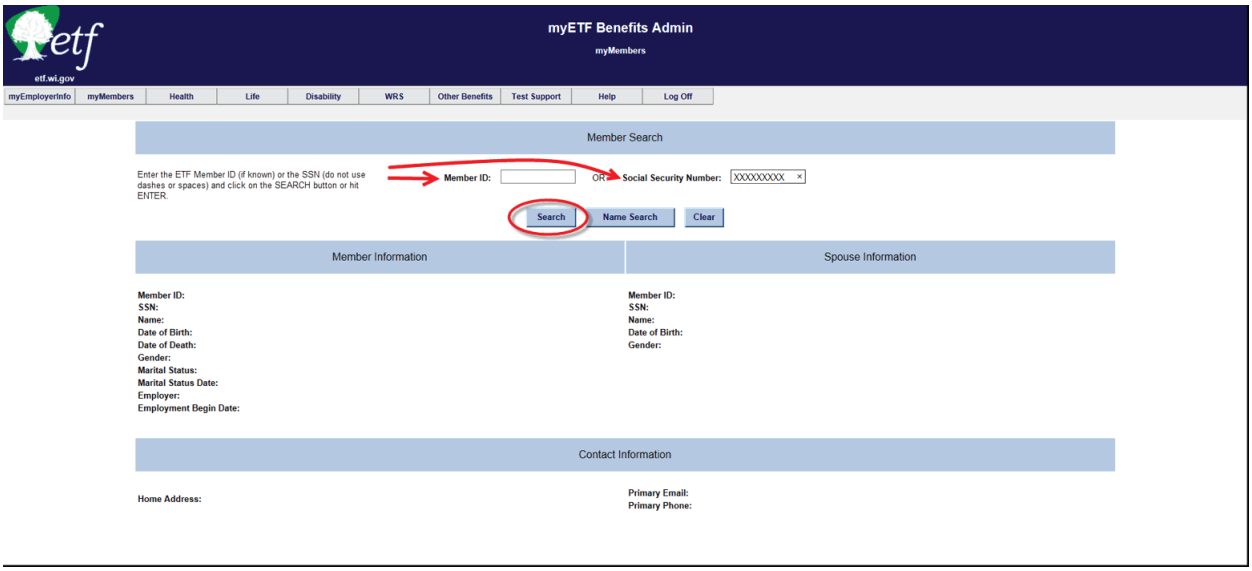
Date WRS Eligible Employment or Graduate Assistant Appointment Began or Hire Date: 09/19/13
Employer Received Date: 09/23/13
Event Date: 09/19/13
Prospective Date of Coverage: 10/01/13

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

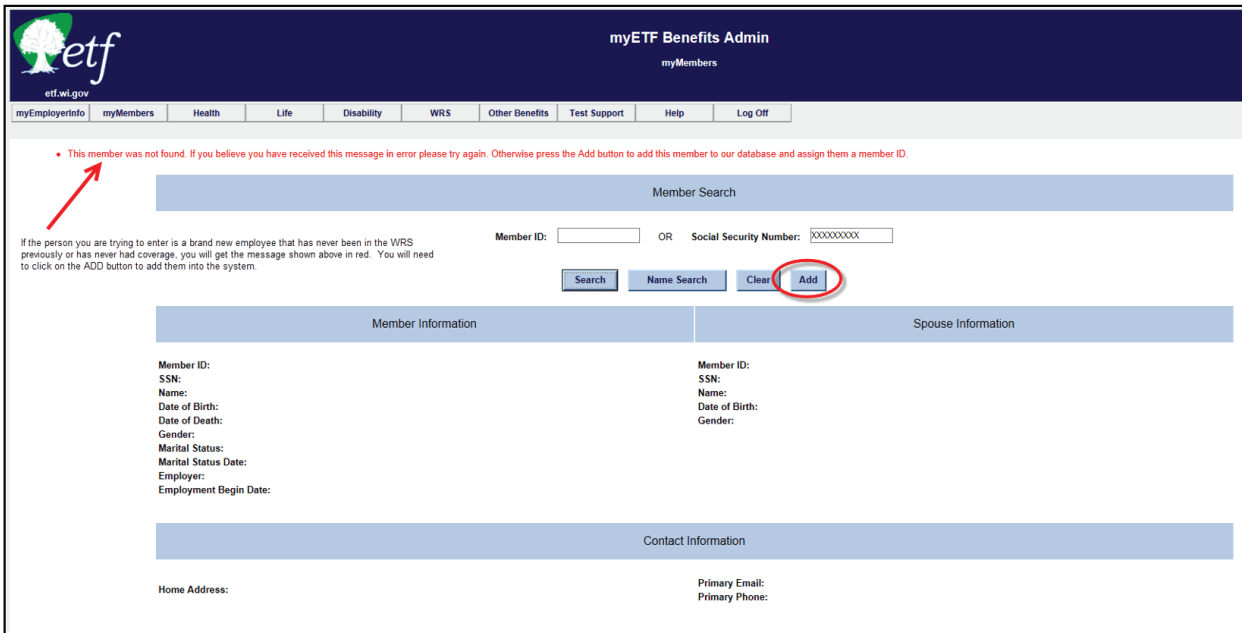




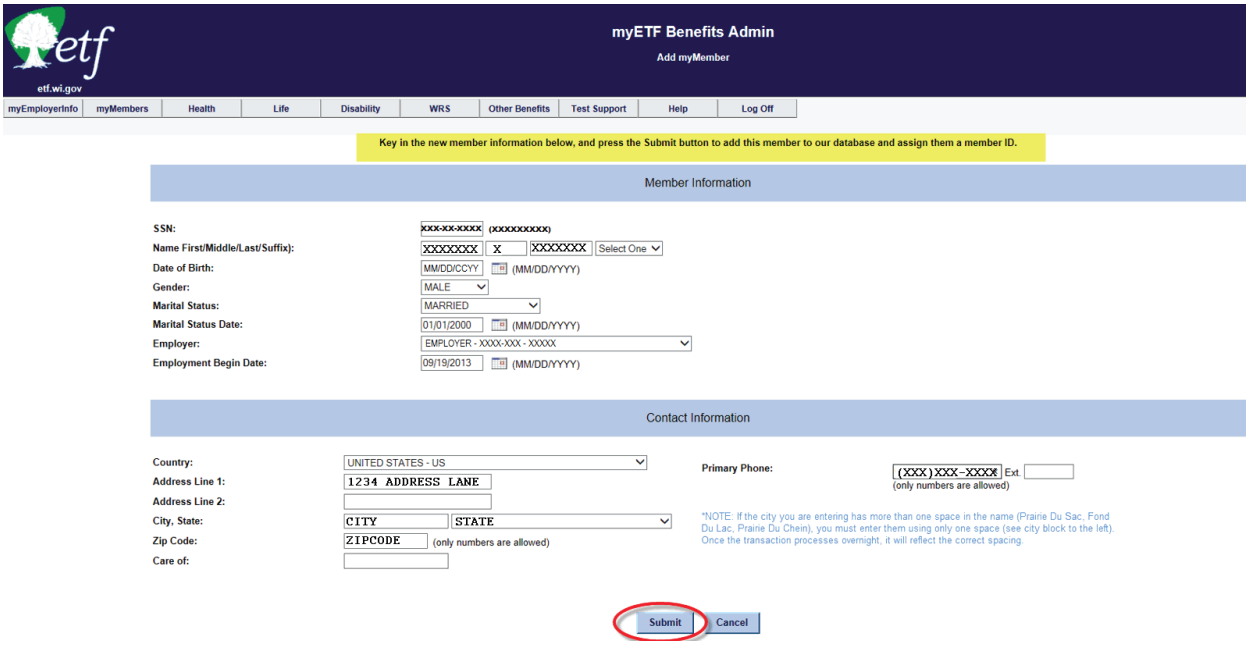
2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click 'Enter' (if it is a brand new employee with no prior WRS service, there will not be an ETF Member ID).



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



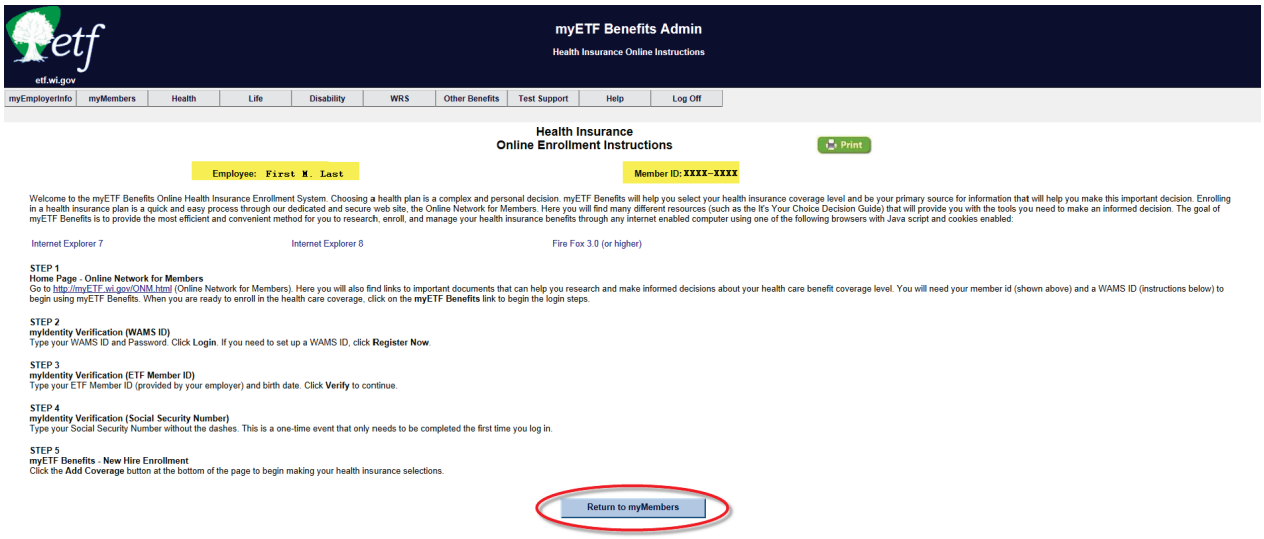
3. Enter all relevant demographic information into the required fields, including the employee's full address and phone number and click the 'Submit' button.



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

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

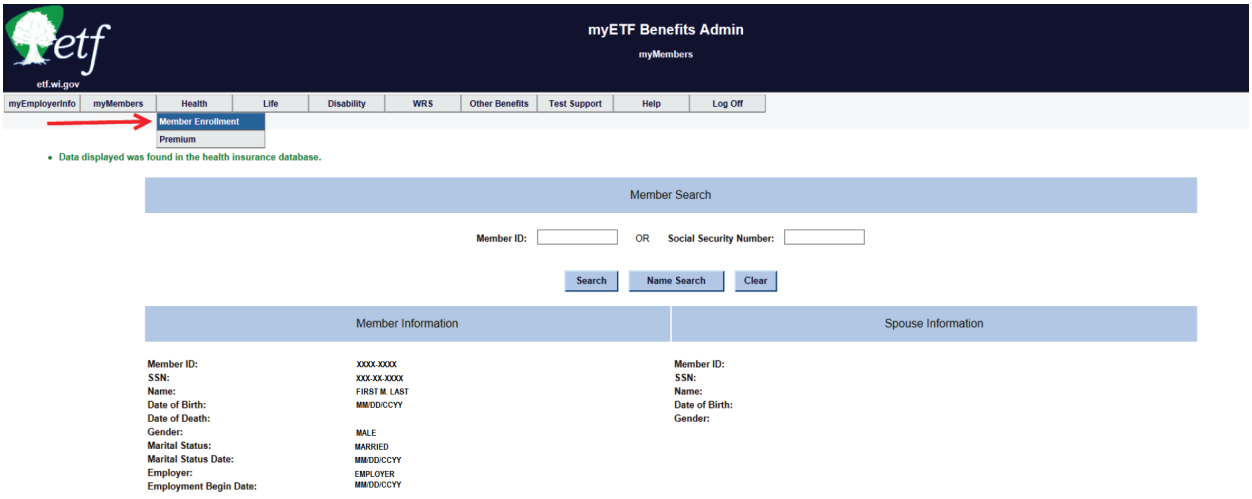
5. Once you are on the review page, review the data (any changes/additions will appear in red).
   a. If all corrections/additions are correct, click the ‘Confirm’ button.
   b. If additional changes are needed, click the ‘Cancel’ button and return to the previous screen and follow the procedures under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



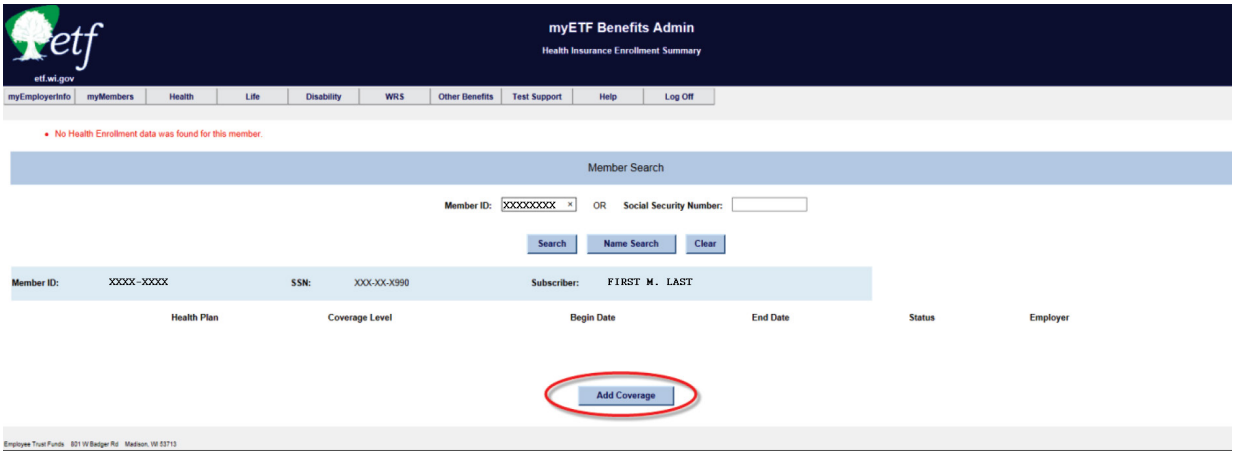
Note: This is the confirmation page when adding a new member into myETF Benefits. The confirmation screen will look different if you are only updating information; that confirmation screen will show a summary of changes made and will have a print button in the upper right corner as well as a Return to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

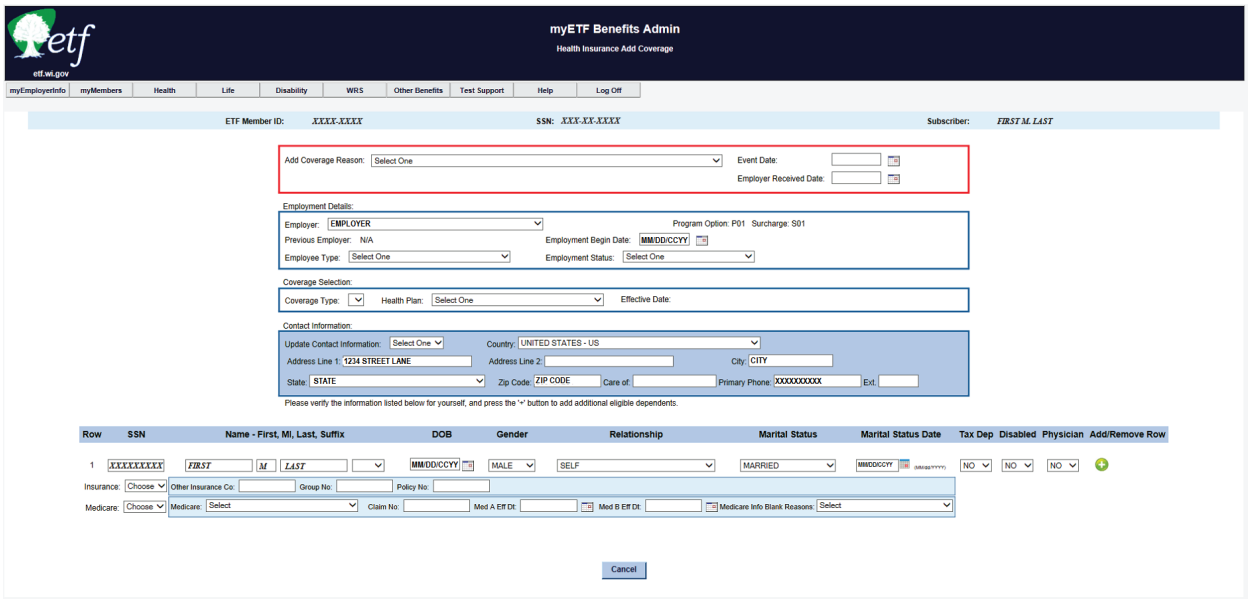
If you wish to print the confirmation page, click on the green ‘Print’ button in the upper right corner.

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

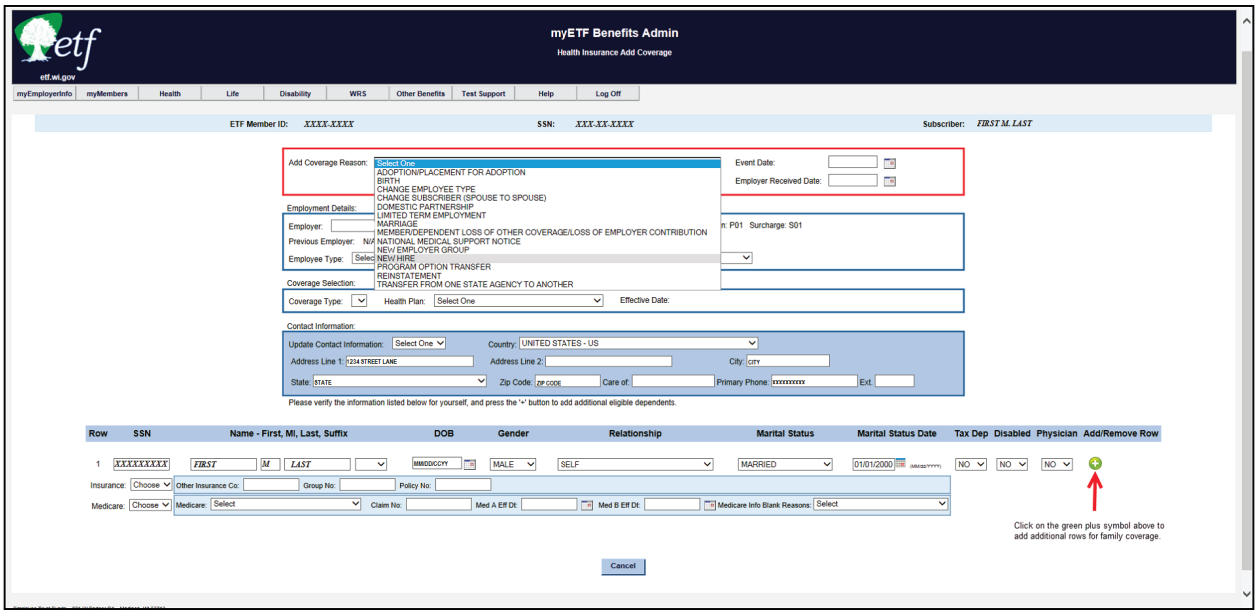


7. Click the ‘Add Coverage’ button at the bottom of the screen.

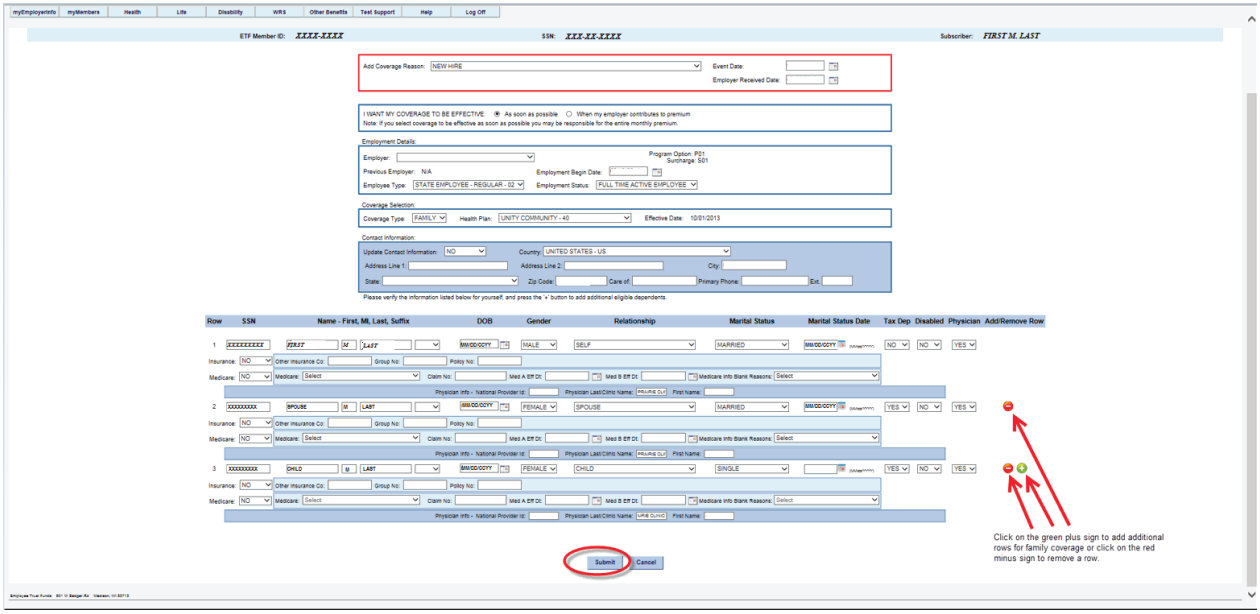




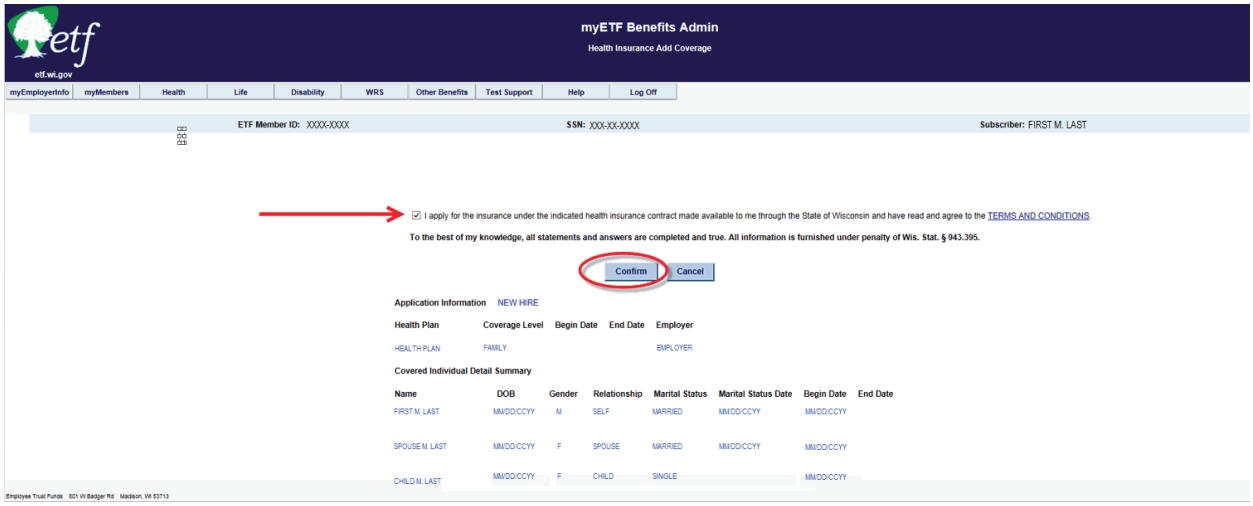
8. Select the reason for the application. (For Example – New Hire).



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.

