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902  *Income Continuation Insurance Report of Employment and Earnings* (ET-5901)
The *Income Continuation Insurance Administration Manual* (ET-1119) is intended as a reference to aid your administration and participation in the Income Continuation Insurance (ICI) program. Its contents are based on state statute, administrative code and ICI plan language and provide instruction relevant to the administrative and reporting procedures of the ICI program. The development of statutes, administrative code and ICI plan language is ongoing and changes may occur subsequent to this manual’s revision. Therefore, the Department of Employee Trust Funds (ETF) will make every effort to communicate any subsequent changes via Employer Bulletins. This manual contains examples relevant to the administration of the ICI program but they do not cover every eventuality. Specific program questions and unique situations must be considered with regard to the most current statute, administrative code and/or case law by ETF. Consult this manual as a first-step resource when you encounter ICI-related questions or concerns.

ETF’s Employer Communication Center provides a single point of contact to resolve issues regarding eligibility, enrollment and coverage for ETF administered benefit programs, including the ICI program. A central voicemail system handles calls if Employer Communication Center staff lines are busy. The voicemail system is monitored on a regular basis and calls are returned within 24 hours. The Employer Communication Center phone number is (608) 264-7900.

A third party administrator resolves application and claim processing issues. However, ETF provides ombudsperson services to assist claimants with unresolved problems or complaints regarding the third party administrator. (Refer to Chapter 1 for third party administrator and ombudsperson service contact information.)

We appreciate your efforts to accurately administer the provisions of the ICI program. Please contact the Employer Communication Center at (608) 264-7900 if you have comments on this edition or suggestions for the next edition of this manual.
CHAPTER 1 — GENERAL INFORMATION

100 Introduction

The Income Continuation Insurance (ICI) program is authorized by Wis. Stat. §§ 40.61 and 40.62, and is administered according to the plan provisions between the Group Insurance Board and the program’s third party administrator. The ICI plan provides replacement income during periods of short-term disability as well as those lasting for extended periods. The ICI plan is self-insured—financed by employer and employee premium contributions—and is available to all State employees participating in the Wisconsin Retirement System (WRS). Employees’ eligibility for ICI participation requires, with some exceptions, the completion of six months of service under the WRS. Premiums are deposited in an employee trust fund rather than paid to an insurance company. The third party administrator is retained to perform the administrative services associated with processing, paying and managing program benefits.

101 Program Features

The ICI premium is computed as a percentage of WRS covered earnings. For most State employees the State will contribute a portion or pay the total premium for those employees who accumulate sufficient sick leave. Because the percentage of premium contributed by the State increases according to the amount of sick leave accumulated, prudent use of sick leave generally will mean lower premiums for State employees. University of Wisconsin faculty who have one year of State creditable service receive 100% State paid premium contribution based on election of a 180-calendar day elimination period. Faculty desiring a shorter elimination period are required to pay the necessary additional premium. The employee pays the full premium for supplemental ICI coverage; there is no State share. The percentage of premium paid by the State as a fringe benefit determines the taxable percentage of benefits received.
Benefits of standard ICI coverage are based on 75% of an insured employee’s gross basic earnings, up to a benefit maximum of $4,000 per month (75% of $64,000 in annual earnings). In addition, employees with annual earnings exceeding $64,000 may elect supplemental ICI coverage, which provides for a benefit on up to $120,000 of the earnings for a maximum benefit of $7,500 per month (75% of $120,000 in annual earnings). Disabilities of more than one-year’s duration have a supplement of $75 per month added to the normal benefit amount. This is a one-time supplement; no further increases will apply.

In the event of a physical or mental disability, the ICI plan provides up to 75% of the employee’s gross basic earnings. Although the maximum amount available under the program is 75%, the sources of payment may vary according to the employee’s eligibility for benefits from the WRS, Social Security Administration or employer-sponsored programs. Benefits under the program will not duplicate benefits available from programs such as WRS retirement (regular or disability retirement and lump sum payments), Long Term Disability Insurance (LTDI), Social Security, Worker’s Compensation, Unemployment Compensation, Federal retirement programs, etc. Rather, benefits under the ICI program supplement the other programs to provide a specified level of disability income. (Refer to subchapter 708 for more information on offsets.)

ICI benefits are paid monthly with checks dated the first of the month for the preceding month’s benefit period. For example, benefits for January’s benefit period are paid February 1. Generally, benefit payments begin after serving the elimination period or exhausting the sick leave credits, whichever is later, and continue for the length of the disability if all ICI plan requirements are met. Benefit payments normally cease at age 65.

102 Administration

The Department of Employee Trust Funds (ETF) has contracted with Broadspire Services, Inc. (Broadspire) for administrative services including application processing, claims adjudication, case management, rehabilitation/training and benefit check processing.

The procedures and provisions governing enrollment, premiums and coverage are addressed in Wis. Stat. §§ 40.02 (25)(a), 40.02 (28), 40.05 (5), 40.61, and 40.62; Wis. Admin. Code ETF 50.10; and the ICI plan language.

103 Division of Responsibilities

Administrative responsibilities are divided as follows:

Group Insurance Board

- Develop benefit provisions.
- Develop bidding specifications.
- Select an administrator to perform claims payment function.
Department of Employee Trust Funds

- Collect premiums from employers.
- Interpret ICI plan language, applicable statutes and administrative code.
- Develop informational brochures for employees.
- Develop reporting forms and instructions.
- Develop and maintain an employer administration manual.
- Provide ombudsperson services for claimants with unresolved questions or problems with the third party administrator.

