



**Sick Leave Credit  
Re-enrollment Application**  
Wis. Stat. § 40.05 (4) (b)

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

**See Instructions on page 2 and Important Sick Leave Credit Re-enrollment Information on page 3.**

**1. Information About You**

Your Name (Last, First, MI)	ETF Member ID or SSN
Mailing Address (Street or PO Box, City, State, ZIP code)	Birth Date (MM/DD/CCYY)

Check the box if this is a change of address.

**2. Eligibility Reason**

I was a **state employee**. I wish to apply for state group health insurance coverage and use escrowed sick leave credits to pay the premiums.

**- or -**

<input type="checkbox"/> I am an eligible <b>survivor of a deceased state employee</b> . I wish to apply for state group health insurance coverage and use escrowed sick leave credits to pay the premiums.	Deceased Employee's Name (Last, First, MI)
	Deceased Employee's ETF Member ID or SSN

**3. Certification of Comparable Coverage (Required)**

I certify that the sick leave credits have been escrowed because all re-enrolling eligible participants (myself and/or all eligible dependents) have been continuously insured by health insurance coverage comparable to the coverage offered by the State Group Health Insurance Program.

Comparable Coverage Insurance Provider	Subscriber (Policy) No.	Group No.	Coverage End Date
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**4. Required Documentation**

I have enclosed a completed *Health Insurance Application* (ET-2301).  
 **(For Involuntary Loss of Coverage only)** I have enclosed the required loss of coverage letter.

**5. Authorization**

By signing this application, I attest that I have reviewed and understand the **Important Sick Leave Credit Re-enrollment Information provided on page 3**. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form. Accordingly, I hereby certify that the above information is true and correct, to the best of my knowledge and belief.

Date (MM/DD/CCYY)	<b>Signature (Required)</b>	Daytime Telephone Number (      )
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*Make a copy for your records and return the original by mail or fax to ETF.*



# Sick Leave Credit Re-enrollment Application

## Instructions

### 1. Information About You

For identification, please provide your name, eight-digit ETF Member ID **or** Social Security Number, your current mailing address and your birth date.

Check the box beneath the mailing address if you have moved and need your records updated.

### 2. Eligibility Reason

Check the appropriate box and complete the required information. **See *Sick Leave Credit Re-enrollment Information* on page 3.**

### 3. Certification of Comparable Coverage

All re-enrolling participants must have had comparable non-state health insurance coverage continuously throughout the escrow period. You must provide the policy information in the space provided. **Comparable means a plan with hospital and medical benefits substantially equivalent to the state's Standard Plan.**

### 4. Required Documentation

You must complete and enclose a *Health Insurance Application* (ET-2301). This form can be obtained online at [www.etf.wi.gov](http://www.etf.wi.gov) or by calling ETF at 1-877-533-5020.

**If you have had an involuntary loss of coverage, your re-enrollment application must be received with these documents within 30 days of the date your non-state coverage ends. You must also send a letter from the employer or organization** that was providing you with health insurance coverage as soon as possible, which states the:

- name of the organization formerly providing coverage,
- name of the insurance group,
- date coverage terminated, and
- reason eligibility for coverage was terminated.

### 5. Authorization

**Make sure you have read and understand all of the Sick Leave Credit Re-enrollment Information before signing.** Please provide a daytime telephone number.



## Important Sick Leave Credit Re-enrollment Information

### Re-enrollment

You can only re-enroll for state health insurance coverage during the annual fall It's Your Choice open enrollment period unless you have an involuntary loss of your comparable non-state coverage. (See *Involuntary Loss of Coverage*.)

The Department of Employee Trust Funds (ETF) annually notifies annuitants, surviving spouses and dependents with escrowed sick leave credits of the fall enrollment period so that application materials can be obtained. If you do not receive notice and wish to re-enroll, contact ETF in early October. Application materials must be postmarked no later than the last day of the It's Your Choice open enrollment period.

You can re-enroll for coverage to be effective the first of any month in the following year. You can elect either single or family coverage and choose any plan in the State Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions, provided that each person re-enrolling was covered by comparable coverage while the sick leave was escrowed. You must be re-enrolled before your comparable non-state coverage ceases.

**Failure to re-enroll before your comparable non-state coverage ceases will result in the forfeiture of your sick leave credits.** Once you have re-enrolled, you may escrow your credits again in the future if comparable non-state coverage becomes available to you. You can escrow and re-enroll no more than one time per year.

### Important Medicare Information

Upon re-enrolling, **you and/or your insured dependents must be enrolled for both portions of Medicare** (Hospital Part A and Medical Part B), **when first eligible**. This is required by state statute, as the program is designed to integrate with, rather than duplicate, Medicare benefits.

***If your Medicare Parts A and B coverage are not effective on or before the first of the month in which you are required to be enrolled in Medicare, you may be liable for the claims Medicare would have paid.***

**It is your responsibility** to notify us when other family members covered under your policy become eligible for Medicare or become covered under an employer group health plan as a result of active employment, and that policy is the primary payer for Parts A and B charges. This will ensure that your coverage and premium amount remain correct.

### Involuntary Loss of Coverage

If your eligibility for your non-state comparable coverage is lost, you may re-enroll at that time in any plan in the State Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions. If your coverage was lost as the result of an event such as loss of employment or divorce, or your employer's contribution toward your premium ceases, coverage through ETF will be effective on the date your lost coverage terminated. Involuntary loss of coverage *does not* include voluntary cancellation or coverage lost due to fraud, misrepresentation or delinquent premium payments.

Your re-enrollment application **must be received within 30 days of the date your non-state coverage ends**. You must also send a **letter from the employer or organization** that was providing you with health insurance coverage as soon as possible, which states the:

- name of the organization formerly providing coverage,
- name of the insurance group,
- date coverage terminated, and
- reason eligibility for coverage was terminated.

Failure to notify ETF when you lose comparable coverage will result in the forfeiture of your sick leave credits.

### Additional Information

You may contact ETF toll free at 1-877-533-5020 or locally at 608-266-3285 to speak with a specialist regarding your retirement benefits.

Retain this page for your records