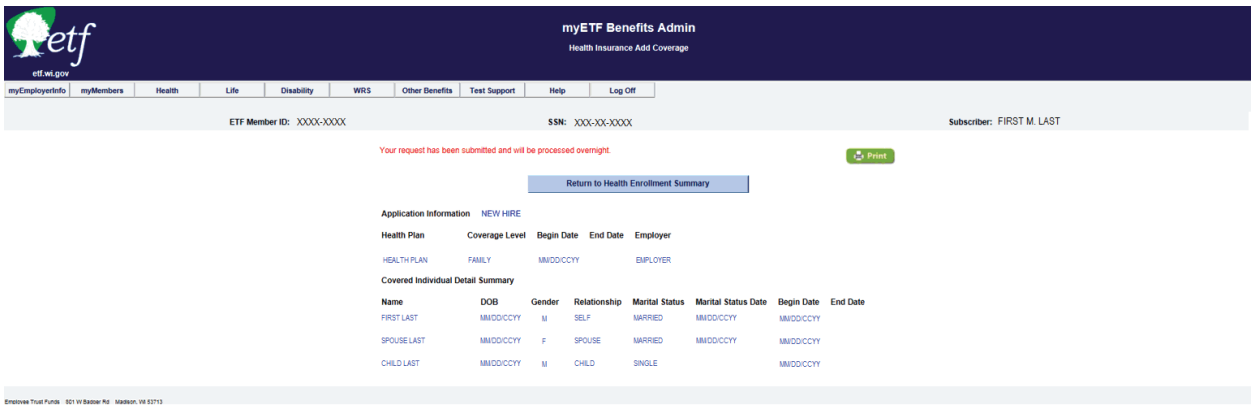


17. Verify all the information on the review page.
    a. If all the information is correct, check the 'Terms and Conditions' box and click the 'Confirm' button.

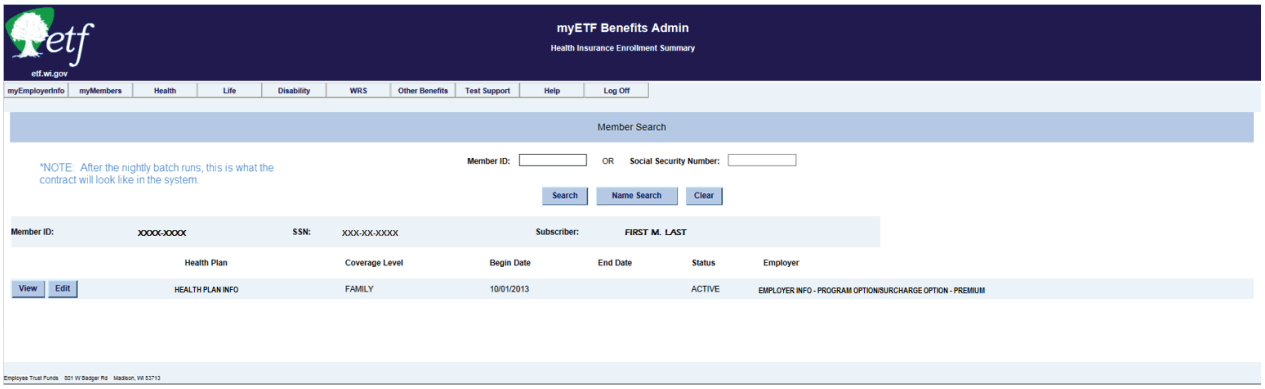


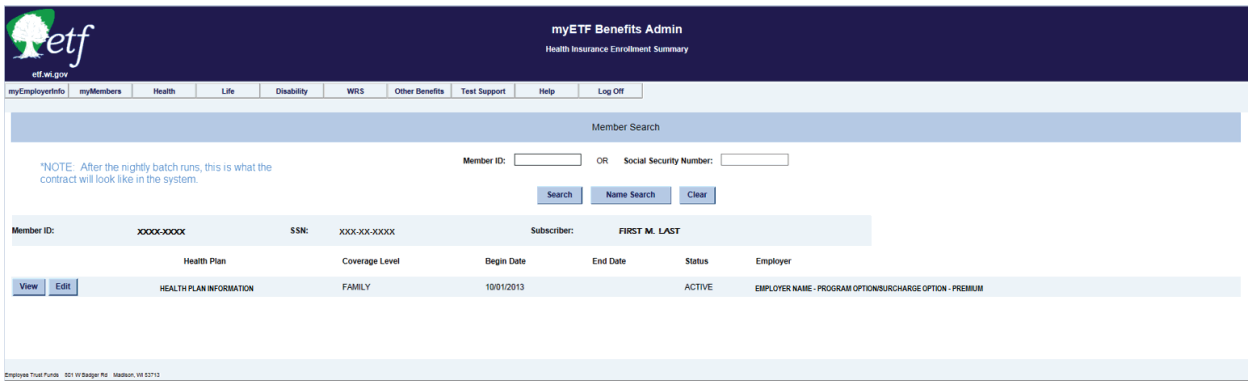
b. If the information is not correct, click the 'Cancel' button and return to the previous screen to make changes.

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.



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

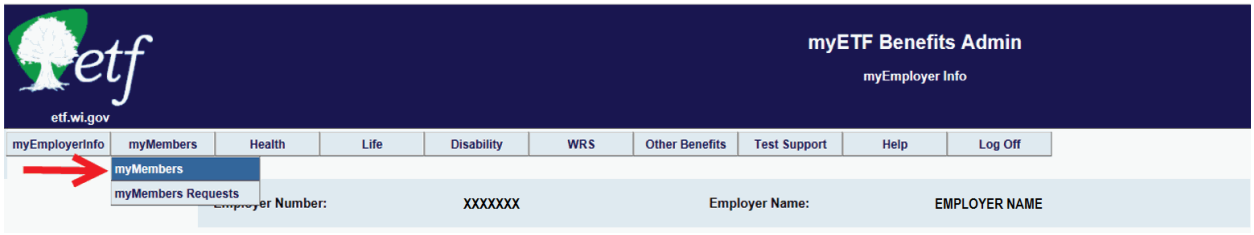




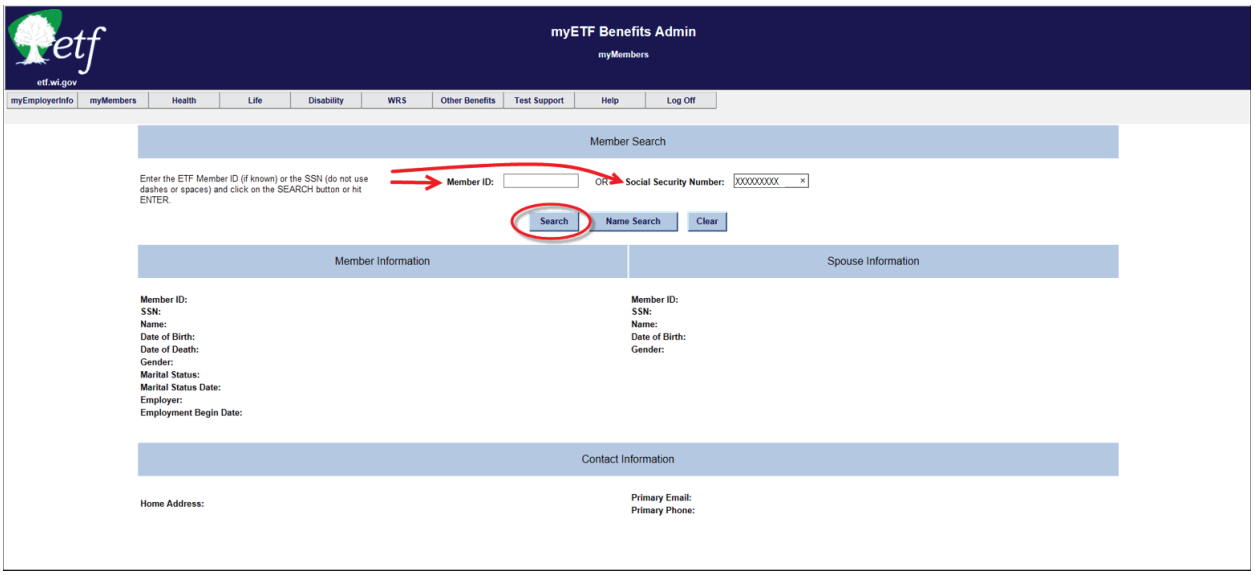
C-3. Add Dependent

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

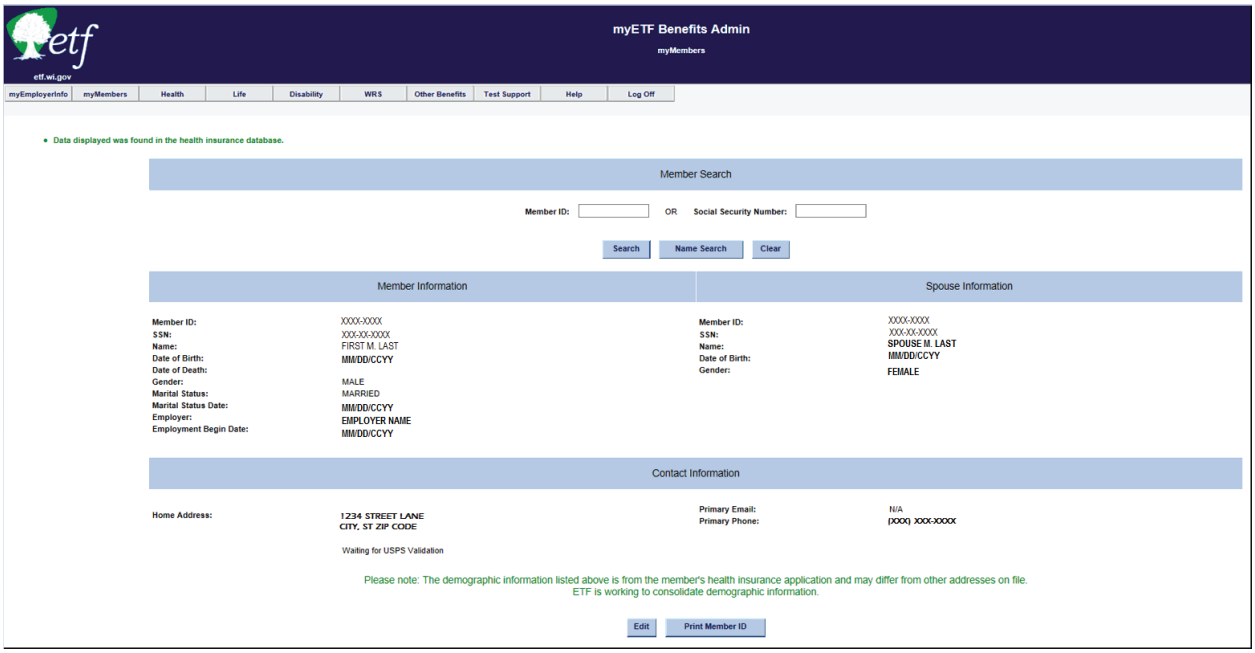
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



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



3. Verify that all demographic data is current.

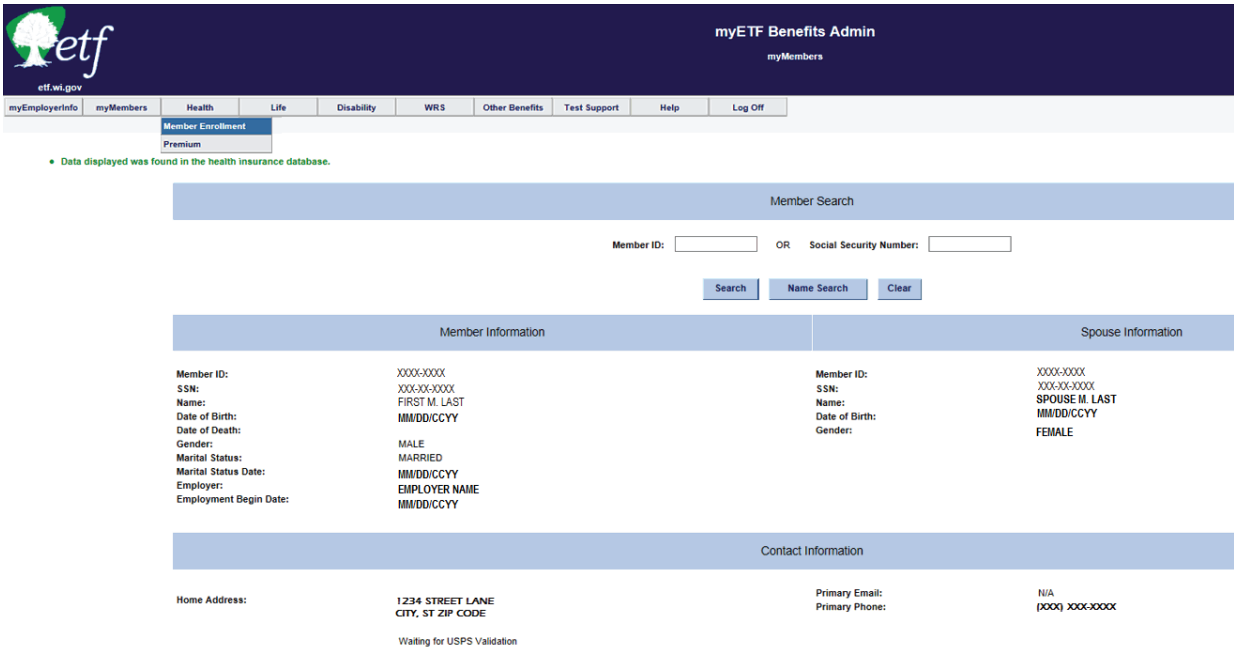


a. If any updates/changes need to be made, then click the 'Edit' button at the bottom of the screen.
b. Make any updates/changes to the appropriate editable fields.
c. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
d. Select the 'Finalist' address which includes the ZIP+4, and click the 'Submit' button again.
Note: If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the "Radio" button in front of the address as keyed and click the 'Submit' button.

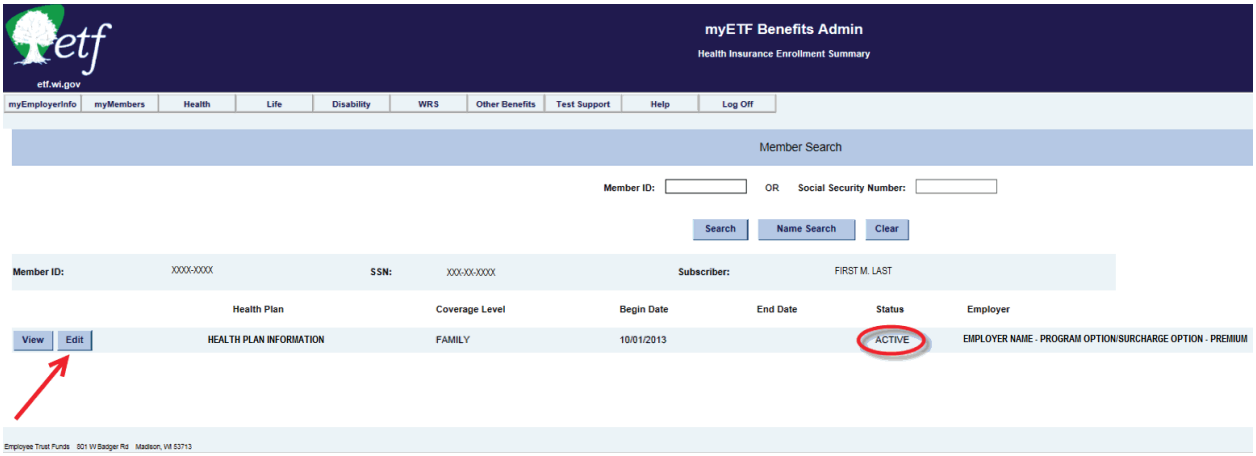
4. Once you are on the review page, review the data (any changes/additions will appear in red).

a. If all corrections/additions are correct, click the 'Confirm' button.
b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
c. If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.

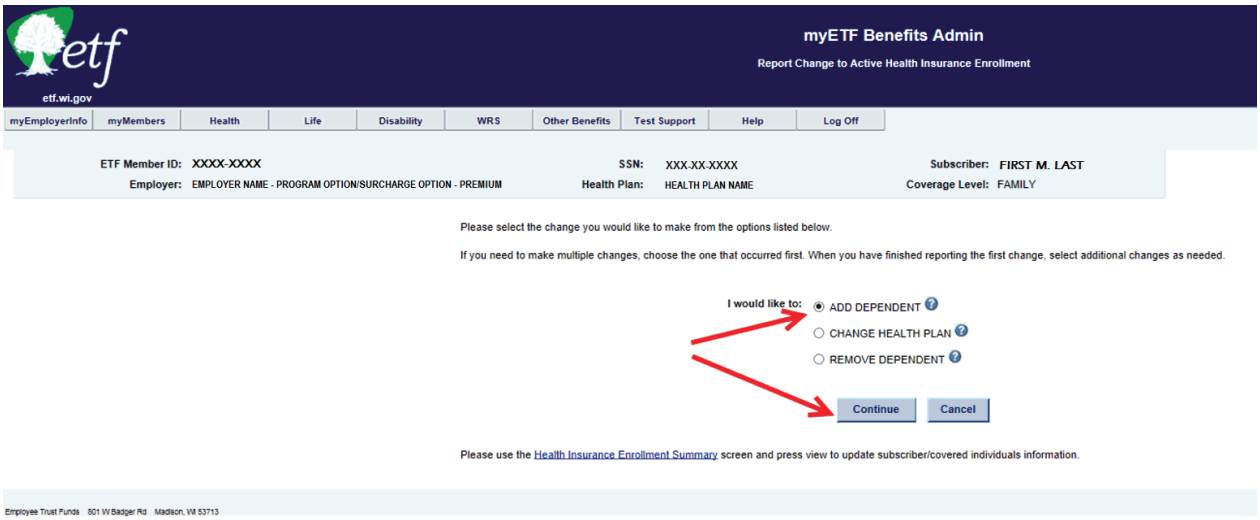
5. At the top of the screen, highlight the Health tab and select Member Enrollment from the drop-down.



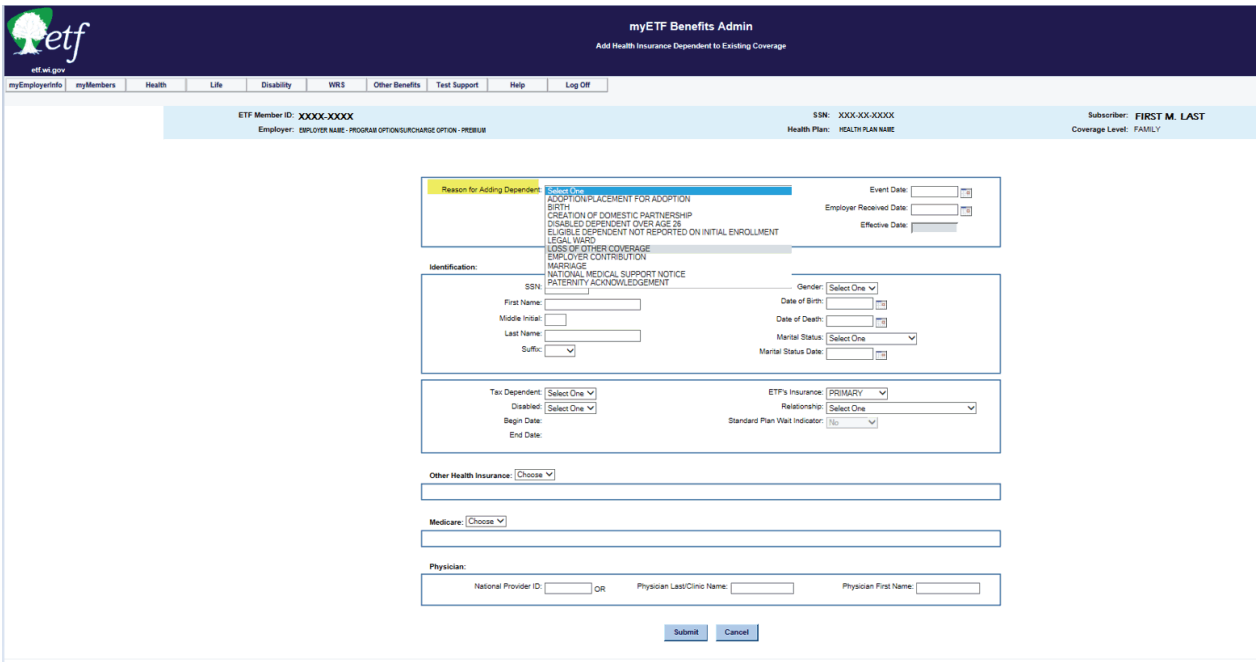
6. Click the ‘Edit’ button on the line for the **Active** contract.



7. Select the “Radio” button next to **Add Dependent** and click the ‘Continue’ button.

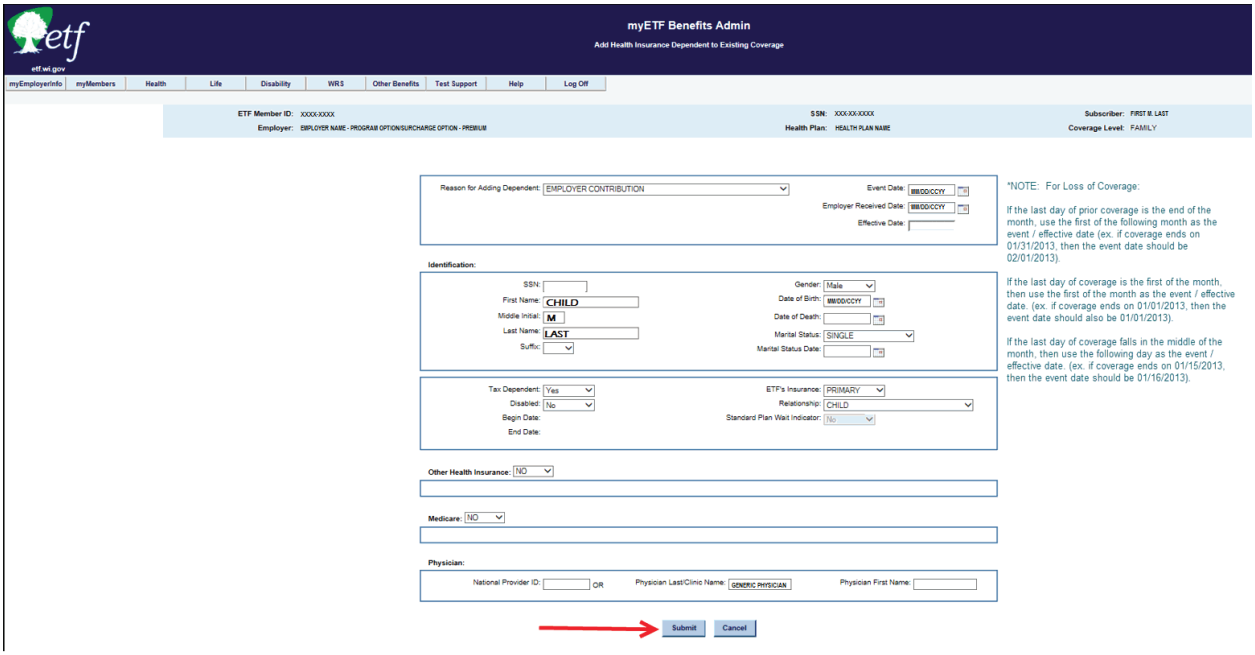


8. Select the “Reason for Adding Dependent” from the drop-down menu. (For Example – Loss of Other Coverage).



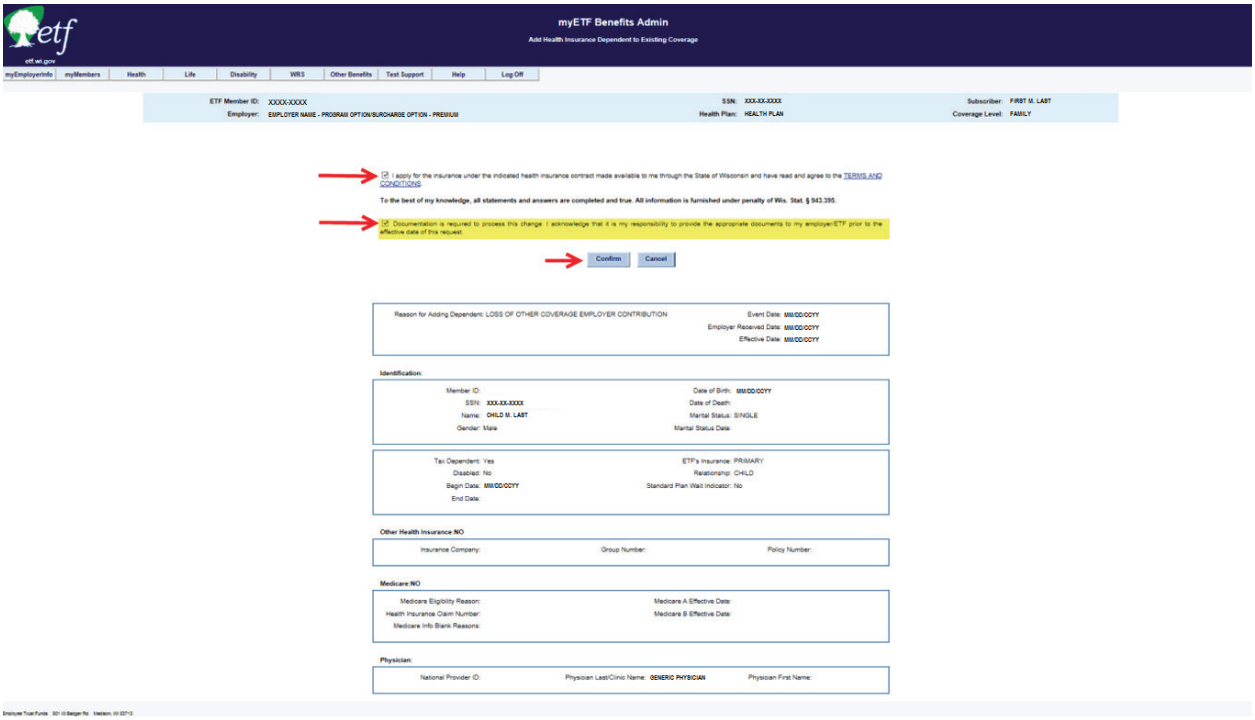
9. Enter the Event Date (date of the qualifying event).
10. Enter the Employer Received Date (date application received by the employer).