Third Party Administrator (Broadspire)

- Process enrollment applications.
- Print and mail forms, applications, brochures and manuals.
- Adjudicate claims by determining the extent of disability. Coordinate benefits and rehabilitation.
- Investigate claims.
- Issue claim payments.
- Perform medical underwriting for employees who apply for coverage through Evidence of Insurability.

Participating Employer

- Designate a payroll/personnel/benefits representative knowledgeable about general ICI plan provisions to serve as an ETF/third party administrator contact.
- Inform new employees on or before the date of hire as to eligibility, benefits, cost, enrollment procedure and effective date of coverage.
- Provide new employees with an Income Continuation Insurance Application (ET-2307), Income Continuation Insurance Brochure (ET-2106) and/or an Evidence of Insurability Application (ET-2308), as applicable.
- Determine employee’s previous WRS service. (Refer to subchapter 202 for further information.)
- Secure, audit and maintain completed applications and arrange for employee payment of premiums.
- Submit applications to ETF in a timely manner.
- Respond timely to third party administrator inquiries.
- Prepare and submit monthly premium report and premiums to ETF.
- Refer questions appropriately. (Refer to subchapter 104 for further information.)
- Prepare Income Continuation Insurance Employer Statement (ET-5351) and Income Continuation Insurance Report of Employment and Earnings (ET-5901).

104 Administrative Offices and Contacts

- Employee and Employer Application, Claim Processing Questions and Complaint Resolution:
  Broadspire (Third Party Administrator)
  200 Wheeler Road 5th Floor
  Burlington MA  01803-5500
Toll Free: 1-800-960-0052
MCI Telecommunications Relay Service (TCI): 1-800-855-2880
Office Hours: 7:45 a.m. to 4:30 p.m. (CST) – Monday through Friday (except holidays)
E-Mail: ICILTDI@choosebroadspire.com
To expedite the e-mail request, please use the following subject lines:
• ICI/LTDI - Customer Service Issue
• ICI/LTDI - Payment Information
• ICI/LTDI - Pending Claim
• ICI/LTDI - Overpayment
• ICI/LTDI - Other
• ICI/LTDI - Ombudsman Escalation

As outlined in the Contract, the third party administrator will confirm receipt of e-mails and follow up within ten calendar days.

➢ Employer Eligibility, Enrollment, Coverage Questions and Problems with Third Party Administrator:

Department of Employee Trust Funds
Employer Communication Center
(608) 264-7900
Office Hours: 7:45 a.m. to 4:30 p.m. – Monday through Friday (except holidays)

105 Complaint Resolution

The third party administrator is required to have a complaint procedure for the resolution of claimant problems. The claimant (or employer on the claimant’s behalf if necessary) should contact the third party administrator’s customer service area for problem resolution. The claimant should ask to speak with the Customer Service Team Leader if the problem cannot be resolved by contacting customer service. In the event the Team Leader is unable to resolve the problem or is unavailable, the claimant should ask for the third party administrator’s ombudsperson. The ombudsperson will work with the claimant to resolve the complaint. (Refer to subchapter 104 for third party administrator contact information.)

106 ETF Ombudsperson Services

ETF offers ombudsperson services to assist claimants who remain dissatisfied after first contacting the third party administrator regarding a problem or complaint. Employers should direct employees in this situation to telephone or write ETF’s ombudsperson at:

Local (Madison): 608-266-3285
Toll Free: 1-877-533-5020
Department of Employee Trust Funds
P O Box 7931
Madison WI 53707-7931
ETF ombudspersons advocate for claimants and attempt to resolve complaints and problems on their behalf. If unsuccessful, the ombudsperson will advise the claimant of subsequent avenues of appeal. Complaints should be made in writing, using the Insurance Complaint form (ET-2405) found in subchapter 107, whenever possible. Additional information regarding ETF ombudsperson services can be found on ETF’s Web site (http://etf.wi.gov/) under the “Insurance” section.

Note: If the complaint pertains to a benefit determination, the claimant should complete at least the first level of the administrative review process prior to requesting assistance from the ETF ombudsperson. (Refer to subchapter 802 for information on administrative review.)
**107 Insurance Complaint Form (ET-2405)**

**Department of Employee Trust Funds**  
P.O. Box 7931  
Madison, WI 53707-7931

**INSURANCE COMPLAINT**

TO FILE A COMPLAINT: Your first step to resolve a problem is to contact the insurance carrier and try to resolve the problem(s) at that level. If you are dissatisfied, then complete this form and send it to the Department of Employee Trust Funds (ETF) at the address shown above, attention Quality Assurance Services Bureau.

<table>
<thead>
<tr>
<th>Subscriber Name (First, Ml, Last)</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Daytime Telephone ( )</td>
</tr>
<tr>
<td>Subscriber Address</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
</tbody>
</table>

Please attach a description of your problem in detail. Include copies of important papers and letters that pertain to your complaint, including any relevant correspondence from the plan.

**COMPLAINT INFORMATION:**

1. Who is the covered individual that this complaint involves?
   - [ ] Self  
   - [ ] Other (name/age/relationship)

2. Indicate the type of insurance complaint:
   - [ ] Health
   - [ ] Pharmacy Benefit Manager
   - [ ] Income Continuation/Disability
   - [ ] Other

   Name of Health Plan

3. This complaint should FIRST have been reported to the plan. Have you completed their complaint resolution/grievance process?  
   - [ ] Yes  
   - [ ] No

4. Have you reported this problem to us or any other government agency, such as Office of Commissioner of Insurance?  
   - [ ] Yes  
   - [ ] No  
   If yes, what agency and what action was taken? (attach documentation, if necessary)

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby authorize ____________________________ (health plan and/or provider) to release my medical and claims information to the ETF Quality Assurance Services Bureau for the purpose of addressing my insurance complaint.

<table>
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<tr>
<th>Dates covered by this Authorization:</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information to be Released Under this Authorization:</td>
<td>Participant's grievance file and any related health information.</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**By signing this form, I acknowledge that I have read and understand my rights, listed on the reverse side.**

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
<th>Signature:</th>
</tr>
</thead>
</table>
| [ ] Self  
| [ ] Parent/Guardian  
| [ ] Personal Representative, Executor or Conservator  
| [ ] Power of Attorney for Health Care (activated)  
| [ ] Other |

EXPIRATION: This authorization expires one year from the date signed, or upon withdrawal or resolution of complaint.

ET-2405 (REV 08/2004)
108 Confidentiality of Records

Medical information received by ETF or the third party administrator is strictly confidential and may ONLY be released pursuant to Wis. Stat. § 40.07 (2), which reads, in part:

"[M]edical records may be disclosed only when a disability application denial is appealed or under a court order duly obtained upon a showing to the court that the information is relevant to a pending court action…." 

Under normal circumstances, medical records cannot be released to the employee, employer or an attorney. Contacting the third party administrator on behalf of the employee requires the employee complete and submit an Authorization to Disclose Non-Medical Personal Information (ET-7406) to ETF. This form authorizes specific individuals or entities to receive the employee’s non-medical information from ETF or the third party administrator.

109 Ordering Income Continuation Insurance Forms

The following methods can be used for ordering ICI forms:

1) Photocopy and complete the ICI Forms/Booklets Order Form located in subchapter 110 and fax it to Broadspire at (781) 270-8666.

(OR)

2) Complete the ICI Forms/Booklets Order Form found on ETF’s Web site, http://etf.wi.gov under “Employer Forms,” and “Income Continuation” and e-mail to ICILTDI@choosebroadspire.com or print and fax to Broadspire at (781) 270-8666.

Should an emergency need for ICI forms arise, call Broadspire at (800) 960-0052 and provide the following:

- Employer Name
- Employer Identification Number (EIN) starting with 69-036-
- Mailing Address
- Contact Name
- Contact Telephone Number
- Form Name and Number
- Quantity Requested

Broadspire will contact the employer to confirm receipt of the request for forms and provide an estimated shipping date.

Contact Broadspire at (800) 960-0052 for follow-up if orders are not received within 10 business days of the estimated shipping date. Provide the following information:

- The date the order was first placed and the estimated shipping date
- Employer Name
- Employer Identification Number (EIN)
- Contact Name
- Contact Telephone Number
STATE OF WISCONSIN
DEPARTMENT OF EMPLOYEE TRUST FUNDS
INCOME CONTINUATION INSURANCE FORMS/BOOKLETS ORDER FORM

Employer Name: __________________________________________ EIN: 69-036-_________________

Street Address:
________________________________________________________________________
________________________________________________________________________

Mailing Address: (if different) _________________________________________________
________________________________________________________________________

Contact Name: ______________________________________________________________

Contact Phone: ______________________________________________________________

STATE EMPLOYER ORDERS

Please indicate forms and quantity needed:

<table>
<thead>
<tr>
<th>Forms/Booklets</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>ET-2106 ICI Booklet – State</td>
<td>______</td>
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<tr>
<td>ET-2307 ICI Enrollment Form</td>
<td>______</td>
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<tr>
<td>ET-2308 ICI Evidence of Insurability (EOI) Enrollment</td>
<td>______</td>
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<tr>
<td>ET-5901 ICI Transaction Report</td>
<td>______</td>
</tr>
<tr>
<td>State Claim Packet (ET-2106, ET-5350 and ET-5352)</td>
<td>______</td>
</tr>
<tr>
<td>ET-1119 State Employers ICI Administration Manual</td>
<td>______</td>
</tr>
</tbody>
</table>

Return to: Broadspire Correspondence Unit Fax: (781) 270-8666
200 Wheeler Road, 5th Floor E-mail: ICILTDI@choosebroadspire.com
Burlington, MA 01803

Date Received at Broadspire: ________________ Date Processed: ________________
Internet Address – http://etf.wi.gov

ETF’s Web site provides an overview of ICI and detailed information including:

- State Employee Income Continuation Insurance brochure (ET-2106)
- Income Continuation Insurance Report of Employment and Earnings (ET-5901)
- Income Continuation Insurance Monthly Premium Report – UW Faculty (ET-1612)
- Income Continuation Insurance Employer Statement (ET-5351)
- State Employee Plan Language
CHAPTER 2 — ELIGIBILITY CRITERIA

200 Newly Hired Employee Eligibility Criteria

All employees, including part-time, limited-term (LTE), seasonal and non-represented employees, are eligible for and must be offered Income Continuation Insurance (ICI) coverage provided they:

- Are participating in the Wisconsin Retirement System (WRS);
- Are under age 70 on the coverage effective date;
- Receive earnings for services rendered for the State;
- Have been covered by the WRS for six months, not including any periods of absence without pay. However, the following employees are immediately eligible for coverage without having six months of participation in the WRS:
  - Member or employee of the Legislature
  - State constitutional officer
  - Justice of the Supreme Court
  - Circuit Judge
  - Court of Appeals Judge
  - Assembly Chief Clerk or Sergeant-at-Arms
  - Senate Chief Clerk or Sergeant-at-Arms
  - District Attorney who did not elect under Wis. Stat. § 978.12 (6) to continue insurance coverage with a county, or who did elect and subsequently terminated that election.
- Are a blind employee of WISCRAFT who has completed 1,000 hours of service.
Note: Excluded from ICI coverage are employees who do not participate in the WRS such as LTE’s who do not work sufficient hours to qualify, student employees, and employees in training (e.g., UW graduate assistants, etc.)