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

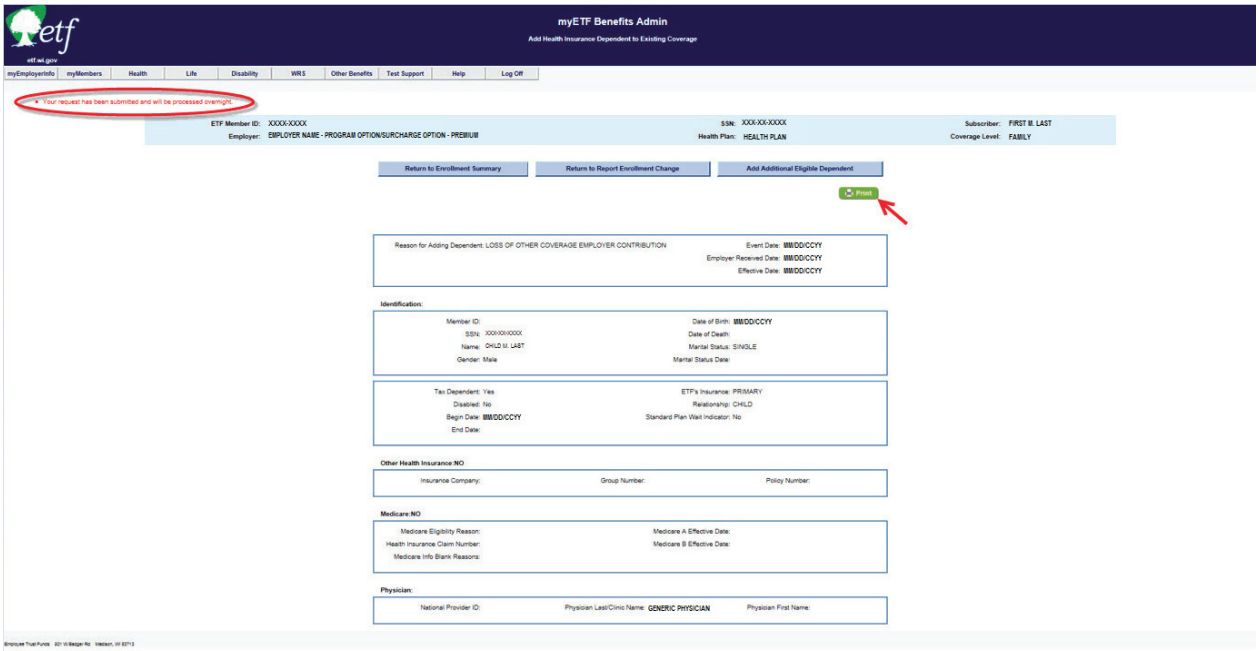


16. Check the box next to the Terms and Conditions statement.
    a. If there is a second check box, stating that documentation is required and you have the documentation or are expecting the documentation, check the box.

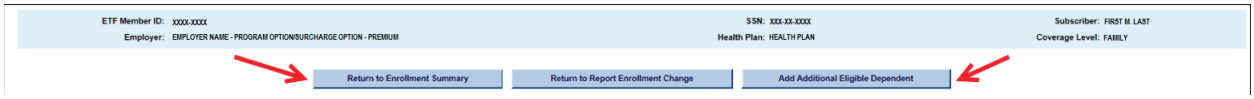
    Note: Where there is a second check box, it means that documentation / proof is required in order to be eligible for that add reason. The contract / transaction will go into “Waiting for ETF Approval” status until ETF receives a copy of the required documentation. Once the documentation has been received,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



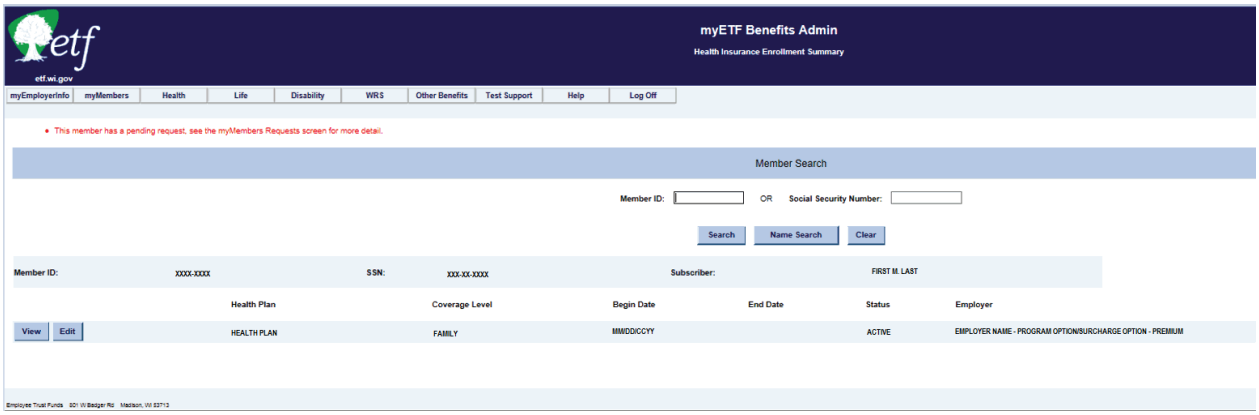
18. Review the summary screen and print the confirmation (if desired).



19. Additional Changes on same application (if applicable).
    a. If you have additional dependents to add for the same reason / same effective date, click the 'Add Additional Dependent' button and follow the steps for adding a dependent.



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

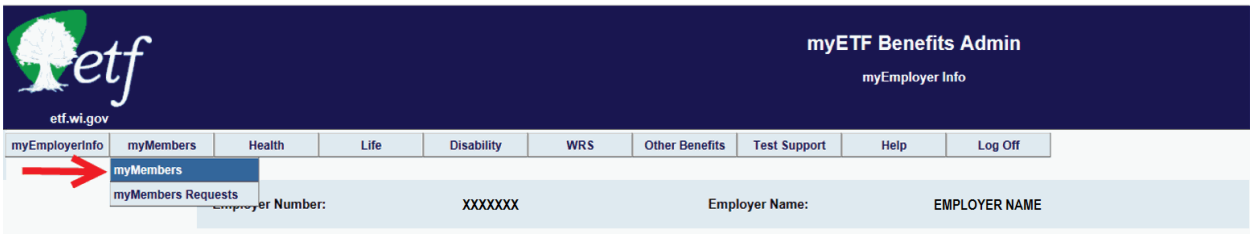


21. After the nightly batch runs (once transaction has been approved), you can go in on the following day and view the contract changes you entered.

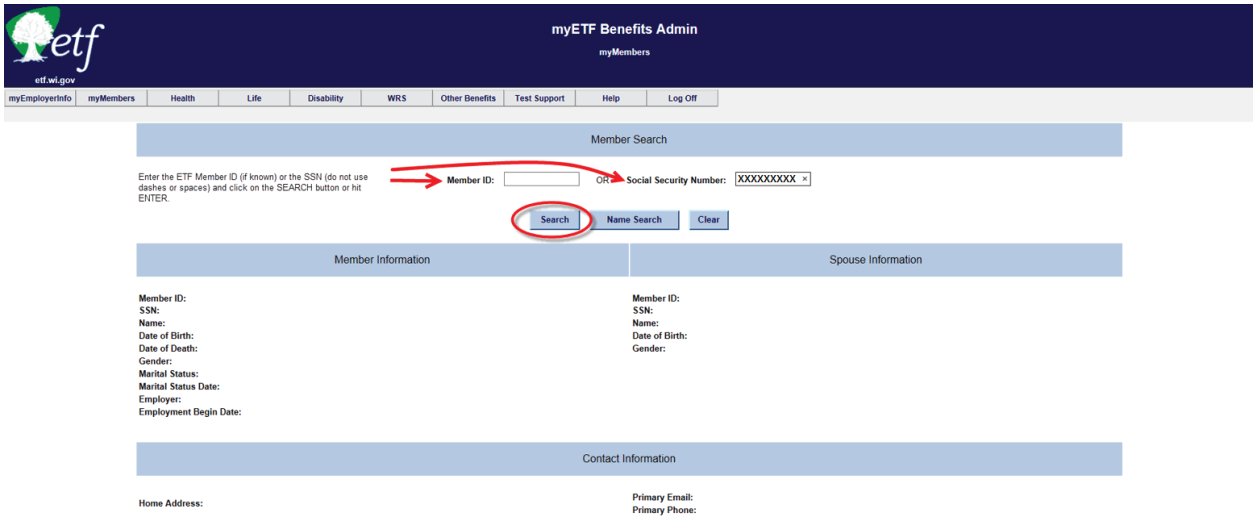
C-4. Remove Dependent

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

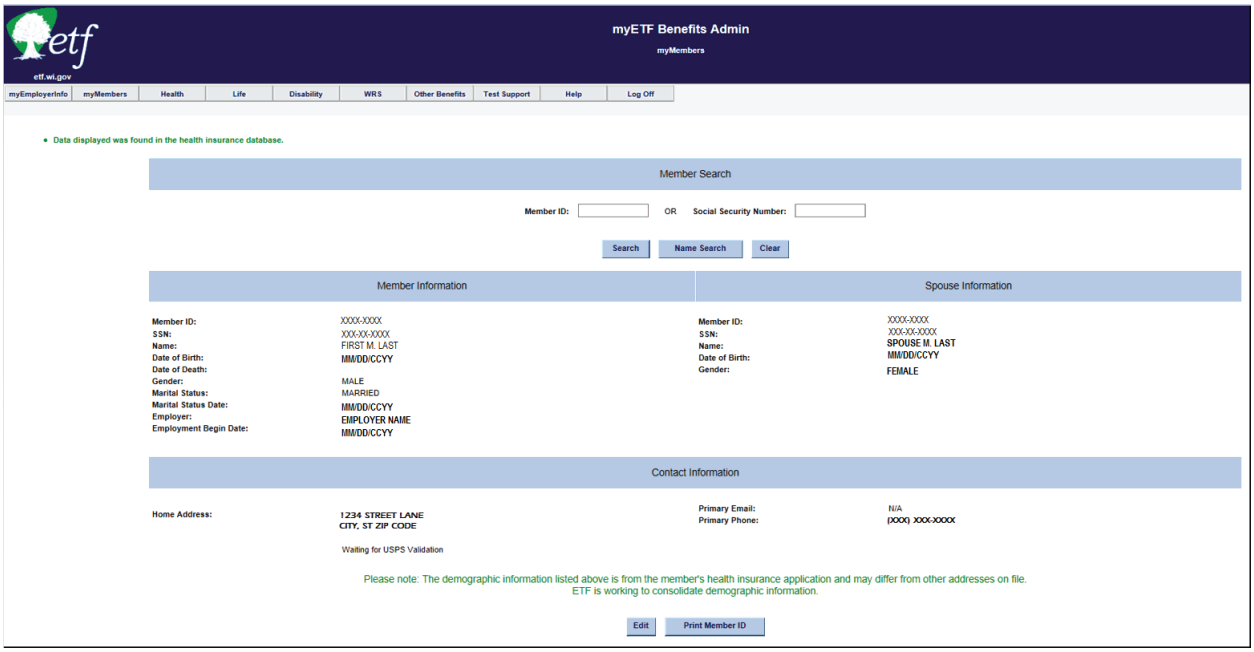
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



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

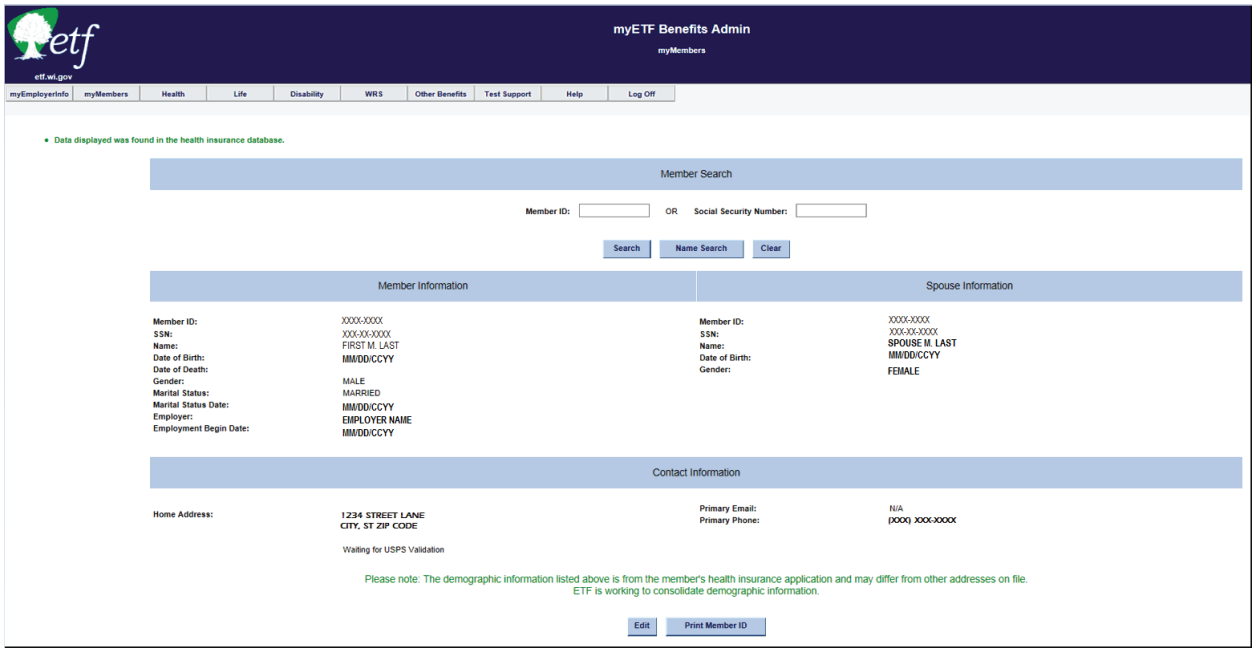


3. Verify that all demographic data is current.

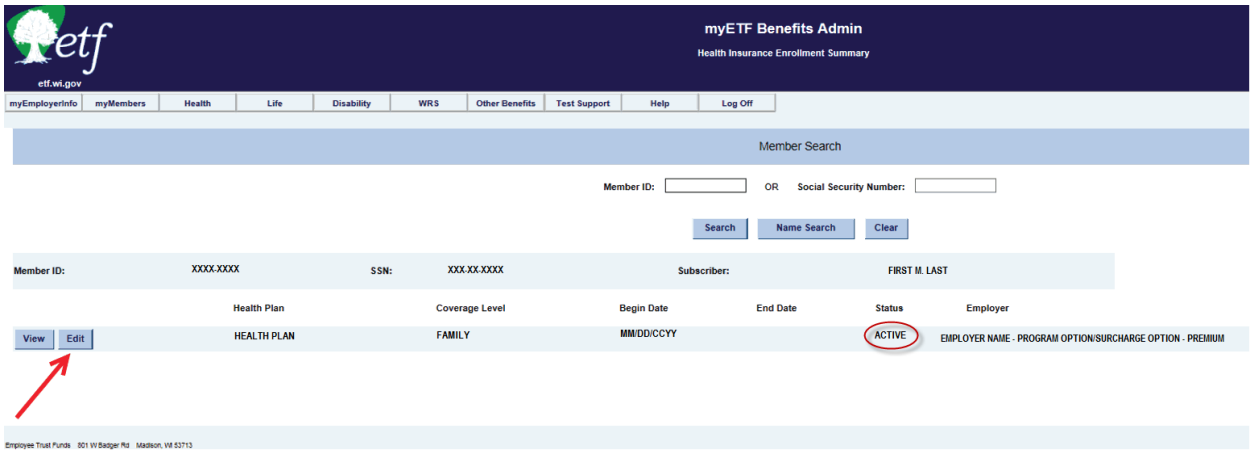


4. If any updates/changes need to be made, then click the ‘Edit’ button at the bottom of the screen.
   a. Make any updates/changes to the appropriate editable fields.
   b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the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

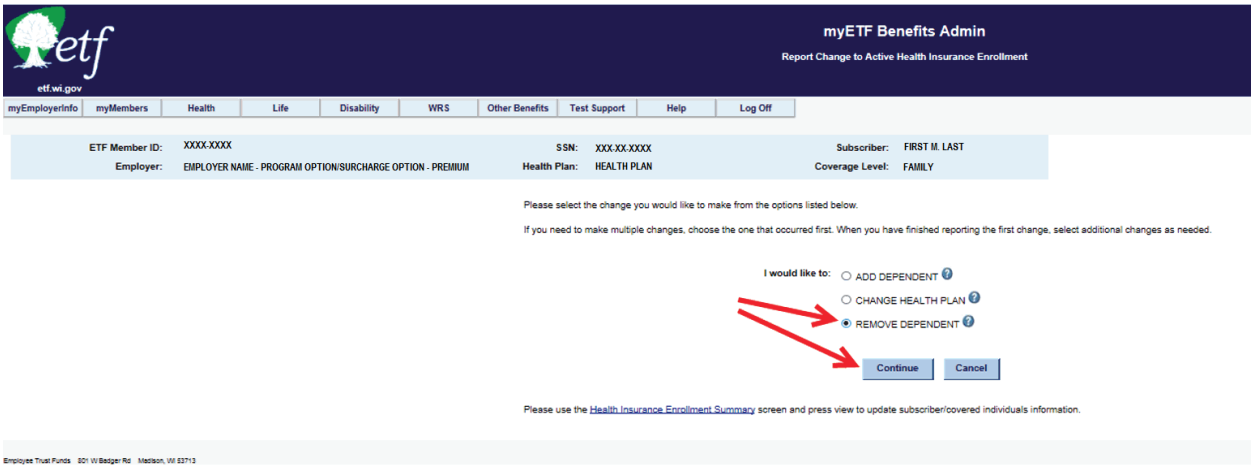
   Note: If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the ‘Radio’ button in front of the address as keyed and click the ‘Submit’ button.
6. Once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



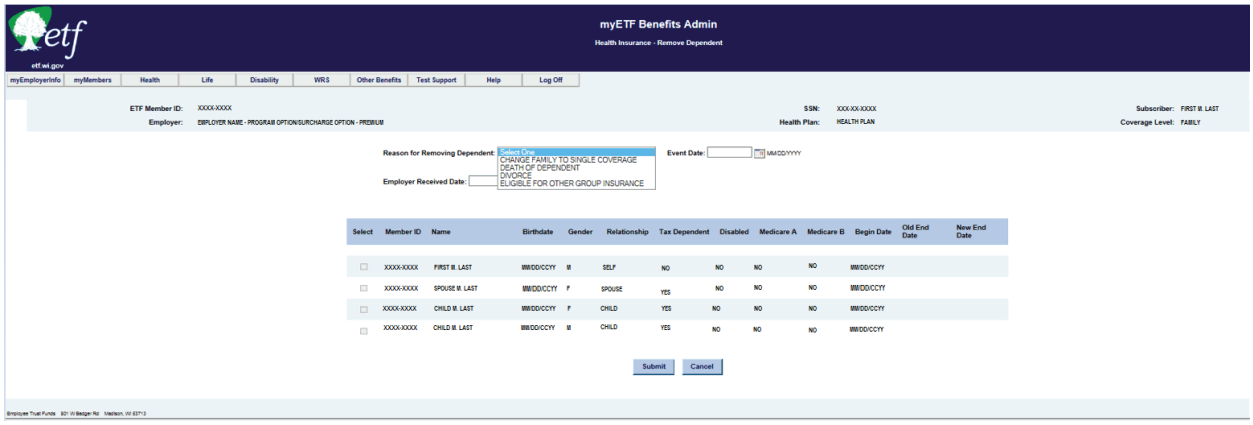
9. Click the ‘Edit’ button on the line for the **Active** contract.



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



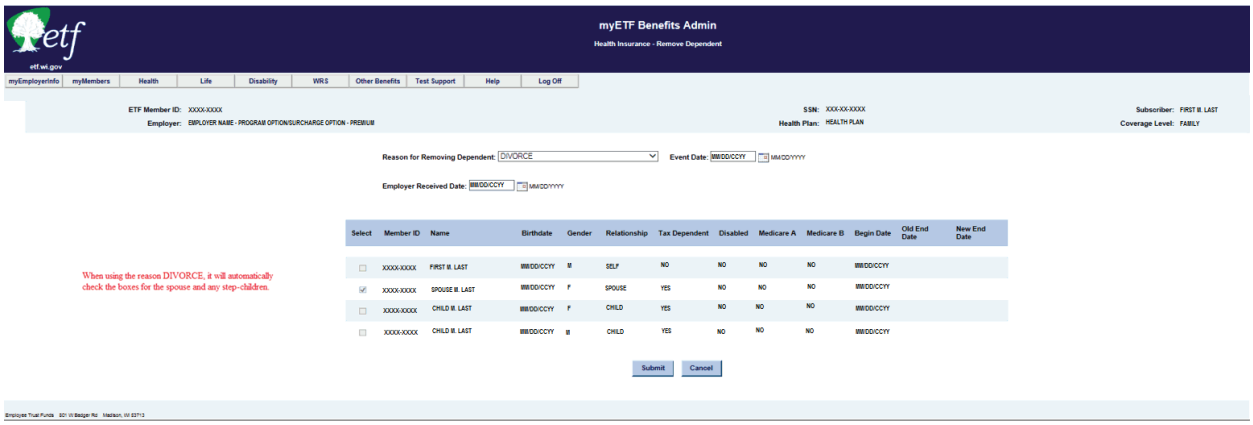
11. Select the “Reason for Removing Dependent” from the drop-down menu. (For example – Divorce).