201 Determining Initial Insurance Eligibility Date

An eligible State employee can become insured for standard and supplemental ICI coverage following six months of participation in the WRS, by filing an *Income Continuation Insurance Application* (ET-2307) with their employing agency’s payroll/personnel office no later than 30 calendar days after first becoming eligible for ICI. Coverage shall be effective the first day of the calendar month on or after the date the employer receives the application. In the event the employee filed the application prior to their eligibility date, coverage shall be effective the first day of the calendar month on or after the date of eligibility. After 30 days, employees desiring coverage must apply through evidence of insurability or through deferred coverage provisions.

Employers must complete a WRS previous service check when an employee is hired to determine whether they were covered under WRS before being hired. (Refer to subchapter 203.) Previous WRS service with any State or local WRS participating employer fulfills the six month WRS participation requirement for State and UW faculty. However, one year of WRS service with the State is required before the employer share toward the ICI premium begins for UW faculty. If previous WRS service with either a State agency or local employer exists, refer to subchapter 205 for eligibility information on rehired/returning employees.

The ICI coverage effective date is dependent upon the employee’s previous service and determined as follows:

- If the employee began WRS coverage on the first day of a month, add 6 to that month; if the employee began on the second day of a month or later, add 7 to that month. Eligibility to enroll for ICI begins on the first day of the resulting month. The chart in subchapter 204 shows the ICI eligibility dates for each WRS begin date in the year.

- If the employee goes on temporary layoff or unpaid LOA during their initial six months of employment, do not count full months during which the employee was on unpaid LOA or layoff. The ICI eligibility date is postponed one month for each full month during which the employee did not work. The employee receives credit for any month in which service was performed, even if just one day. (Refer to subchapter 206.)

- If a seasonal employee, regularly scheduled time off counts toward the six-month WRS participation requirement, even if the employee is off work for a full month or more. If the employee is not working at the time the six months are completed, eligibility to file an application occurs during the first 30 days following return to work.

- If an employee is rehired after receiving a separation benefit (withdrawal of all funds from the WRS), the employee is required to complete a new six-month period of WRS service before becoming eligible for coverage.
• If an insured employee transfers employment from one State agency to another, an application must be submitted to the new agency within 30 days of the transfer to prevent coverage from lapsing.

Note: Employees of more than one WRS employer, or employees who fall under a different ICI plan with a different elimination period, must file a separate application for each position held.

202 Eligibility Dates for New Hires Without Previous Service

An employee may obtain coverage without furnishing medical evidence of insurability by completing and signing an Income Continuation Insurance Application (ET-2307) and filing it with the employing State agency within 30 calendar days after the initial ICI eligibility date. The following chart summarizes the insurance eligibility date, application due date and effective date for newly WRS eligible employees who are required to complete six months of service under the WRS. The chart assumes there is no break in service during the first six months. (Refer to subchapter 206 if a break in service occurs)

<table>
<thead>
<tr>
<th>WRS ELIGIBILITY DATE</th>
<th>ICI ELIGIBILITY DATE</th>
<th>ICI APPLICATION DUE DATE</th>
<th>APPLICATION RECEIVED</th>
<th>EFFECTIVE DATE OF COVERAGE</th>
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<td>05/02 - 05/31</td>
<td>06/01</td>
</tr>
<tr>
<td>11/02 - 12/01</td>
<td>06/01</td>
<td>07/01</td>
<td>11/02 - 06/01</td>
<td>06/01</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>06/02 - 07/01</td>
<td>07/01</td>
</tr>
<tr>
<td>12/02 - 12/31</td>
<td>07/01</td>
<td>07/31</td>
<td>12/02 - 07/01</td>
<td>07/01</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>07/02 - 07/31</td>
<td>08/01</td>
</tr>
</tbody>
</table>
IMPORTANT: For applications received on or before the eligibility date, coverage is effective on the eligibility date. If the application is received after the eligibility date, but on or before the application due date, coverage is effective on the first of the month following the application received date.

203 WRS Previous Service Check

A WRS previous service check must be performed for each employee applying for ICI in order to determine the correct coverage effective date.

*Note: Without a previous service check, it is possible to miss the employee’s initial enrollment period, which may result in denial of coverage.*

ETF provides three methods for employers to use in determining whether an employee has previous WRS service:

A. Access to the Previous Service Benefit Inquiry Screen on ETF’s Extranet site at [http://etfextranet.it.state.wi.us/](http://etfextranet.it.state.wi.us/).

*Note: This is a password-protected site. To obtain access, refer to Chapter 24 of the Wisconsin Retirement System Administration Manual.*

B. Complete a *WRS Previous Service Checks* form (ET-1715) found in subchapter 204 and fax it to ETF at (608) 266-5801.

C. Call the Employer Communication Center at (608) 264-7900 and request a previous service check.
## WRS Previous Service Checks Form (ET-1715)

Department of Employee Trust Funds  
Division of Trust Finance & Employer Services  
PO Box 7931 - Madison WI  53707-7931  
Fax: (608) 266-5801

### WRS Previously Service Checks

To verify previous Wisconsin Retirement System (WRS) service, complete the following information: your name/agency, phone number, fax, EIN, re: employee's name, Social Security Number, birthdate and date sent. Do not write in the ETF Review area, additional comments or completion date.