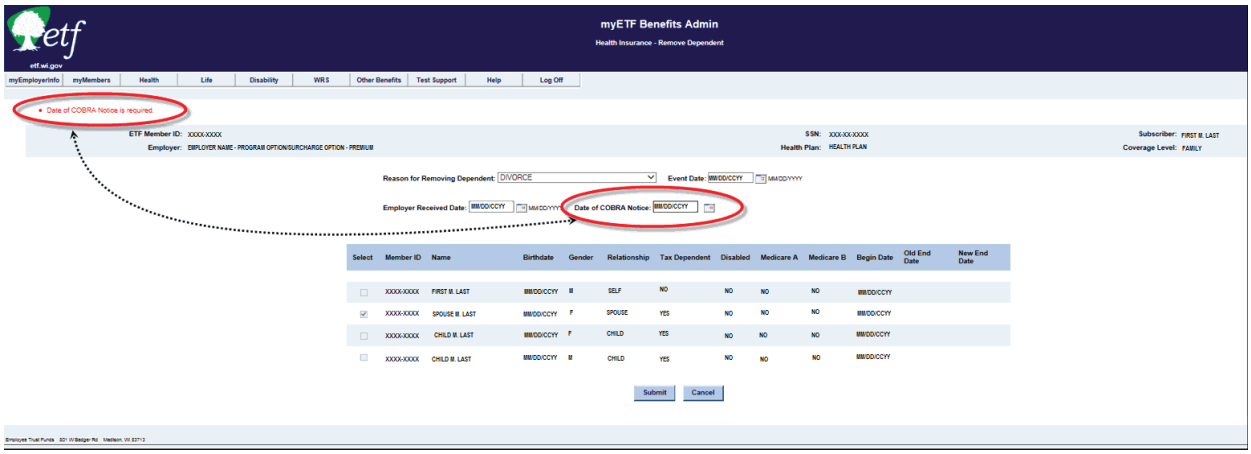
12. Enter the Event Date (date of the qualifying event).
13. Enter the Employer Received Date (date application received by employer).
14. Check the box/boxes next to the dependent(s) being removed.

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.



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.



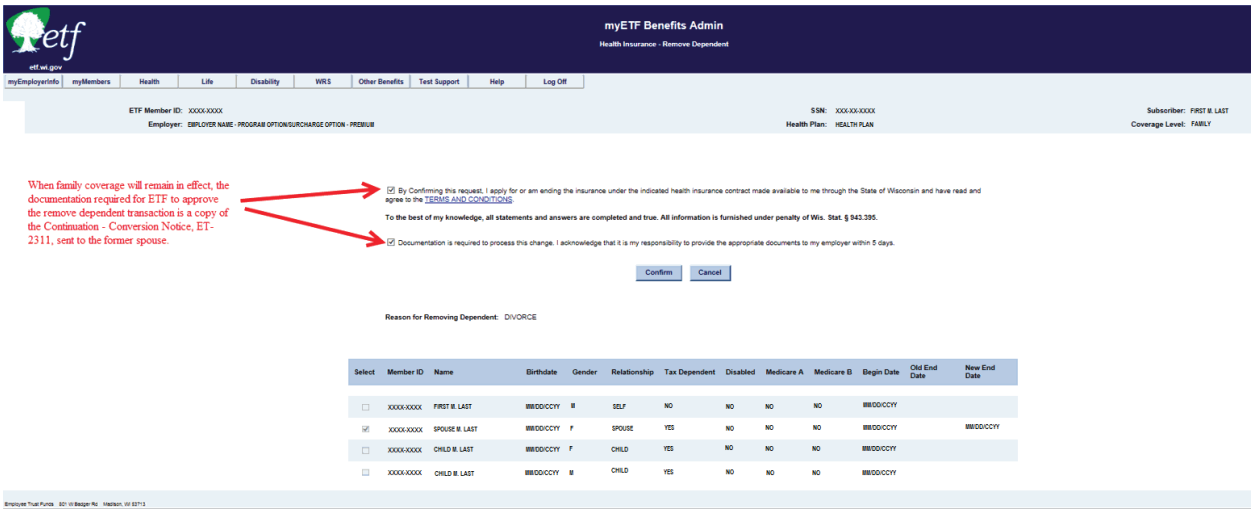
b. If removing spouse/step-children only, and family coverage will remain in place and the notification date is not within the same month as the divorce (event) occurred, the coverage will end the end of the month of the notification date or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 02/03/2014 and ET-2311 notification date (date sent to former spouse/dependents) is 02/05/2014 – coverage can not term until 02/28/2014).

c. If switching from Family to Single Coverage due to the divorce (reason selected in myETF Benefits will be Change From Family to Single Coverage – not Divorce), then coverage will end the end of the month in which the divorce (event) occurred or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 01/27/2014

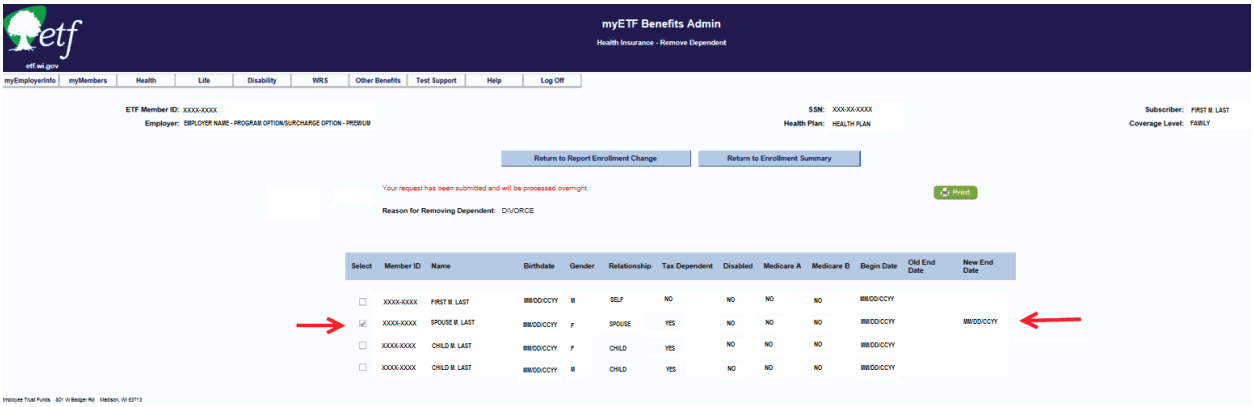
and ET-2311 notification date (date sent to former spouse/dependents) is 01/27/2014 – coverage ends 01/31/2014).

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

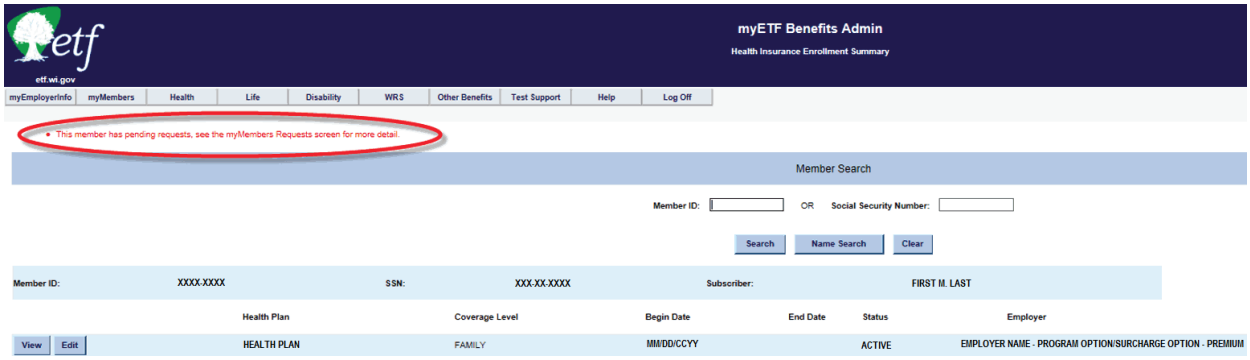
17. Review the data and if correct, click the 'Confirm' button.



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



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

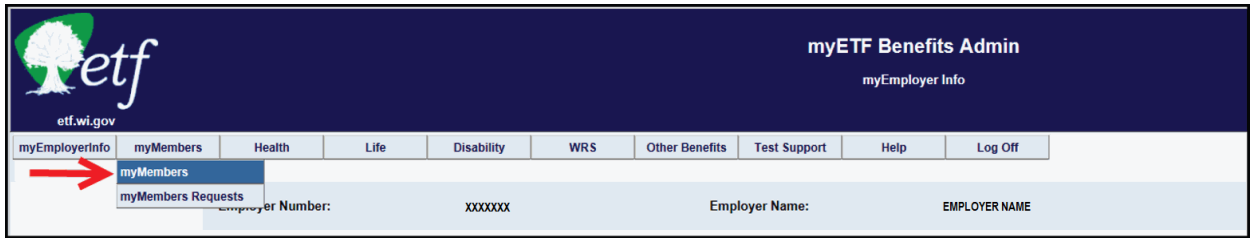


20. After the nightly batch runs (once the transaction has been approved by ETF), you can go in on the following day and view the contract changes you entered.

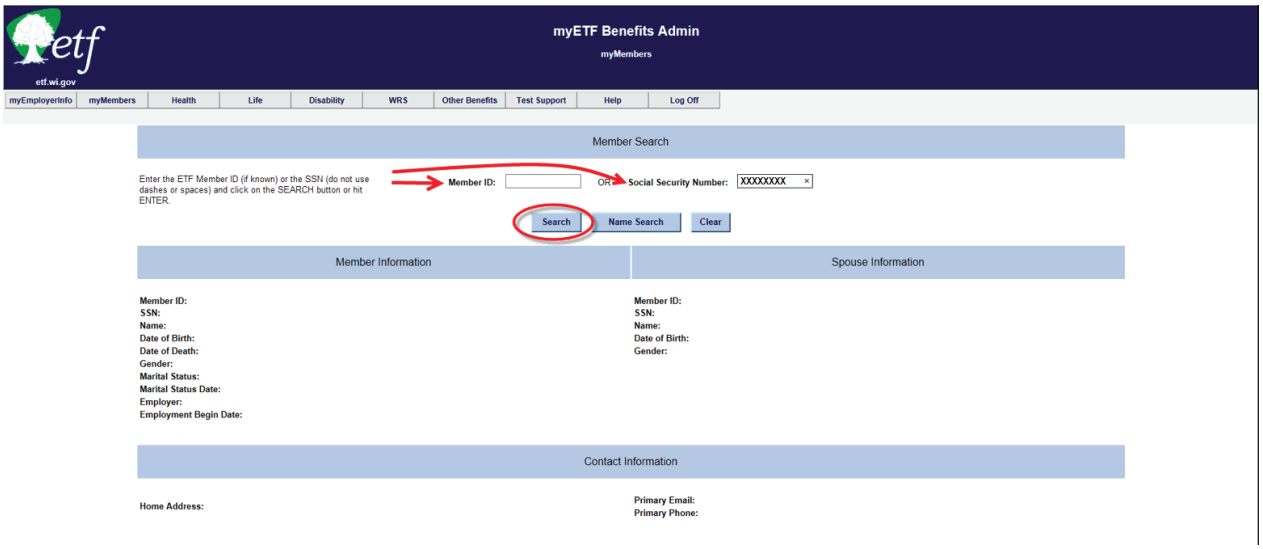
C-5. Change Health Plans

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.

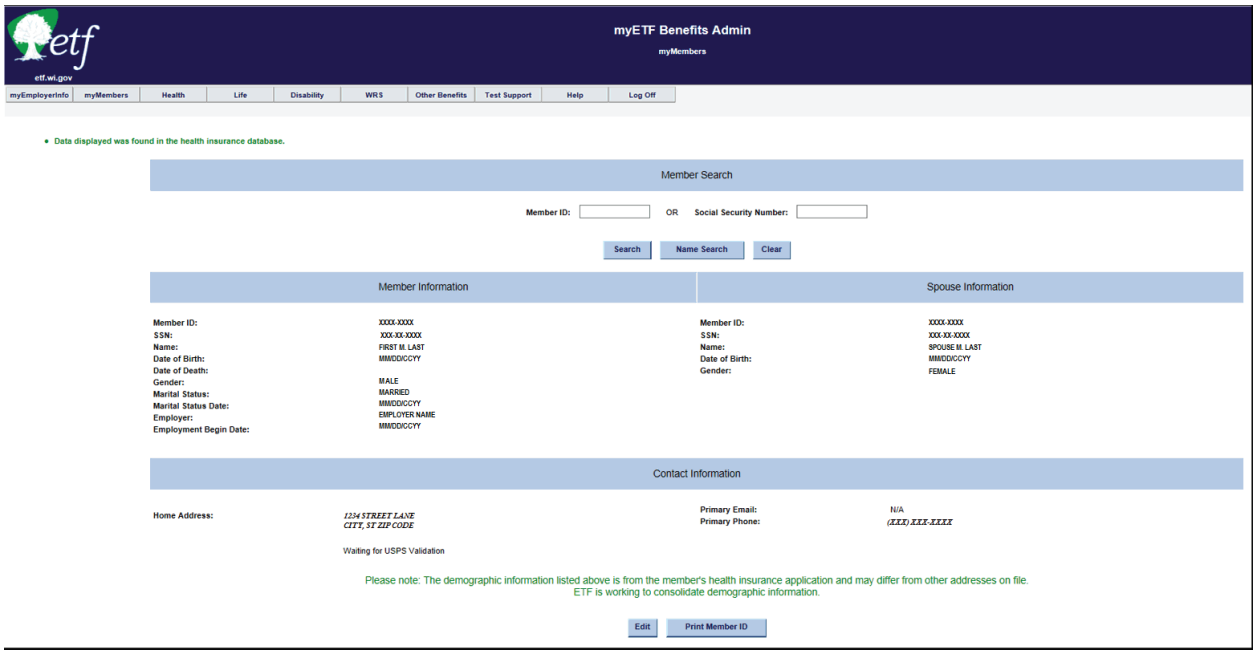
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



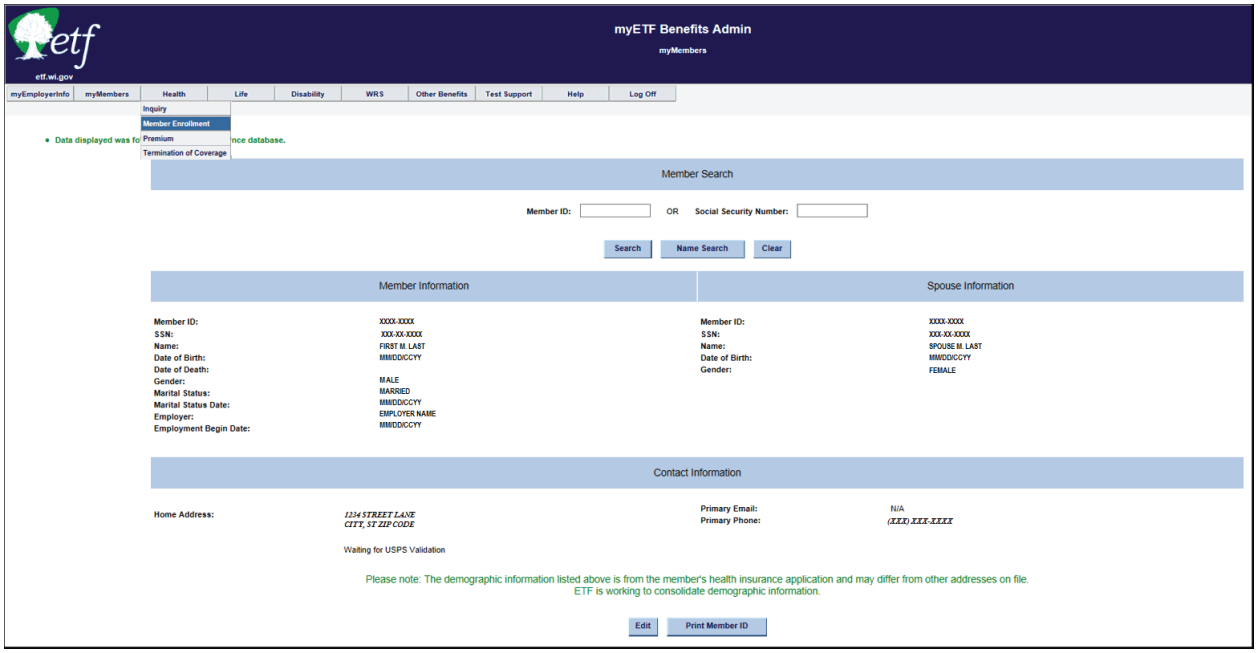
2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click 'Enter'.



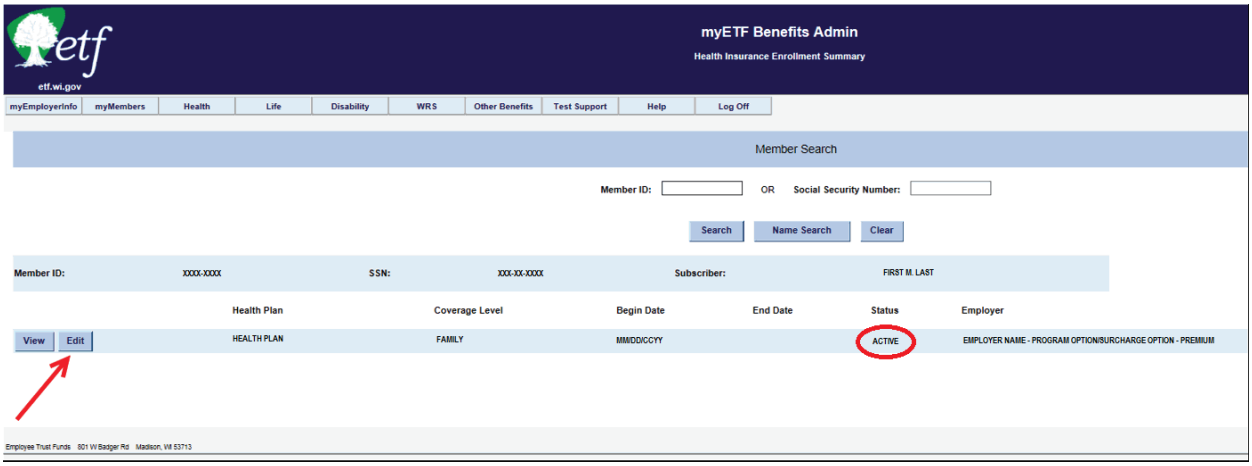
3. Verify that all demographic data are current.



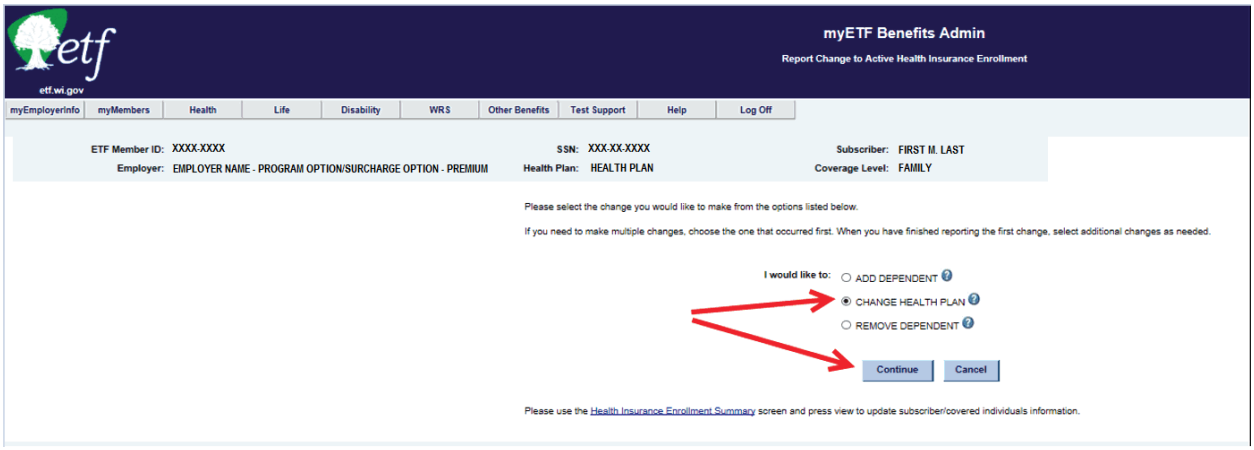
4. If any updates/changes need to be made, click the ‘Edit’ button at the bottom of the screen.
   a. Make and updates/changes to the appropriate editable fields.
   b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom 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.



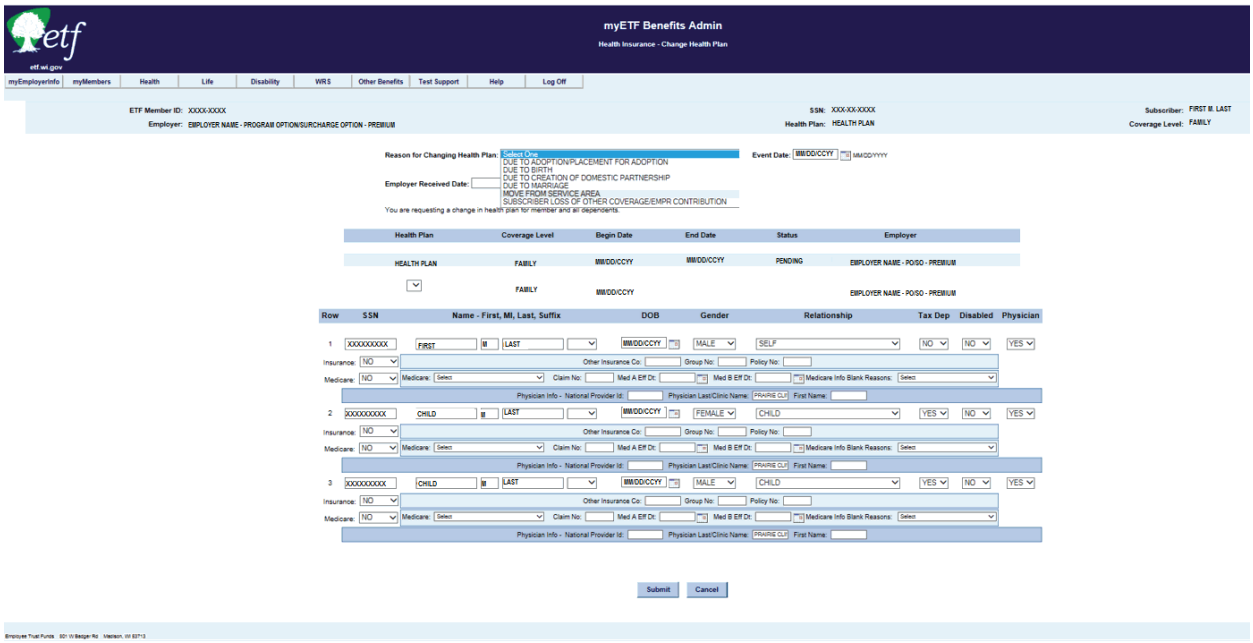
9. Click the ‘Edit’ button on the line for the **Active** contract.