<table>
<thead>
<tr>
<th>From: Name/Agency</th>
<th>Phone Number:</th>
<th>Fax:</th>
<th>EIN:</th>
<th>ETF Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: SSN:</td>
<td>Birthdate:</td>
<td>Date Sent:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- No previous service.
- Qualifying state service. ________ months.
- Qualifying local service. ________ months.
- Took a separation benefit on ____________.
- Is an annuitant:
  - WRS Termination date is ____________.
  - Retirement Annuity application received by ETF on ____________.
  - Retirement Annuity effective date is ____________.

Additional Comments: Completion Date:

<table>
<thead>
<tr>
<th>Employee: SSN:</th>
<th>Birthdate:</th>
<th>Date Sent:</th>
</tr>
</thead>
</table>

- No previous service.
- Qualifying state service. ________ months.
- Qualifying local service. ________ months.
- Took a separation benefit on ____________.
- Is an annuitant:
  - WRS Termination date is ____________.
  - Retirement Annuity application received by ETF on ____________.
  - Retirement Annuity effective date is ____________.

Additional Comments: Completion Date:

<table>
<thead>
<tr>
<th>Employee: SSN:</th>
<th>Birthdate:</th>
<th>Date Sent:</th>
</tr>
</thead>
</table>

- No previous service.
- Qualifying state service. ________ months.
- Qualifying local service. ________ months.
- Took a separation benefit on ____________.
- Is an annuitant:
  - WRS Termination date is ____________.
  - Retirement Annuity application received by ETF on ____________.
  - Retirement Annuity effective date is ____________.

Additional Comments: Completion Date:

ET-1715 (REV 06/2005)
205 Rehired/Returning Employee Eligibility

Employees who have previously served and still have six months credited under the WRS (with State and local government employers) are immediately eligible and must enroll within 30 days of rehire or of returning from unpaid LOA or lay-off. The following charts show when rehired employees are ICI eligible and whether or not evidence of insurability is required. (Refer to subchapter 308 for information on evidence of insurability)

- Chart I represents previously eligible, but uninsured employees.
- Chart II represents previously insured employees.

<table>
<thead>
<tr>
<th>Situation</th>
<th>ICI Eligible?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goes on LOA and returns to covered employment with the same employer</td>
<td>Yes-Through Evidence of Insurability (EOI)</td>
<td>1st of the month on or after approval through EOI.</td>
</tr>
<tr>
<td>2. Goes on military leave and returns to the same employer</td>
<td>Yes-Through EOI</td>
<td>1st of the month on or after approval through EOI.</td>
</tr>
<tr>
<td>3. Terminates, takes a separation benefit (withdraws available contributions) from WRS and returns to covered employment with the same employer</td>
<td>Yes-Following completion of six calendar months under WRS</td>
<td>1st of the month on or after employer’s receipt of timely ICI Application (but not prior to completion of six months WRS service).</td>
</tr>
<tr>
<td>4. Terminates, leaves WRS contributions in system and returns to covered employment with the same employer within 30 days</td>
<td>Yes-Through EOI</td>
<td>1st of the month on or after approval through EOI.</td>
</tr>
<tr>
<td>5. Terminates, leaves WRS contributions in system and returns to covered employment with the same employer after 30 days</td>
<td>Yes</td>
<td>1st of the month on or after employers receipt of timely ICI Application.</td>
</tr>
<tr>
<td>6. Terminates, leaves WRS contributions in system and returns to covered employment with different WRS employer under ICI</td>
<td>Yes</td>
<td>1st of the month on or after employers receipt of timely ICI Application.</td>
</tr>
</tbody>
</table>
## Chart II

ICI Eligibility for PREVIOUSLY INSURED Rehired/Returning Employees

<table>
<thead>
<tr>
<th>Situation</th>
<th>ICI Eligible?</th>
<th>Effective Date</th>
<th>Can Elimination Period Be Shortened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goes on LOA and returns to covered employment with the same employer</td>
<td>Yes</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes – Through Evidence of Insurability (EOI)</td>
</tr>
<tr>
<td>2. Goes on military leave and returns to the same employer</td>
<td>Yes</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes – Through EOI</td>
</tr>
<tr>
<td>3. Terminates, takes a separation benefit (withdraws available contributions) from WRS and returns to covered employment with the same employer</td>
<td>Yes-following completion of six calendar months under WRS</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Terminates, leaves WRS contributions in system and returns to covered employment with the same employer within 30 days</td>
<td>Yes</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes – Through EOI</td>
</tr>
<tr>
<td>5. Terminates, leaves WRS contributions in system and returns to covered employment after 30 days</td>
<td>Yes</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Terminates, leaves WRS contributions in system and returns to covered employment with different WRS and ICI participating employer</td>
<td>Yes</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month on or after employer’s receipt of timely ICI application.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 206 Interrupted Service/Leaves of Absence

Interrupted service occurs when the employee/employer relationship remains intact but the employee performs no service and receives no pay. When an interruption in service occurs during an employee’s first six months under the WRS, any months where service was performed (including paid leave time) count toward the completion of six months for ICI eligibility purposes. Full months with no service do not count toward the six-month WRS service requirement and extend the ICI eligibility date.

The following are examples of how to determine the effective date of ICI coverage for employees with interrupted service (unpaid leaves of absence).
Leaves of Absence

Employees who go on an unpaid leave of absence (LOA) within the first six months of employment are required to complete additional months of WRS service to qualify for ICI coverage. Months in which no service is performed do not count toward the six-month WRS service requirement and extend the employee’s ICI eligibility date accordingly.