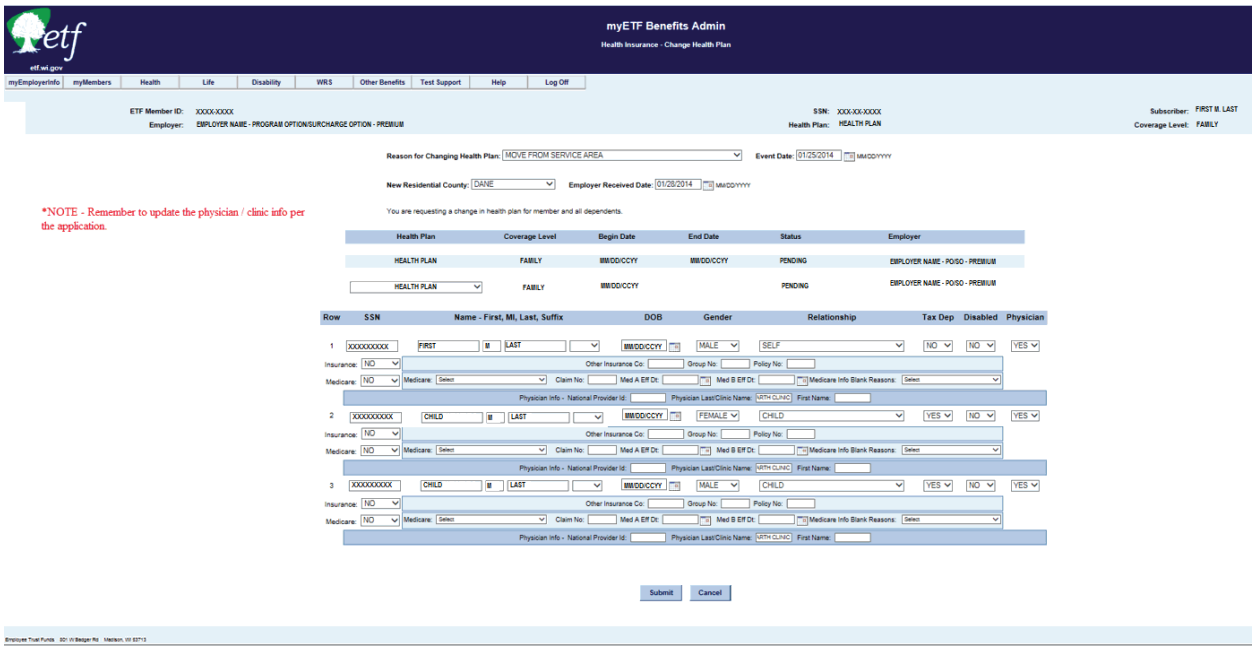
10. Select the ‘Radio’ button next to **Change Health Plan**.



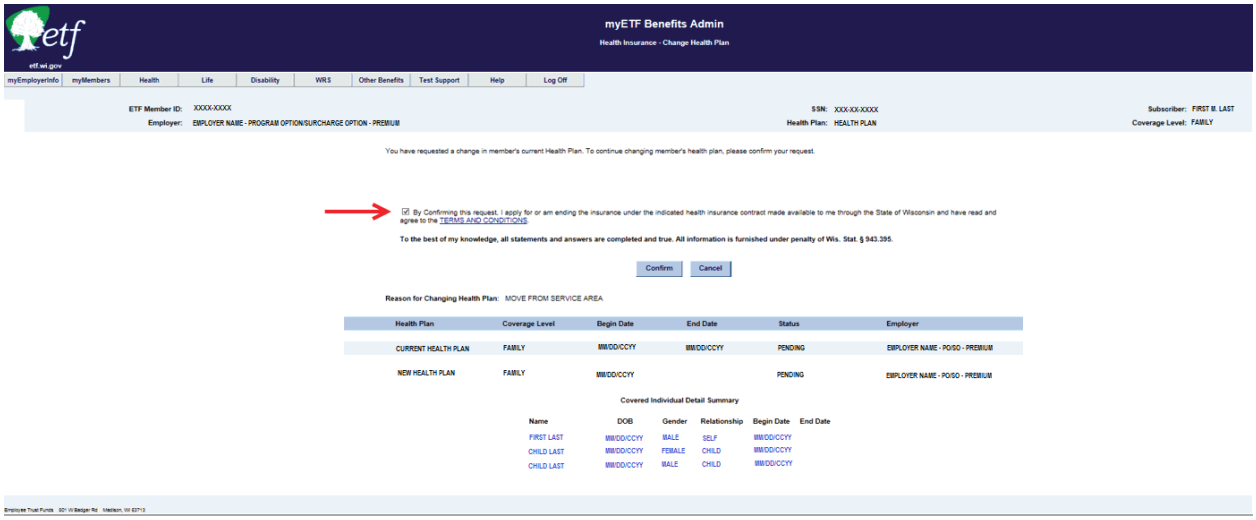
11. Select the “Reason for Changing Health Plan” from the drop-down menu. (For Example – Move From Service Area).



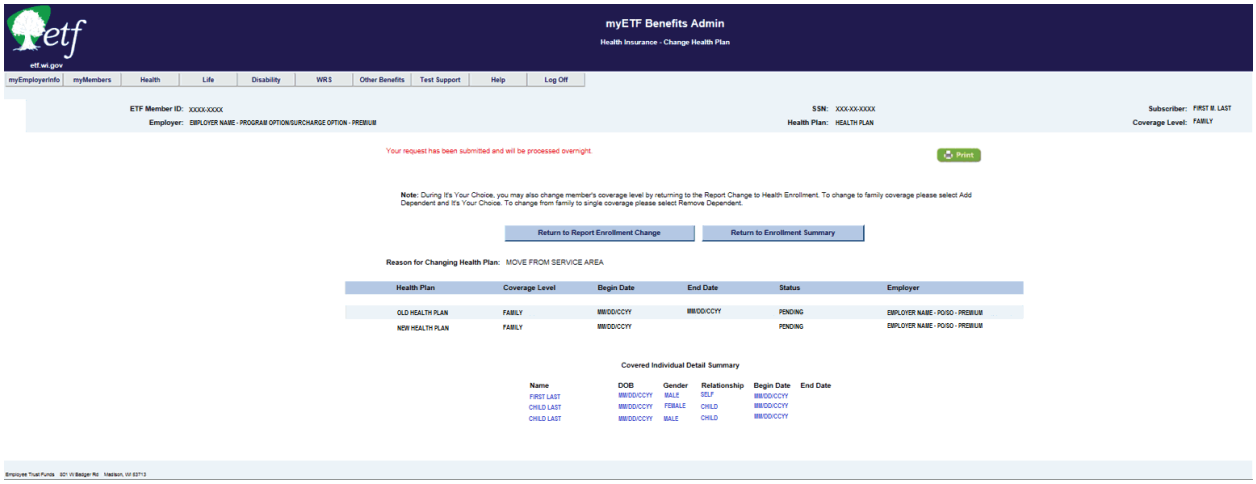
12. Enter the Event Date (date of the qualifying event).
13. Select the New Residential County from the drop down list. (There is an “Out of State / NA” option).
14. Enter the Employer Received Date (date application received by employer).
15. Select the new health plan from the drop-down menu.
16. Update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



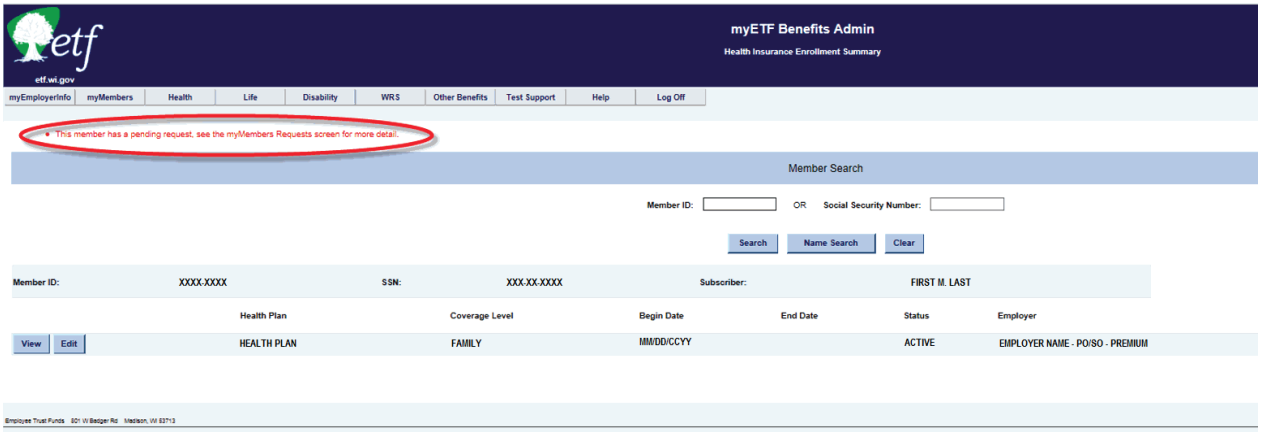
18. Check the box next to the Terms and Conditions statement.
19. Review the data and if correct, click the ‘Confirm’ button.



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



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



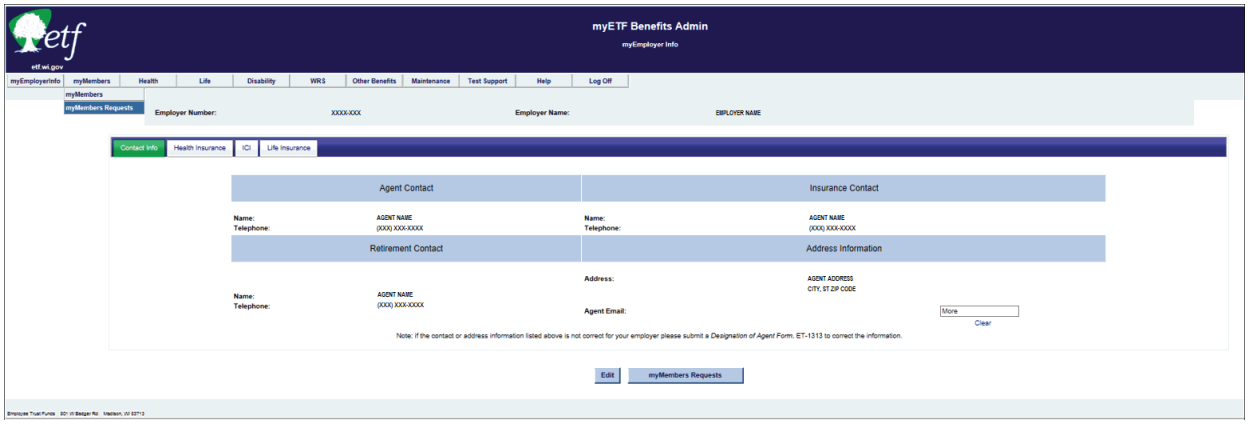
22. After the nightly batch runs, you can go in on the following day and view the contract changes you entered.

C-6. Termination of Coverage

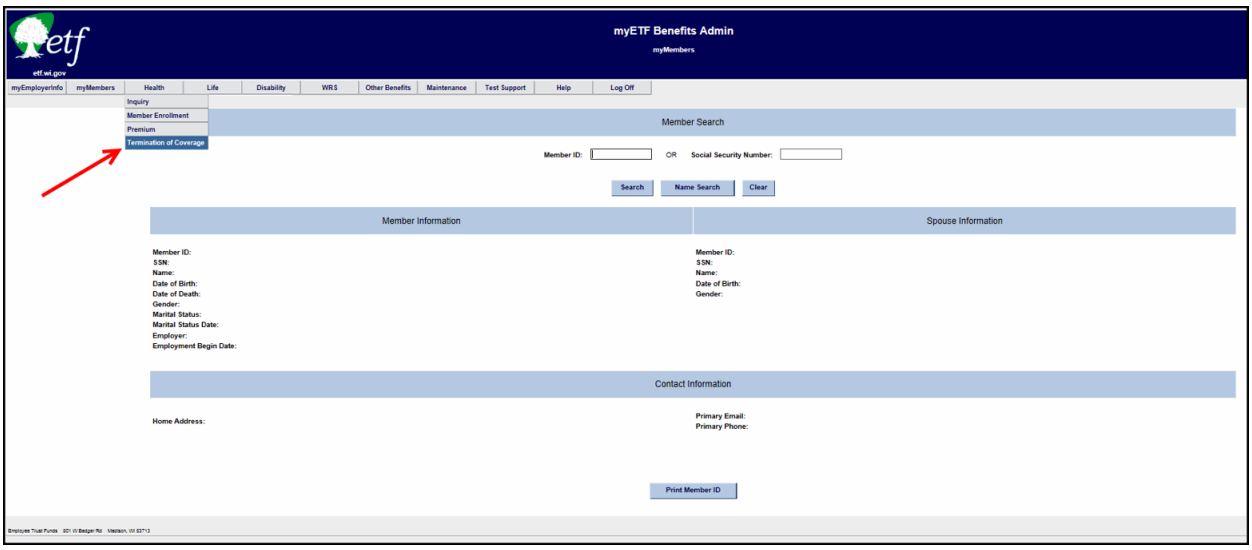
Termination of health insurance coverage can occur for multiple reasons. Some reasons require a *Health Insurance Application/Change Form* (ET-2301), such as Cancel Coverage or Cancel Due To Spouse-To-Spouse Transfer. The remaining reasons, Death of Subscriber, Disability Approval (Non-ICI), Retirement, 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.

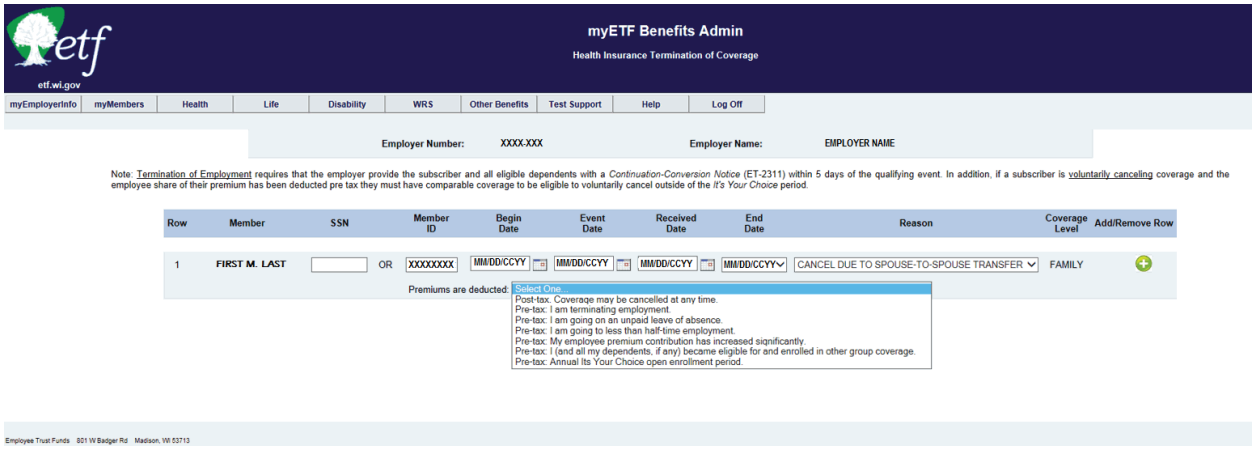
Note: If using Internet Explorer, you will need to higlight myMembers and select myMembers. Otherwise, you may not see the whole drop down menu under the Health Tab, part of it will be hidden behind the screen.

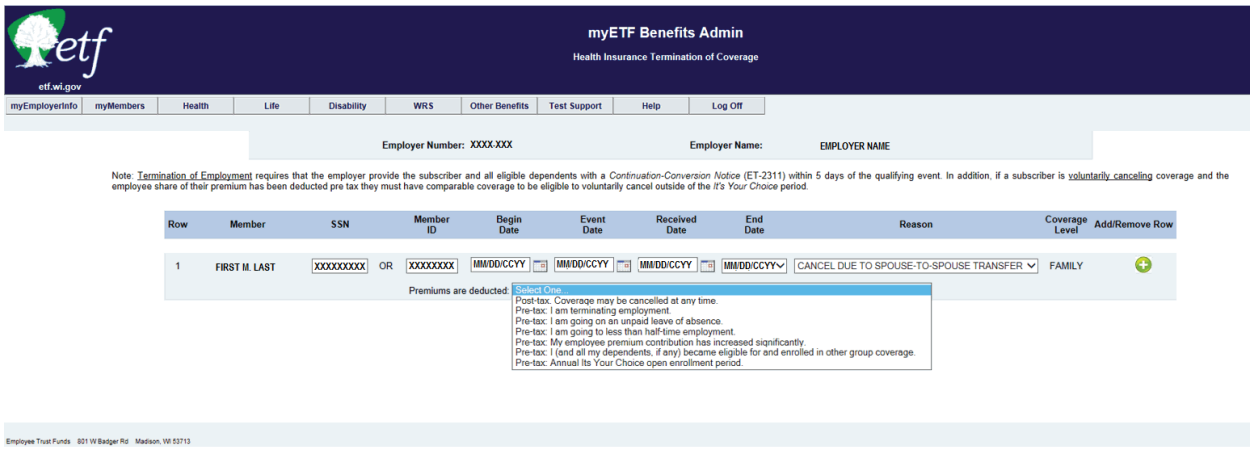


2. Highlight the Health tab and select Termination of Coverage.

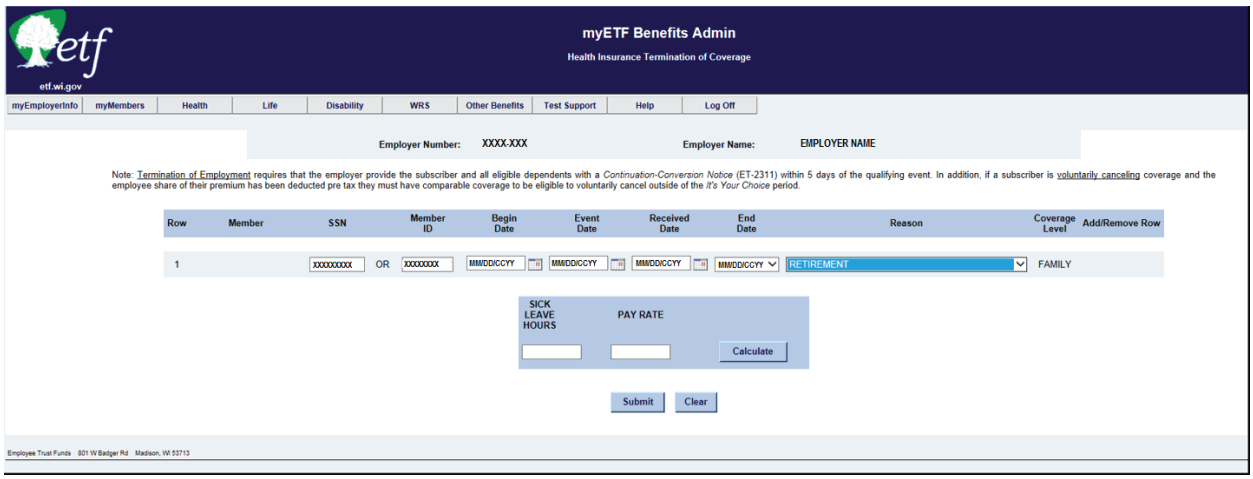


3. Enter the SSN or ETF Member ID.
4. Leave the Begin Date field blank.
5. Enter the Event Date.
6. Enter the Received Date (date the employer received app or term notice).
7. Enter the End Date (last day of health insurance coverage).
8. Select the Reason from the drop-down menu.
   a. If you select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

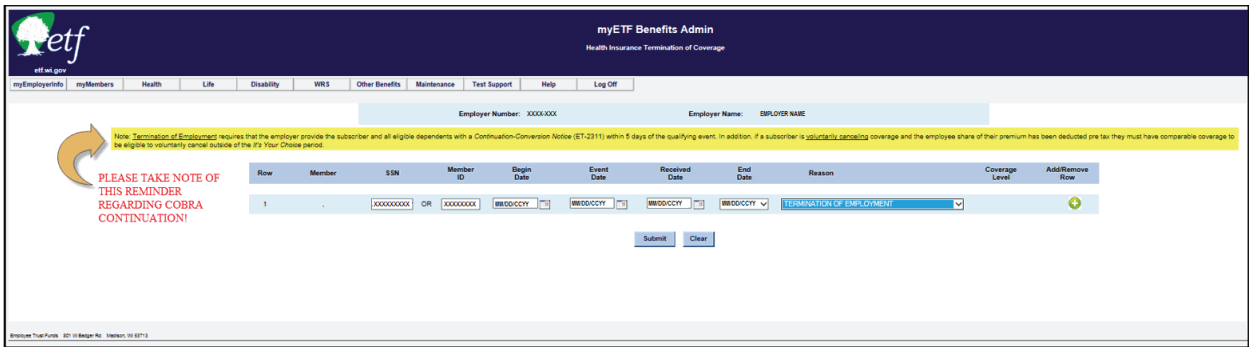




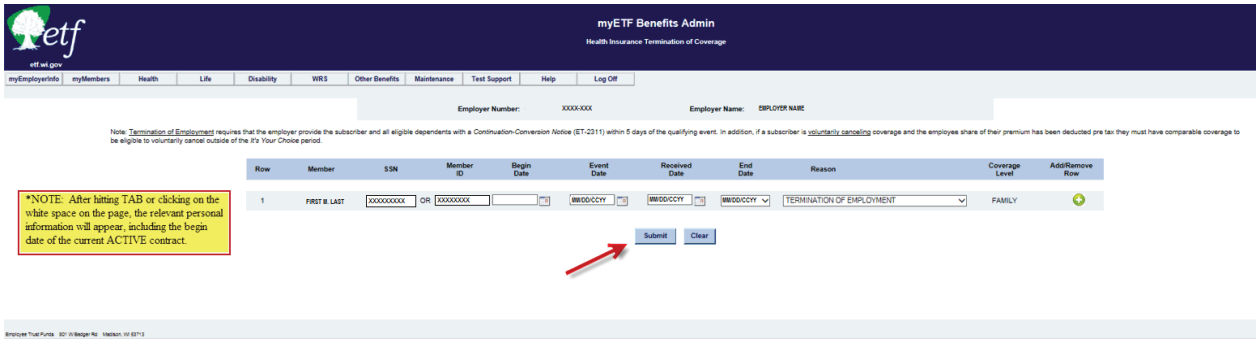
b. If you select the reason Retirement, a secondary box will pop up requesting you to enter the employee's sick leave hours and pay rate.



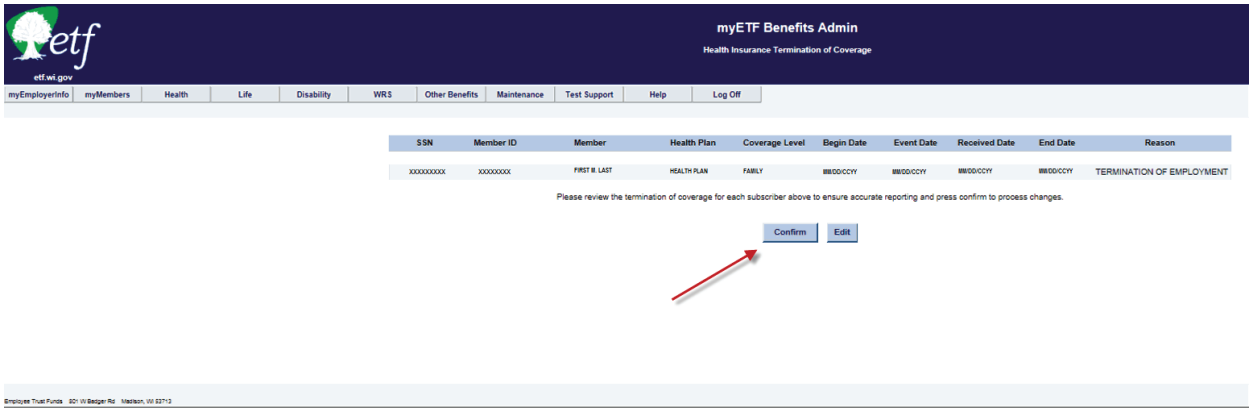
9. Hit tab or wait a few seconds, member information should populate, including the begin date of the current **Active** contract.



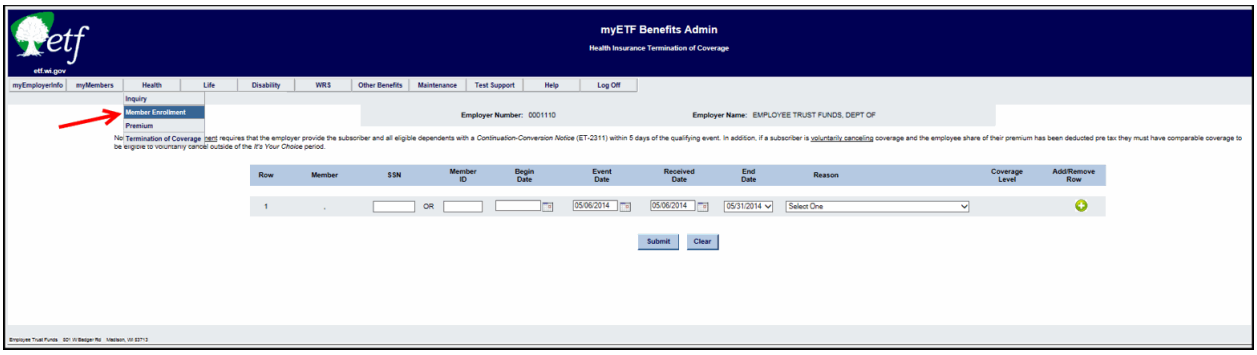
10. Click the 'Submit' button at the bottom of the screen.