Refer to subchapter 202 for application receipt dates and coverage effective dates.

Unpaid LOA before completion of six-month WRS service requirement

EXAMPLE 1:  
- Employee Hired: January 10
- Employee Begins Unpaid Leave: February 5
- Employee Returns to Work: May 21
- Eligibility Date: October 1

No hours worked in March and April.
Add 7 to the month of January (1 + 7 = 8), to equal August (8).
Add 2 for the months not worked (8 + 2 = 10) to equal October (10).
October 1, 2005 is the employee’s ICI eligibility date with coverage effective the 1st of the month on or after the employer’s receipt of the ICI application.

EXAMPLE 2:  
- Employee Hired: January 10
- Employee Begins Unpaid Leave: February 5
- Employee Returns to Work: January 10
- Eligibility Date: June 1

Add 7 to the month of January (1 + 7 = 8).
Add 10 for months not worked (8 + 10 = 18).
For any result over “12,” subtract 12 from your answer to get the correct month and then add 1 year to the current year (18 – 12 = 6).
June 1, 2006 is the employee’s ICI eligibility date with coverage effective the 1st of the month on or after the employer’s receipt of the ICI application.

Paid LOA before completion of six-month WRS service requirement

Months with any hours of paid leave are counted as if the employee had worked during those months and therefore count toward the six months of WRS service for determining ICI eligibility.

LOA (Paid or Unpaid) for employee currently covered under ICI

ICI covered employees who take a LOA (paid or unpaid) may continue ICI coverage during the approved LOA. The first three months of authorized leave qualify for the employer contribution. Beyond three months the employee is responsible for the full premium. Premium payments must be received by the employer prior to the end of coverage so there is no lapse in coverage. The maximum time ICI coverage may be continued is 36 months, except for insured employees on union service leave, as defined under Wis. Stat. § 40.02 (56), or on military leave, who may continue to be insured for the duration of the leave.
Military Leave

Military leave, for ICI coverage purposes, is generally treated the same as any unpaid LOA when determining the ICI eligibility date. Generally, months on military leave do not count toward the six-month WRS criteria for ICI eligibility if the leave occurs during the first six months of employment. However, an employee on military leave who meets the following criteria will be treated as being on a paid LOA:

- The employee is activated on or after January 1, 2003 to serve, or is serving on military duty in the U.S. armed forces, other than for training purposes.

- On the date activated, the employee is a member of the Wisconsin National Guard or a member of a reserve component of the U.S. armed forces or is recalled to active military duty from the inactive reserve status.

- The employer pays the employee’s salary, less any military pay and housing allowances, during the period in which the employee is on military duty in the U.S. armed forces, unless the military pay and housing allowances equal or exceed the employee’s salary.

Any months on military LOA meeting the criteria above count toward the six months WRS participation requirement for ICI eligibility. Should that occur and the employee files the ICI enrollment application with the employer prior to the military leave, the employer must follow the normal application filing process and collect ICI premiums.

For applications not received by the employer prior to the eligibility date, the ICI enrollment application must be received by the employer no later than 30 days after the return to work from active military leave. The ICI coverage effective date is the first of the month following the employer’s receipt of the completed ICI application.

ICI covered employees on active military leave who allow coverage to lapse may reinstate their previous coverage by filing an ICI enrollment application with the employer no later than 30 days after the return to work from active military leave. The employee is not required to file for coverage under evidence of insurability. Premiums resume in the same amount as before the active military leave, unless an annual premium or salary adjustment has occurred in the interim.

Change to LTE, Project or Other Employment Status

An insured employee who changes employment status and remains eligible for WRS can continue coverage under the ICI program. When an insured employee changes their percentage of appointment and their earnings base, premiums must be adjusted accordingly.
208 Change to or from UW Faculty/Academic Staff Positions

When an employee has a change in employment that results in a switch from a State position to a UW faculty position, or vice versa, ICI eligibility and enrollment options may be affected. The following four scenarios provide additional information:

1. Classified to UW faculty (Previously Insured)
   a. ICI coverage can be continued, and
   b. The employee must file a new application within 30 days of becoming a UW faculty and select an elimination period of 30, 90, 125 or 180 calendar days.

2. Classified to UW faculty (Previously Uninsured)
   a. The employee is eligible to enroll immediately if previously employed at least one year in State service, and
   b. The employee selects an elimination period that provides an increase in State contribution from what the person could have obtained in the previous employment. In this case, obtain the sick leave record from the previous employment to determine the corresponding UW faculty elimination period for which the employee is eligible to apply.

1) Classified Employees:

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Approximate Percent of Gross Premium Paid by the State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>67%</td>
</tr>
<tr>
<td>4</td>
<td>77%</td>
</tr>
<tr>
<td>5</td>
<td>85%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

2) UW faculty Only:

<table>
<thead>
<tr>
<th>Selected Elimination Period</th>
<th>Percent of Gross Premium Paid by the State*</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 calendar days</td>
<td>37%</td>
</tr>
<tr>
<td>90 calendar days</td>
<td>69%</td>
</tr>
<tr>
<td>125 calendar days</td>
<td>75%</td>
</tr>
<tr>
<td>180 calendar days</td>
<td>100%</td>
</tr>
</tbody>
</table>

*For faculty with one year or more of State service

The amount of sick leave accumulated by an uninsured classified employee will determine which elimination period the employee is eligible for as UW faculty as represented in the following chart:
### Sick Leave Accumulation (one day of sick leave = 8 hours)