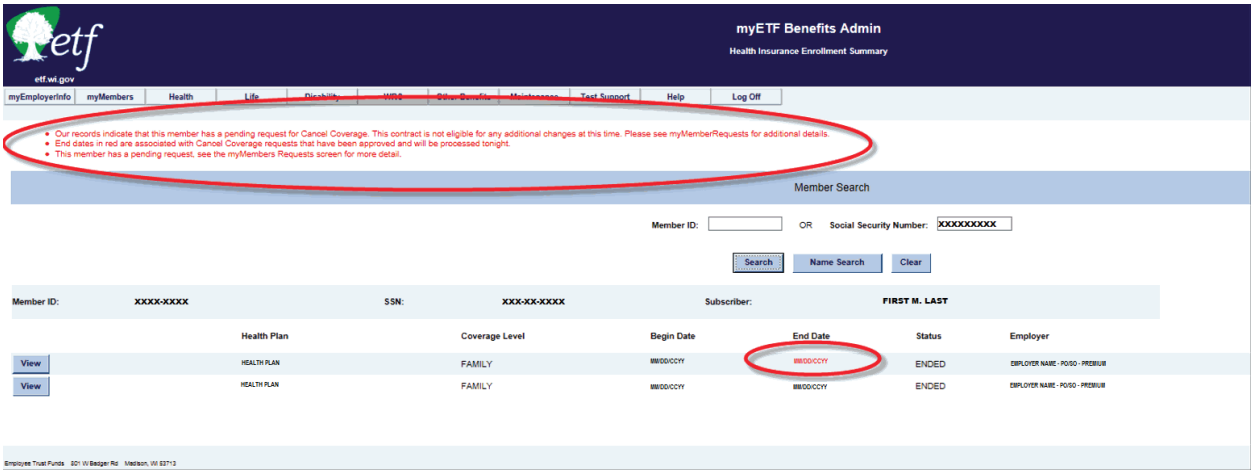
11. Review/verify that the information is correct and click the 'Confirm' button. The system will automatically take you back to a blank termination screen.



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



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



C-7. Pending Transactions

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

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

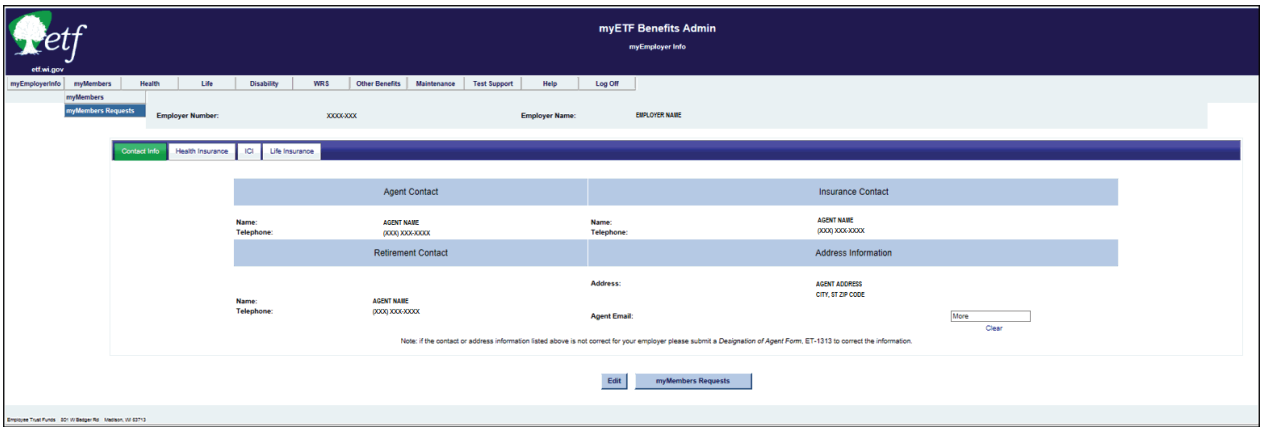
disability approval letter for that dependent.

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

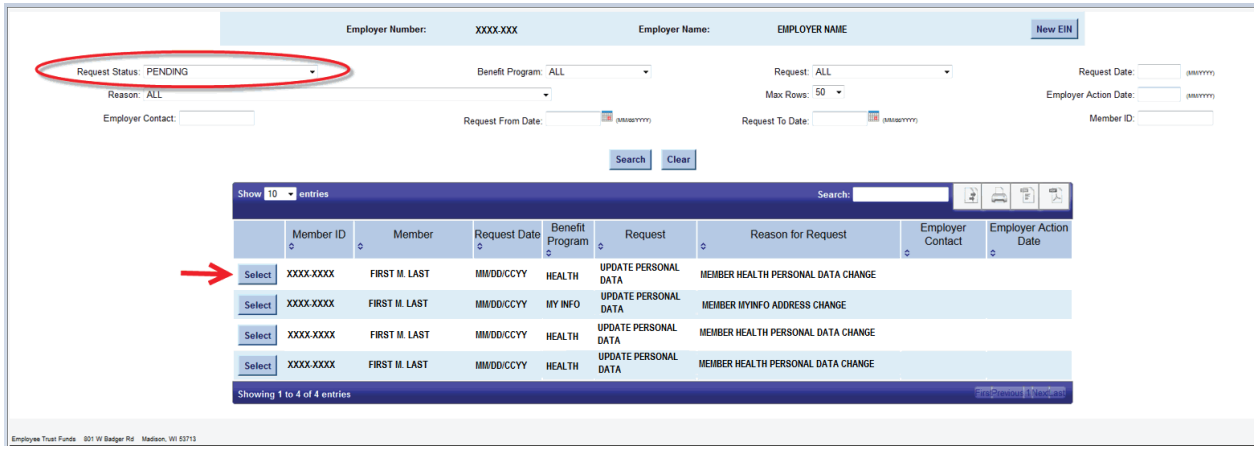
Transactions that are in *Pending*, *Approved-Not Applied*, *Waiting for ETF Approval – Disabled* and *Waiting for ETF Approval* can be edited, if necessary. They take you back to the entry screen and you follow the same submission procedures as before.

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

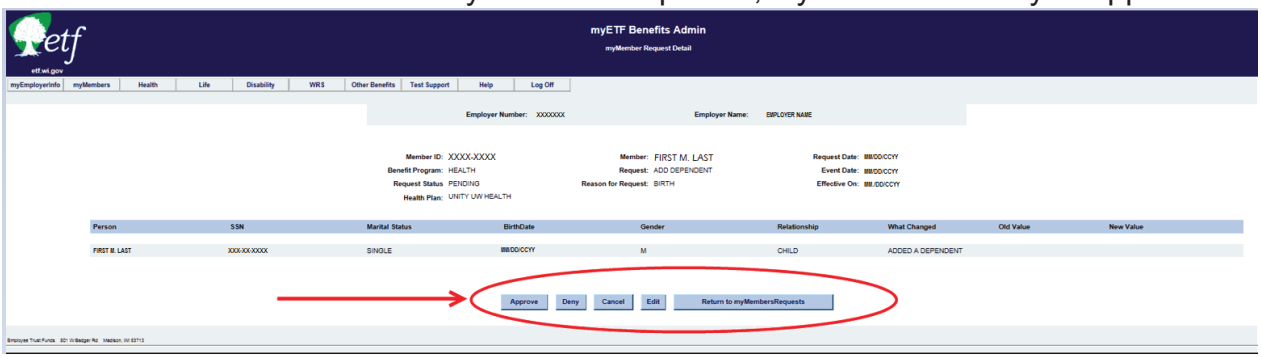
1. In myETF Benefits, highlight the myMembers tab and select myMembers Requests.



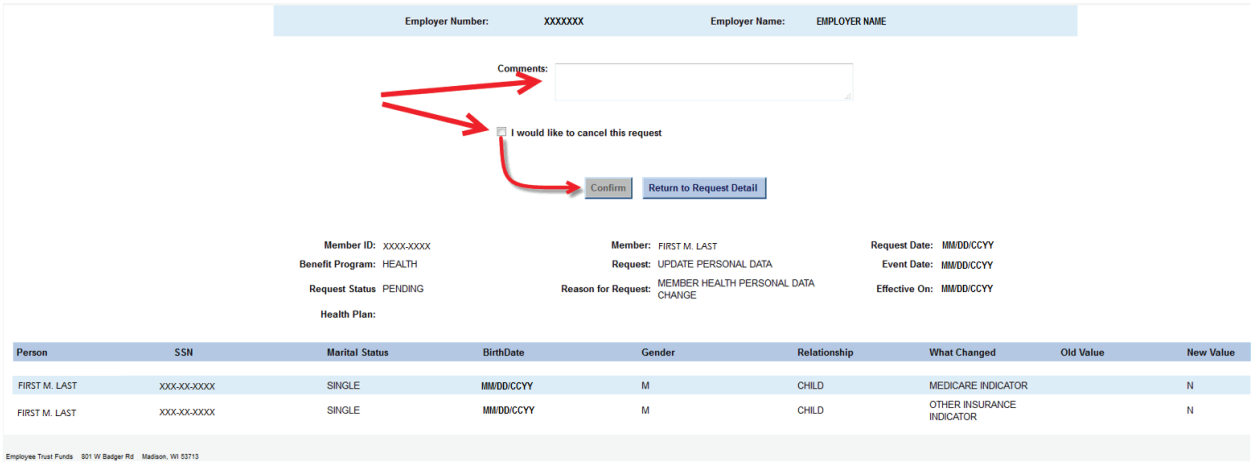
2. Select a “status” from the drop down menu. Define your search. The most common search is the default set up, however you can narrow the search by the following means:
   a. Reason (the reason for the application).
   b. Employer contact.
   c. Benefit Program.
   d. Request Type (Add Coverage, Add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



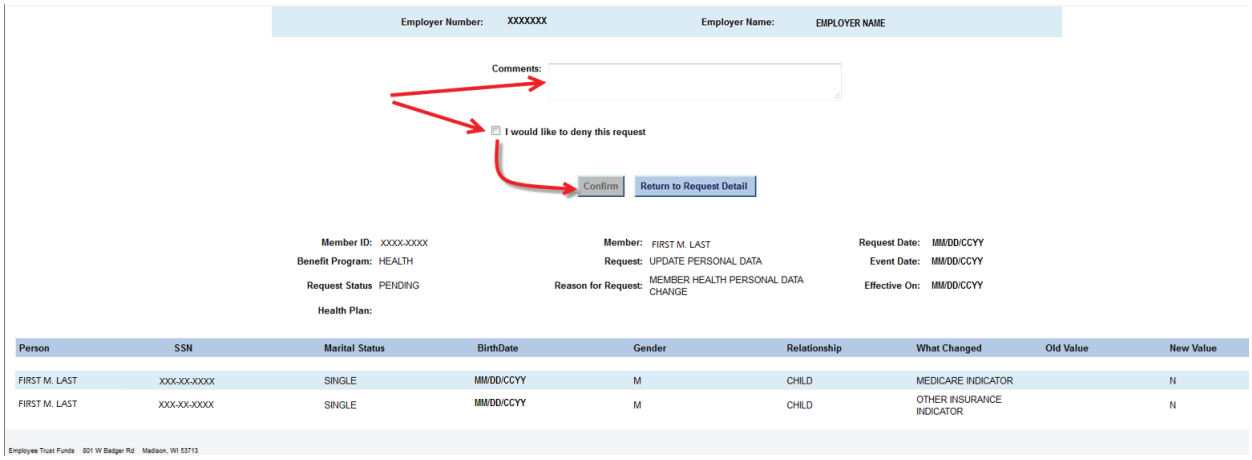
a. Review/verify that the information entered is correct. If the transaction is in the Pending queue, and all information is correct:
   - Click the 'Approved' button and it will automatically take you back out to the queue.
   - Click on "Return to myMember Requests", if you are not ready to approve.



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.



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.



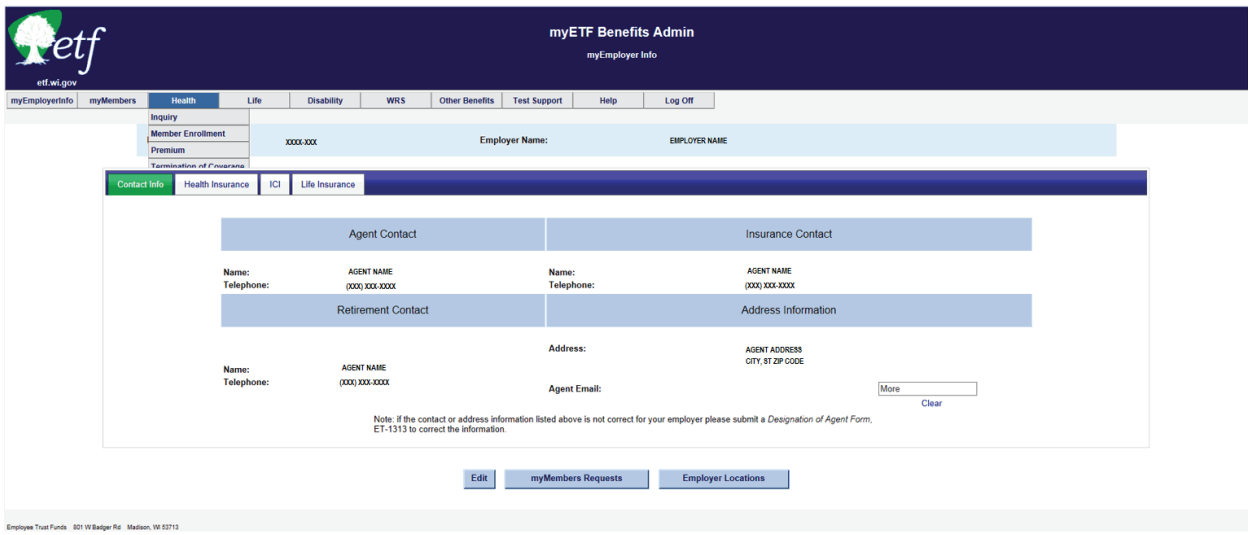
d. If the employer has approved the transaction, it will move into the Approved-Not Applied queue to be processed in the nightly batch run.

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

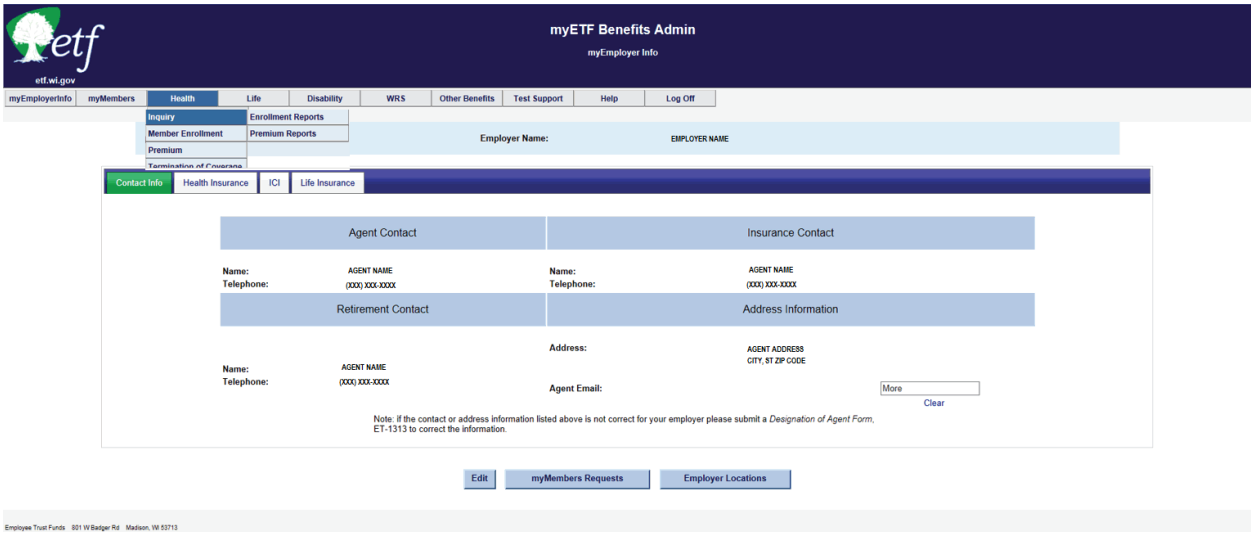
C-8 Enrollment Inquiry

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

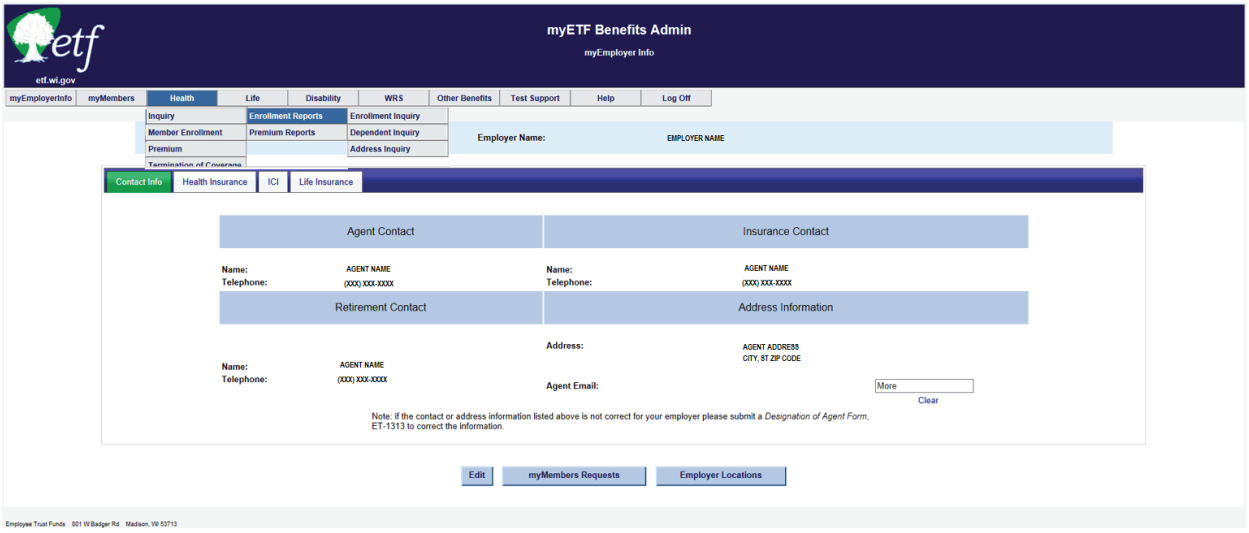
1. In myETF Benefits, highlight the ‘Health’ tab.



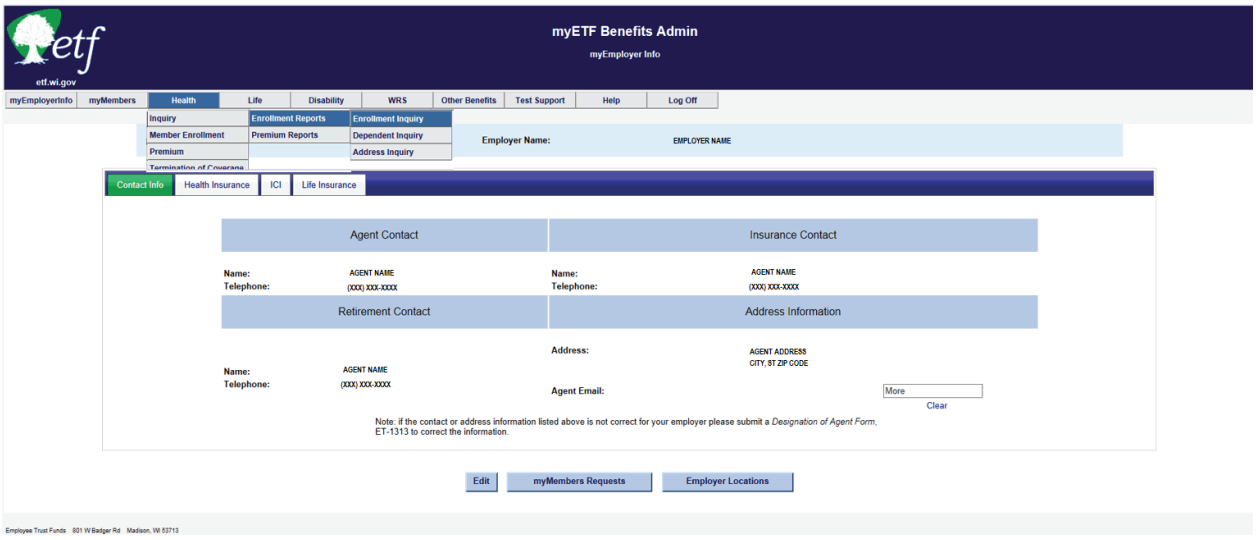
2. Highlight Inquiry.



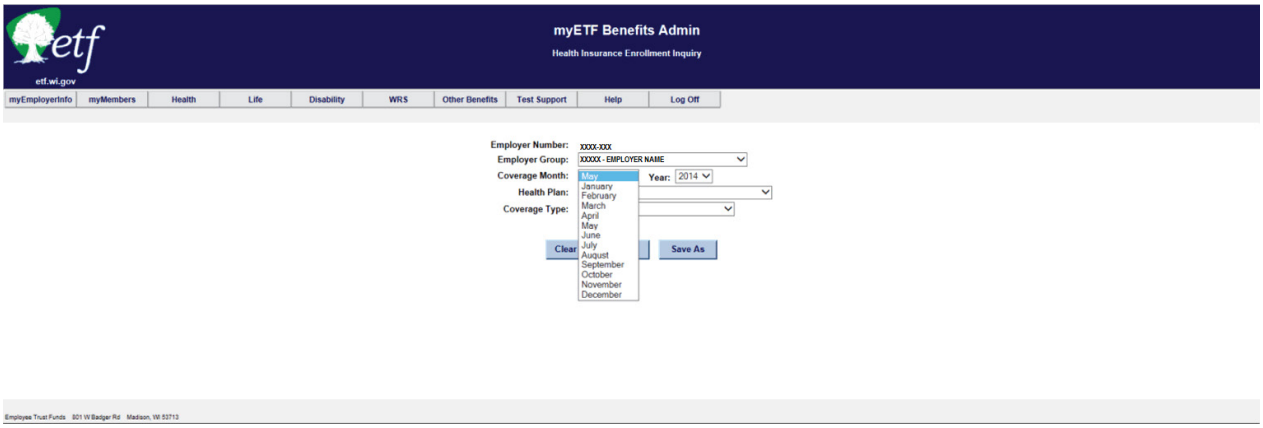
3. Highlight Enrollment Reports.



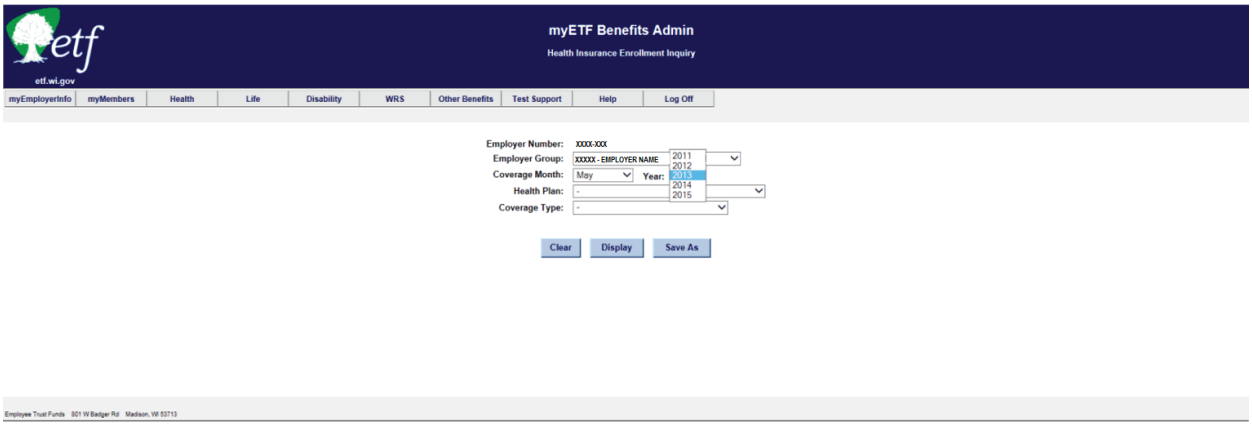
4. Select Enrollment Inquiry.



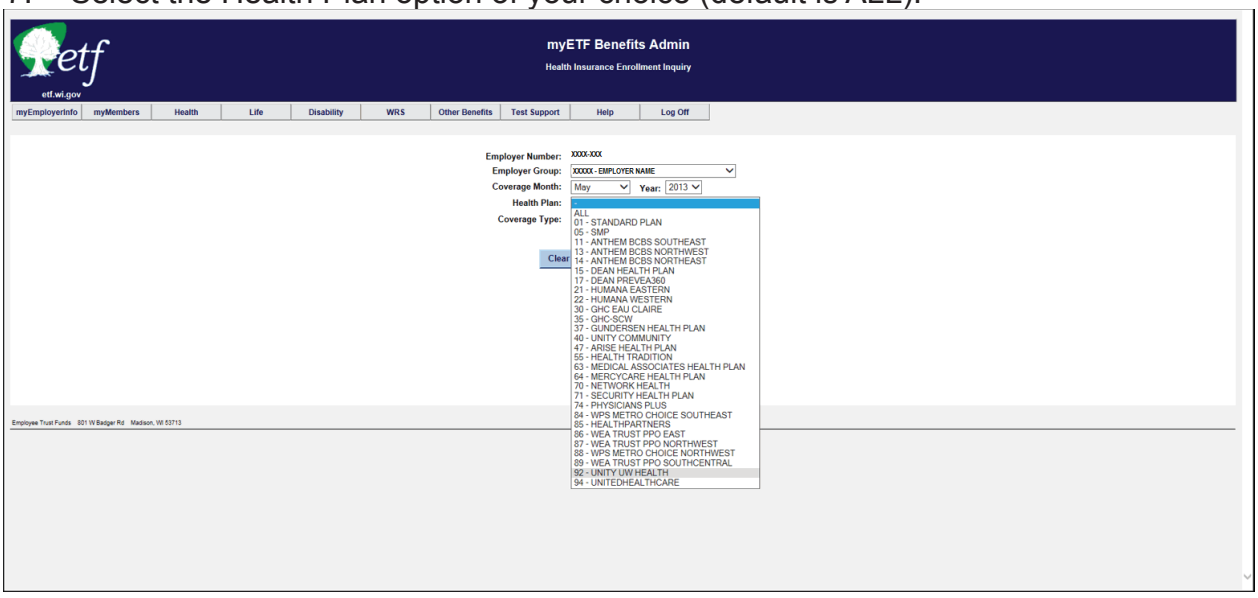
5. Select the Coverage Month.



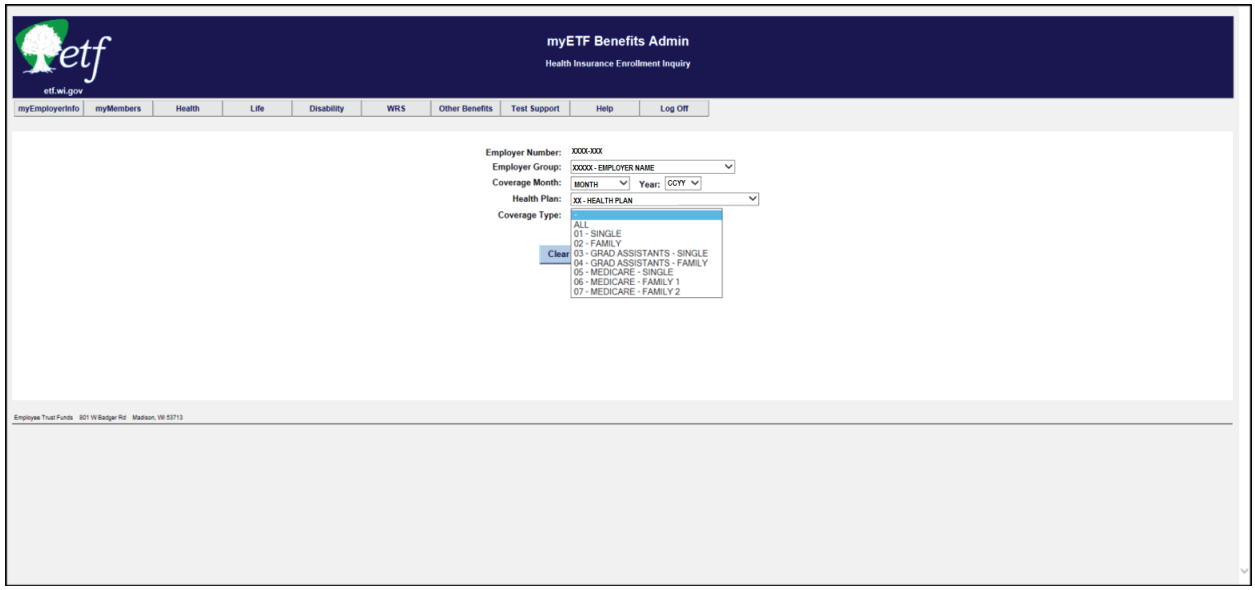
6. Select the Coverage Year.



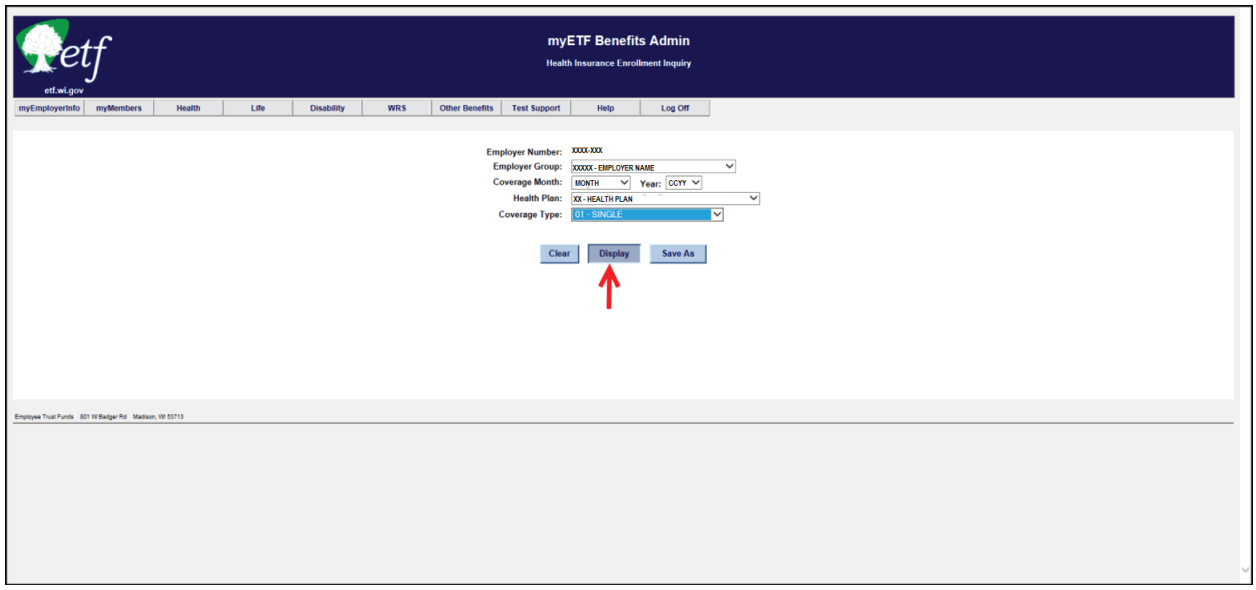
7. Select the Health Plan option of your choice (default is ALL).



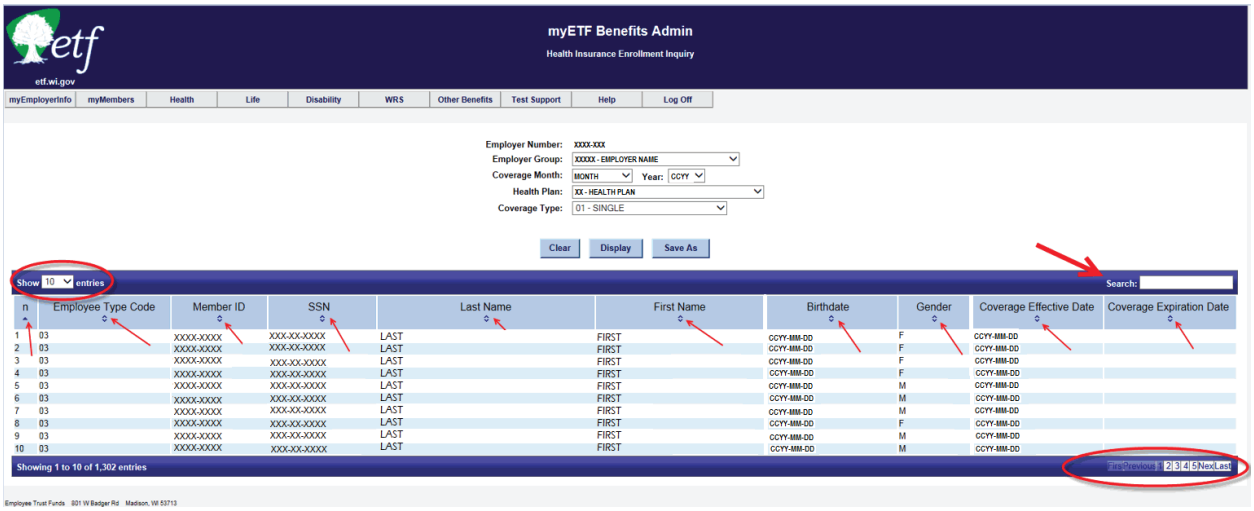
8. Select the Coverage Type option of your choice (default is ALL).



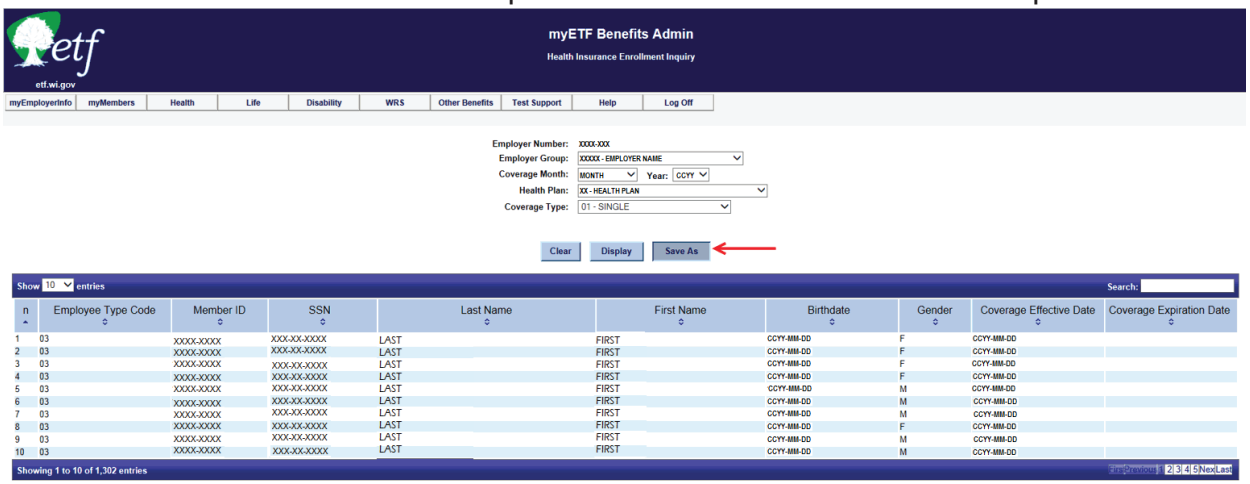
9. Click the 'Display' button to display the results of your query.



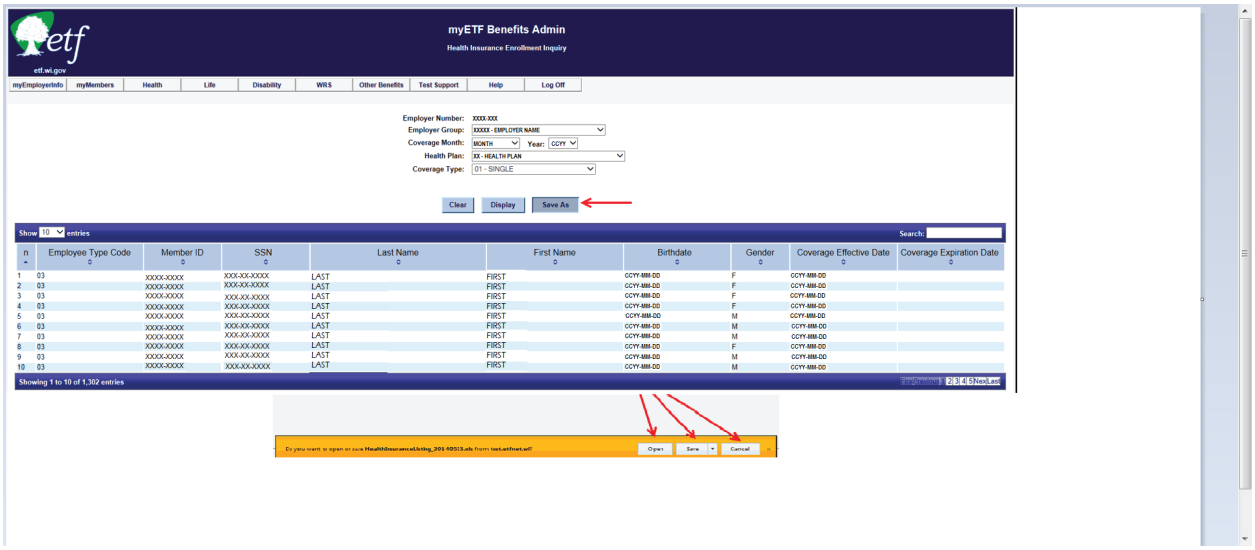
a. You can select the number of entries to show at one time.
b. You can Search for specific information (example: Employee Type, MID#, SSN, Last Name etc.)
c. You can skip to a certain page, next page, or last page.
d. You can sort by a specific column (small red arrows).



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



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



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

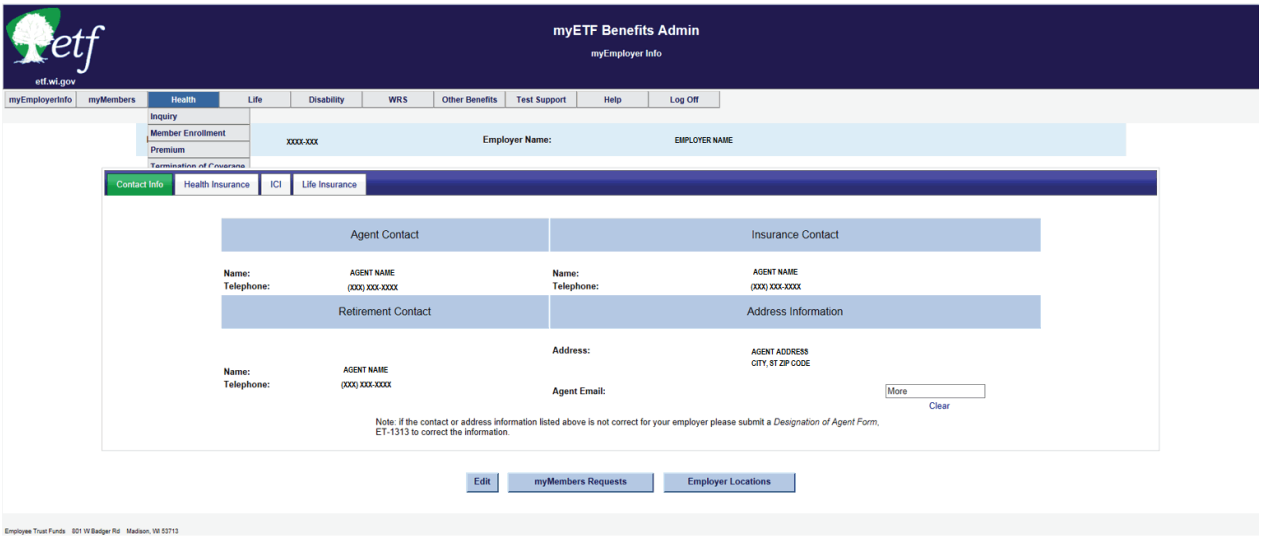
	A	B	C	D	E	F	G	H	I	J	K
1	XXXXX - EMPLOYER NAME MONTH - YEAR										
2	Employee Type Code	Member ID	SSN	Last Name	First Name	Birth Date	Gender	Coverage Effective Date	Coverage Expiration Date	Health Plan	Coverage Type Code
3	XX	XXXXXXXX	XXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
4	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.

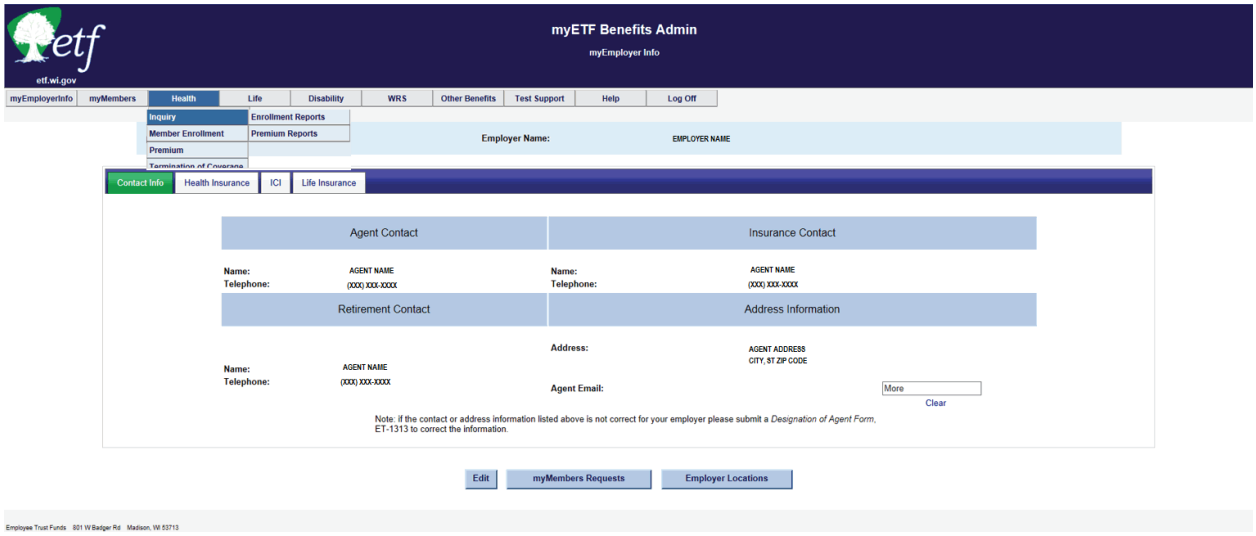
C-9. Dependent Inquiry

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.

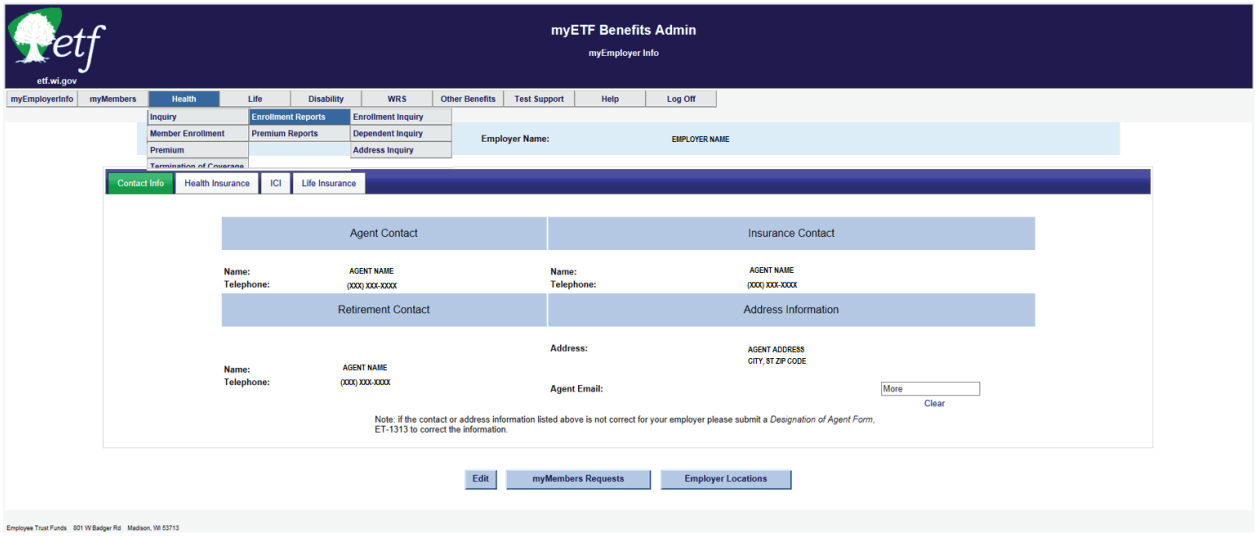
1. In myETF Benefits, highlight the 'Health' tab.



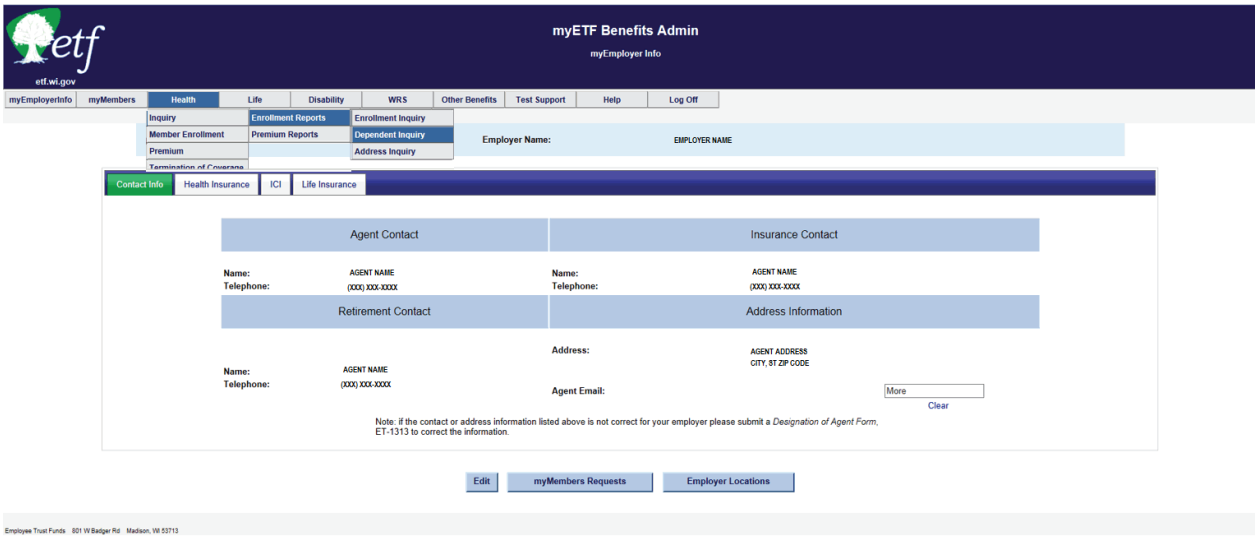
2. Highlight Inquiry.