<table>
<thead>
<tr>
<th>Sick Leave Accumulation</th>
<th>Elimination Period For Which Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has <strong>not</strong> accumulated 10 days in a previous year (i.e., in Premium Category 1 or 2.)</td>
<td>30, 90, 125 or 180 calendar days; evidence of insurability is <strong>not</strong> required</td>
</tr>
<tr>
<td>Has accumulated 10 days in any previous year (i.e., in Premium Category 2.)</td>
<td>90, 125, or 180 calendar days; evidence of insurability is <strong>not</strong> required</td>
</tr>
<tr>
<td>Has accumulated 65 days total at the end of any previous year (i.e., in Premium Category 4.)</td>
<td>180 calendar days; evidence of insurability is <strong>not</strong> required</td>
</tr>
<tr>
<td>Has accumulated 90 days total at the end of any previous year (i.e., in Premium Category 5.)</td>
<td>180 calendar days; evidence of insurability is <strong>not</strong> required</td>
</tr>
<tr>
<td>Has accumulated 130 days total at the end of any previous year (i.e., in Premium Category 6.)</td>
<td>Evidence of Insurability <strong>is</strong> required</td>
</tr>
</tbody>
</table>

- The employee is eligible for deferred coverage at the end of any calendar year in which accumulated sick leave exceeds 130 days. An *Income Continuation Insurance Application* (ET-2307) is due by January 30.

3. **UW faculty to Classified (Previously Insured)**
   - ICI coverage can be continued, and
   - The employee must file a new application within 30 days to continue coverage.
   - The premium category (1-6) will depend on the amount of sick leave the employee has accumulated.

4. **UW faculty to Classified (Previously Uninsured).**
   - Evidence of Insurability is required if the classified employee has at least six months of WRS participation, otherwise eligible after completion of six months of WRS participation.
   - The classified employee is eligible for deferred coverage at the end of any calendar year in which:
     1) The full-time employee accumulates 80 hours of sick leave (i.e., premium category 3) (prorated for less than full-time) in a calendar year for the first time, or
     2) The employee’s sick leave falls within premium category 4 or 5 for the first time, or
     3) The employee accumulates 1040 hours of sick leave, making them eligible for premium category 6.

An *Income Continuation Insurance Application* for deferred coverage is due by January 30, with coverage effective April 1.
Reinstatement Due to Settlement Agreement

Some employee/employer disputes are the result of discharge from employment. ICI coverage immediately terminates on the date of discharge; ICI coverage cannot be continued during a process of appeal or arbitration. Should resolution of the dispute result in reinstatement;

• The employee may reenroll for only the same coverage that was in effect on the date of the disputed termination. UW faculty may elect a longer elimination period.

• A completed application must be filed with the employer no later than 30 days after the return to active employment.

• The effective date of the insurance is determined as if the employee were rehired on the date of the reinstatement. Coverage becomes effective the first of the month following the employer’s receipt of the application.
CHAPTER 3 — ENROLLMENT AND APPLICATION

300 Applying for Income Continuation Insurance – New Employee

The Income Continuation Insurance (ICI) program is available to all eligible State employees. On an employee’s first day of Wisconsin Retirement System (WRS) covered employment, the employer must provide them with an Income Continuation Insurance brochure (ET-2106), which explains the ICI program, along with an Income Continuation Insurance Application (ET-2307). The employer must complete the relevant employer information area of the application and submit the completed applications to the Department of Employee Trust Funds (ETF). (Refer to the application for address information.)

301 Three Enrollment Opportunities

The ICI program is available to all eligible State employees and provides replacement income during periods of short-term disability as well as those lasting for extended periods. The ICI program has two levels of coverage:
Standard ICI coverage:
- is available to all eligible State employees.
- provides coverage on the employee’s annual earnings up to $64,000.
- has a maximum monthly benefit of $4,000.
- provides State contribution toward premium for State employees at specified sick leave balances.
- provides State contribution toward premium for UW faculty after 12 months State service or 130 days sick leave accumulation.

Supplemental ICI coverage:
- requires enrollment in standard ICI.
- permits enrollment annually without providing evidence of insurability.
- provides coverage on the employee’s annual earnings up to $120,000.
- has a maximum monthly benefit of $7,500, in conjunction with standard coverage.
- requires the employee to pay the entire premium.

Note: Earnings for the determination of premium amounts is defined as the basic salary, including permanent add-on pay awarded to employees holding certain educational degrees, certifications, licenses or credentials but does not include overtime pay, temporary additional pay such as night differential, weekend differential and income from any other sources. For employees working less than 12 calendar months, such as seasonal, academic, project or limited term employees, the monthly premium is based on the total earnings paid to the employee in the previous calendar year as reported to the WRS, or a projection of earnings if there were no previous years earnings.

There are three opportunities for an eligible State employee to enroll in the ICI program:

1. **Initial Enrollment Period**

   An eligible State employee as defined in chapter 2, may enroll in standard and supplemental ICI without evidence of insurability by submitting a completed *Income Continuation Insurance Application* (ET-2307) to the employing State agency within 30 days of the employee’s initial eligibility date. An employee who becomes initially eligible while on military leave must submit an application within 30 days of return to work.

   Employees with earnings of $64,000 or less are limited to standard ICI. Enrollment in supplemental ICI is optional and may occur during the employee’s initial enrollment period or on an annual basis, concurrent with the annual deferred enrollment period. Supplemental ICI enrollment requires enrollment in standard ICI.