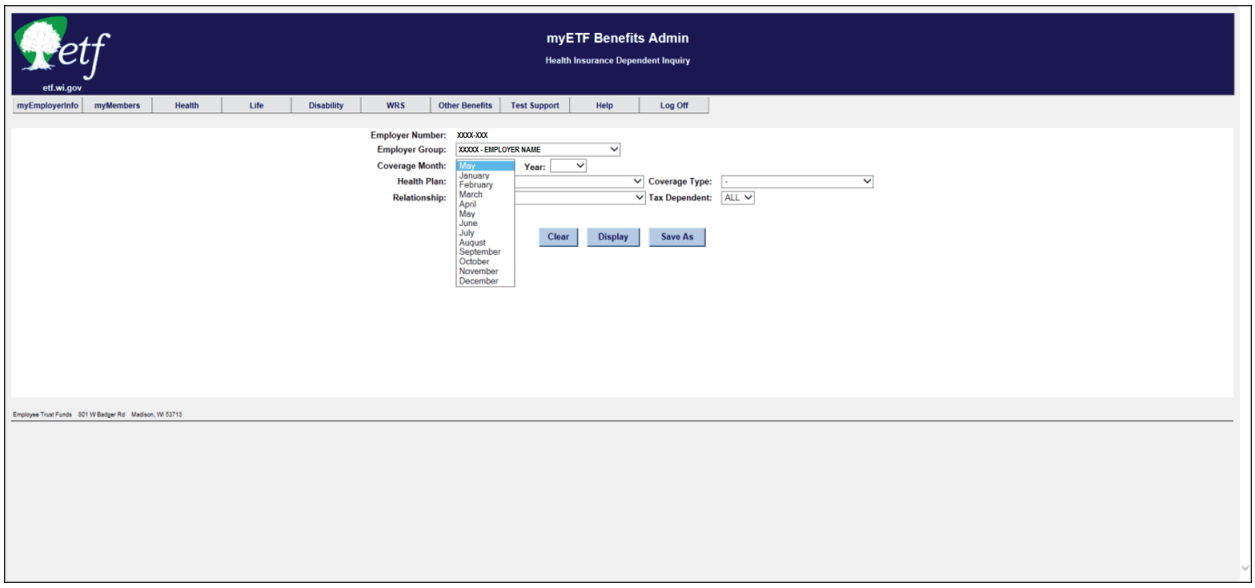
3. Highlight Enrollment Reports.



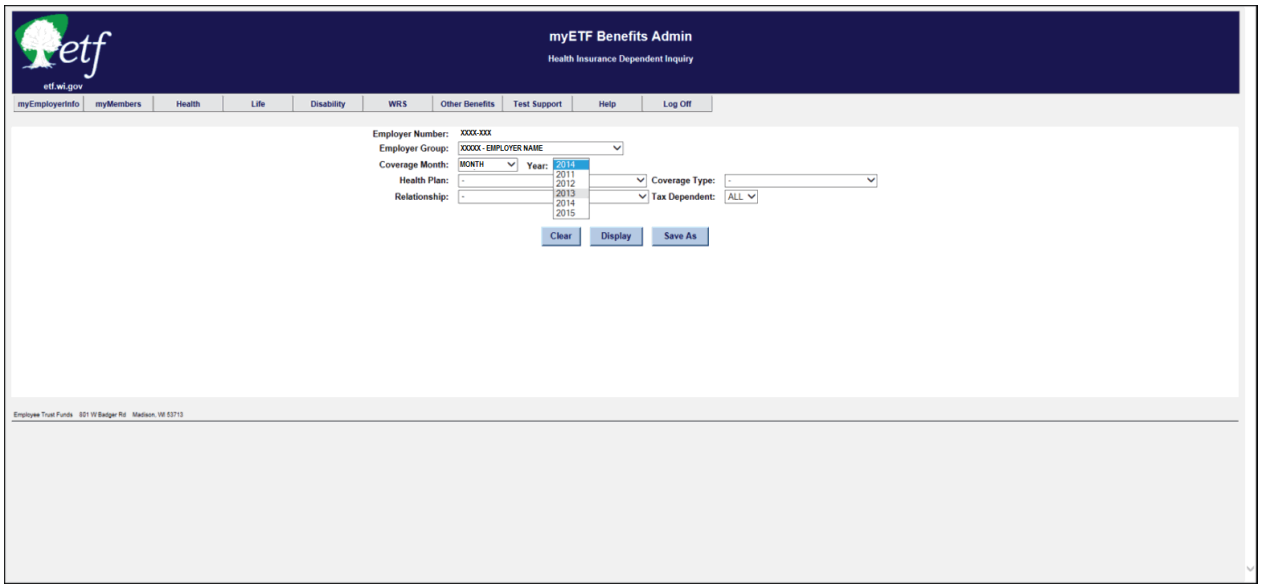
4. Select Dependent Inquiry.



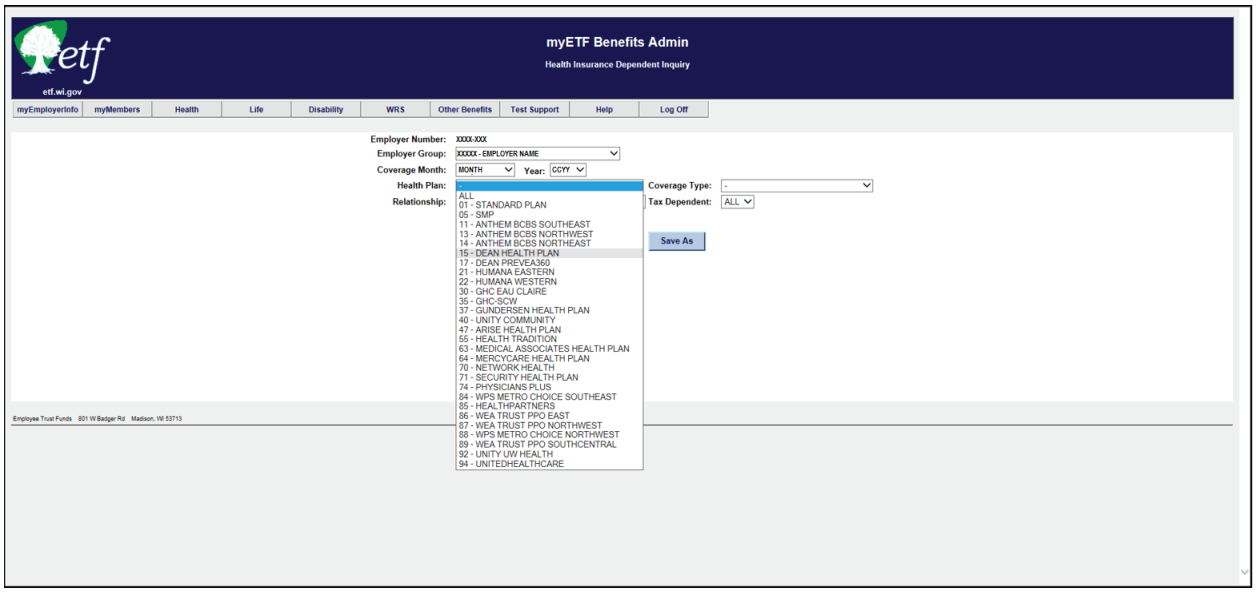
5. Select the Coverage Month.



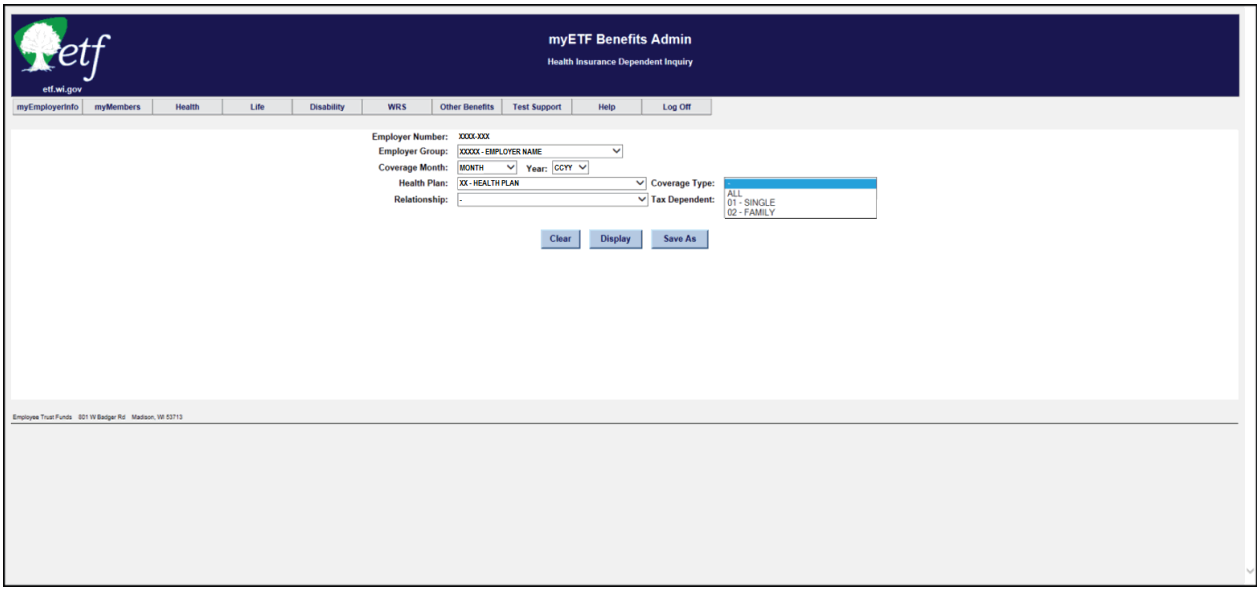
6. Select the Coverage Year.



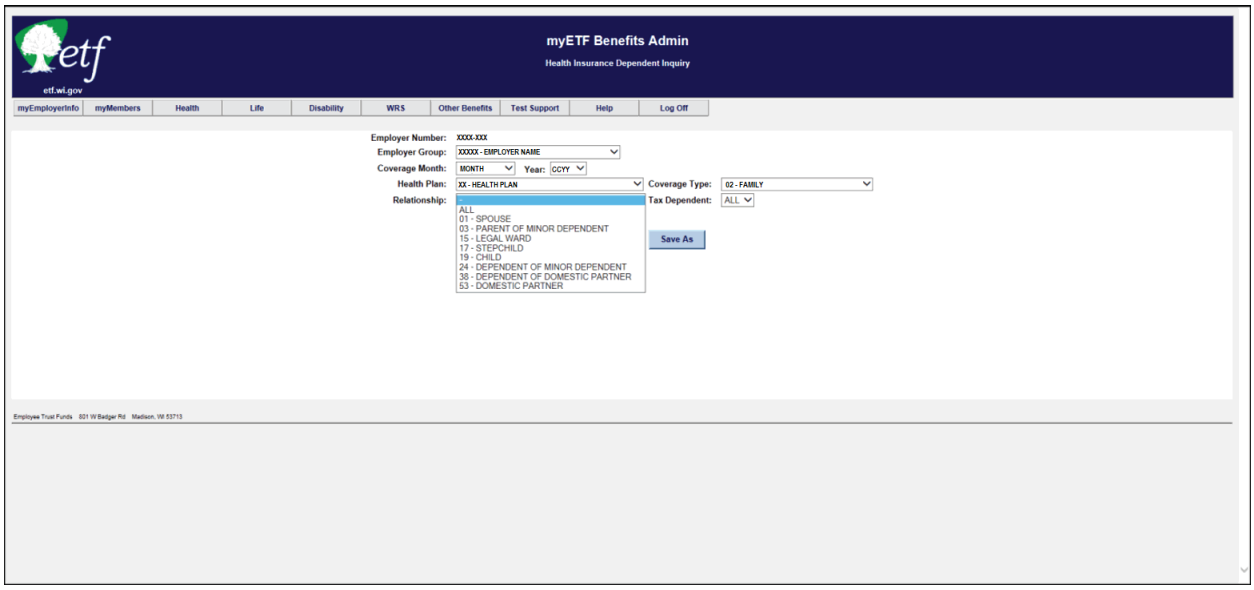
7. Select the Health Plan option of your choice (default is **All**).



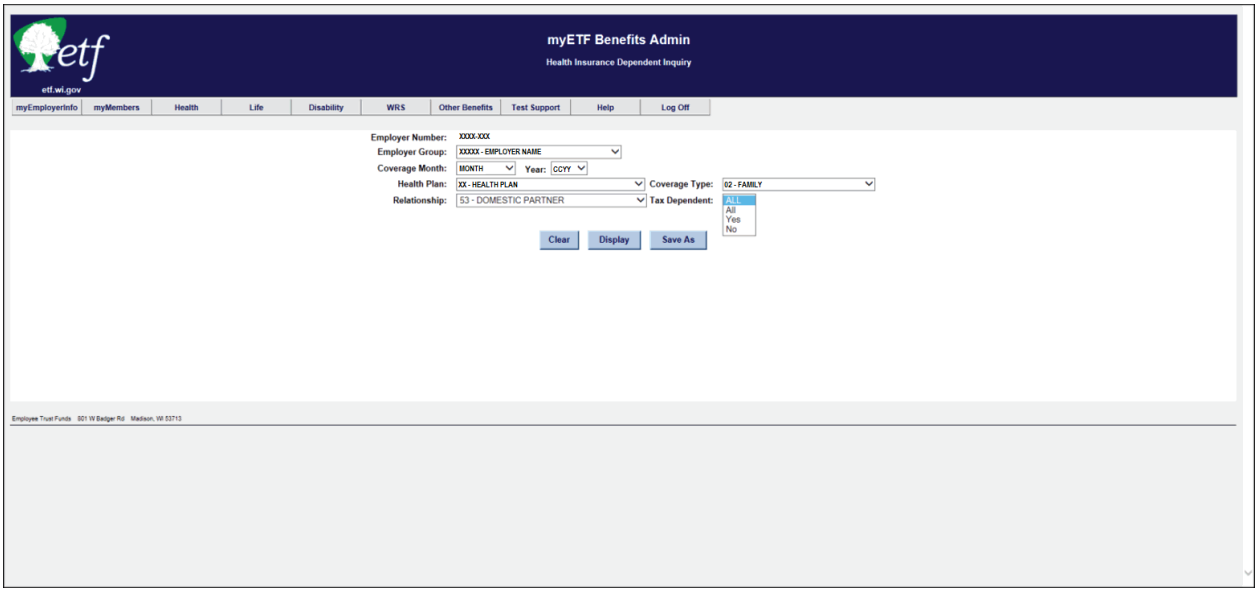
8. Select the Coverage Type option of your choice (default is **All**).



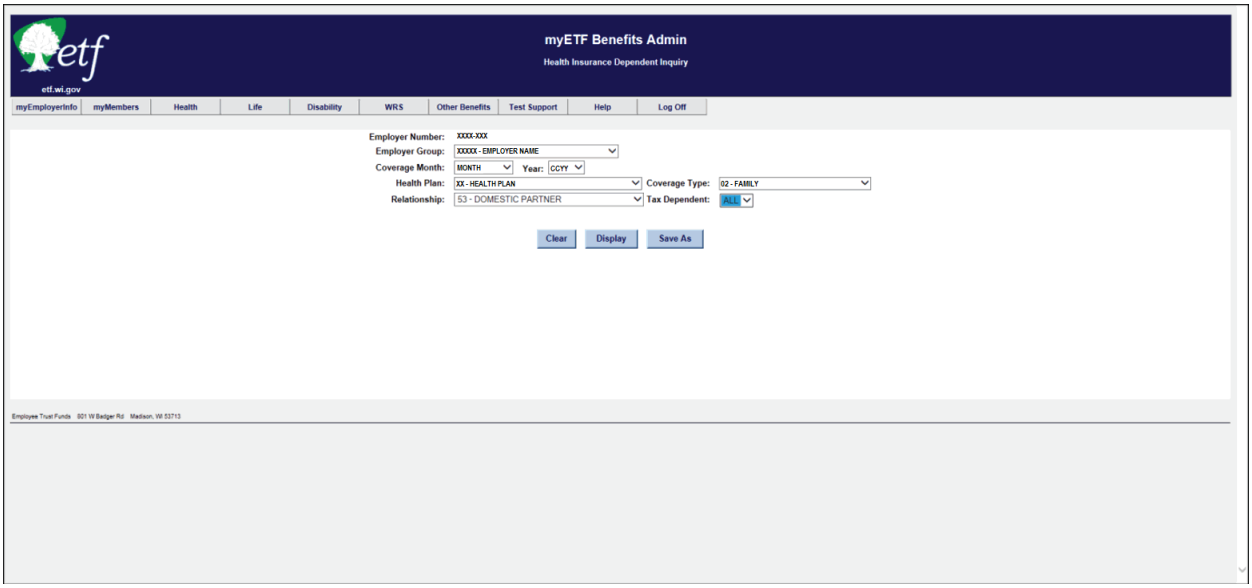
9. Select the Relationship option of your choice (default is **All**).



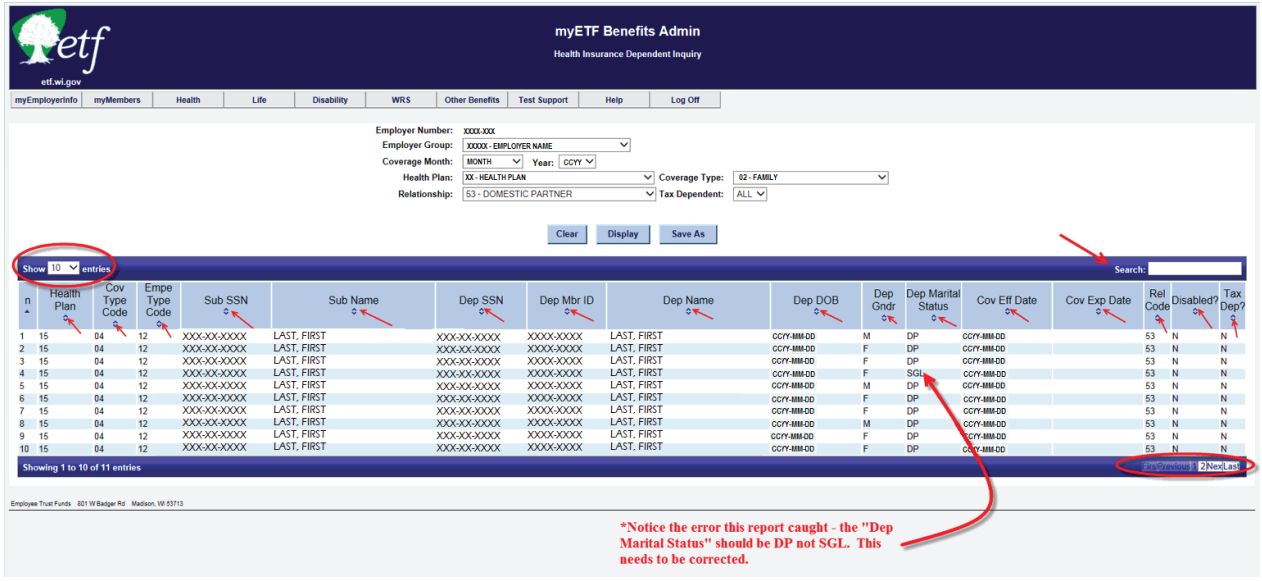
10. Select the Tax Dependent Status of your choice (default is **All**).



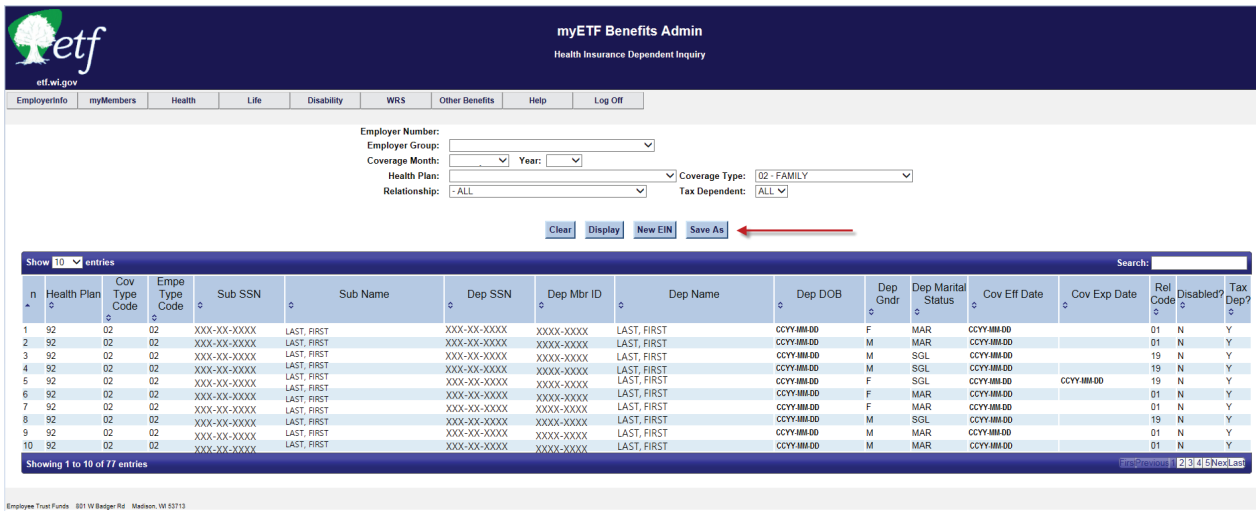
11. Click the ‘Display’ button to display the results of your query.



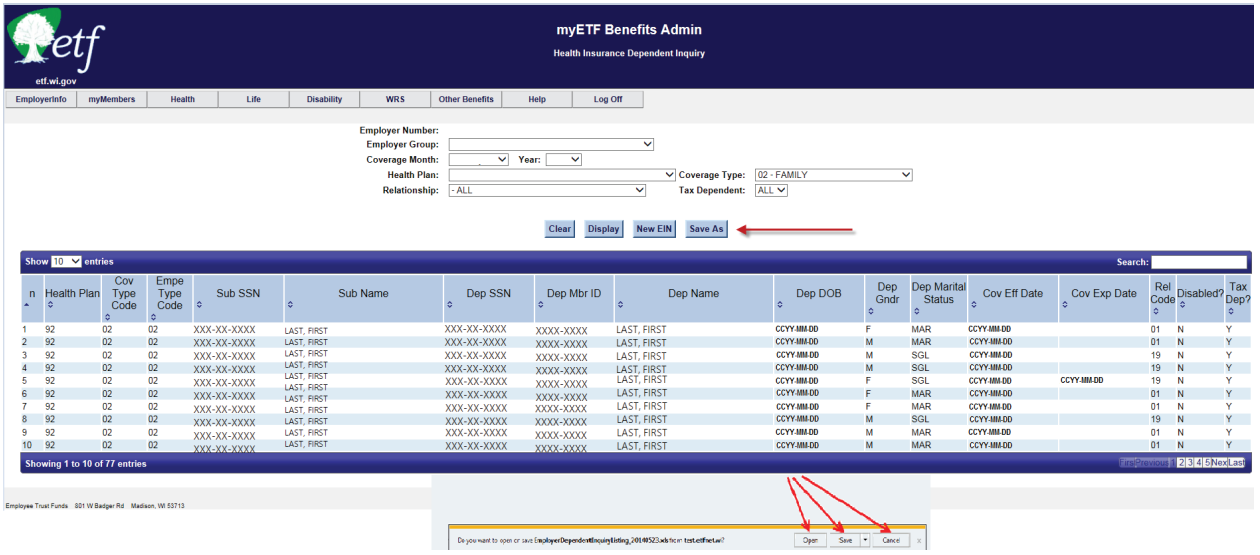
a. You can select the number of entries to show at one time.
b. You can Search for specific information (example: Health Plan, Coverage Type, Employee Type, Subscriber SSN, Dependent SSN, Dependent MID#, etc.)
c. You can skip to a certain page, next page, or last page.
d. You can sort by a specific column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



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



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



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

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	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		'01	N	Y
4	XX	XX	XX	XXXXXXXXX	LAST, FIRST	XXXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		'01	N	Y
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
11																

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

C-10. Address Inquiry

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