   An eligible employee of more than one employer, or one who falls under different ICI plans with different elimination periods, must file a separate application for each position held. (Refer to chart in subchapter 202.)

2. **Deferred Coverage**

   **State Employees** – The requirement to submit evidence of insurability is waived for State employees who decline to enroll during their initial enrollment period, but who
subsequently become eligible for State share, or an increase in State share, toward the premium by accumulating specified levels of sick leave for the first time. State contribution toward the premium is only available when accumulated sick leave falls within premium categories 3, 4, 5 and 6. (Refer to Chapter 4 for information on premium categories.)

Upon first reaching one of the specified sick leave premium categories, the employee is eligible to enroll in ICI through the deferred coverage provision. The employee’s sick leave accumulation at the end of the last complete payroll period in any calendar year must be such that it is the first time their sick leave falls within that premium category. The only exception to this is that a State employee whose accumulated sick leave exceeds 1040 hours at the end of any calendar year qualifies for deferred enrollment. An employee who becomes eligible for deferred coverage must complete an Income Continuation Insurance Application. The application must be received, signed and dated by the State agency on or before January 30, with coverage effective April 1.

- **Supplemental ICI** – Employees with annual earnings exceeding $64,000 wishing to enroll in supplemental ICI may do so annually without submitting evidence of insurability. Supplemental ICI enrollment requires previous or concurrent enrollment in standard ICI. Employees without standard ICI coverage and who are not eligible to apply for standard coverage through the deferred enrollment provision, cannot enroll for supplemental coverage. An employee who wishes to add supplemental coverage must complete an Income Continuation Insurance Application. The application must be received, signed and dated by the State agency on or before January 30, with coverage effective April 1.

- **Premium Category 3** – Deferred enrollment in premium category 3 is available when a full-time employee initially accumulates 80 hours of sick leave as of the end of the last complete payroll period in the preceding calendar year. (Refer to subchapter 400B for more details.)

**UW Faculty/Academic** – The requirement to submit evidence of insurability is waived for UW faculty who declined to enroll during their initial enrollment period, but who subsequently become eligible for State share toward the premium, or whose accumulated sick leave exceeds 1040 hours at the end of any calendar year.

The State premium contribution for UW faculty is effective following completion of one year of State WRS creditable service. Once the faculty employee meets the one year of State WRS service requirement, they are eligible to enroll in the ICI program through the deferred coverage provision. UW faculty enrolling for ICI coverage must select an elimination period of 30, 90, 125, or 180 calendar days.

For UW faculty applying upon eligibility for State share of premium, an Income Continuation Insurance Application must be completed and received by the UW payroll/personnel office within 30 days from the date the faculty employee completed the one year State WRS service requirement. Coverage is effective the first of the month on or after the employer’s receipt date.

**Example:** A UW faculty employee hired September 1 must submit an application within 30 days after August 31 of the following year.
It is recommended, if applying through the one year State service deferred coverage provision, that UW faculty complete the *Income Continuation Insurance Application* at the onset of UW employment and indicate on the application that they desire that coverage be effective when the State contributes toward the premium.

For UW faculty applying upon accumulation of 1040 hours of sick leave, a completed *Income Continuation Insurance Application* must be received, signed and dated by the UW on or before January 30, with coverage becoming effective April 1.

- **Supplemental ICI** – Employees with annual earnings exceeding $64,000 wishing to enroll in supplemental ICI may do so annually without submitting evidence of insurability. Supplemental ICI enrollment requires previous or concurrent enrollment in standard ICI. Employees without standard ICI coverage and who are not eligible to apply for standard coverage through the deferred enrollment provision, cannot enroll for supplemental coverage. An employee who wishes to add supplemental coverage must complete an *Income Continuation Insurance Application*. The application must be received, signed and dated by the State agency on or before January 30, with coverage effective April 1.

### 3. Evidence of Insurability

The *Evidence of Insurability Application* (ET-2308) is required for State employees wishing to enroll in the standard and supplemental ICI program who missed the initial enrollment period and any deferred enrollment opportunity. The *Evidence of Insurability Application* is also required for insured UW faculty wishing to select a shorter elimination period. Application for supplemental ICI through evidence of insurability is only possible in conjunction with standard ICI.

An eligible employee who fails to apply for standard ICI within 30 days of becoming eligible may apply for coverage by providing evidence of insurability. Eligible employees (actively employed and not on leave of absence or layoff) may apply at any time prior to age 70 by completing an *Evidence of Insurability Application* and forwarding it directly to ETF. An application received by ETF more than 30 days after its completion date (i.e., the date the application is signed) will be rejected and the employee will be required to complete a new application.

The *Evidence of Insurability Application* requires that the employee submit medical proof of insurability. The plan’s third party administrator will review the application.

**Note:** Any costs incurred for exams, tests or procedures conducted to prove eligibility are the responsibility of the employee.

Employers receive notice from the third party administrator of the approval or denial of the *Evidence of Insurability Application*, which should be retained for their records. (Refer to subchapter 309-312 for sample notices.)

Employees have the right to submit a written request to the third party administrator for reconsideration if the *Evidence of Insurability Application* is denied. The third party administrator must receive the written request within 90 days of the denial. Should the reconsideration also result in denial, the employee has the right to request that ETF do a subsequent review of the denial and render a Departmental Determination. The ETF reconsideration request must be made within 90 days of
the third party administrator’s reconsideration denial. In the event the Departmental Determination upholds the denial, the employee may not file a new application until a period of one calendar year elapses from the date of the initial application denial.

(Refer to subchapter 307 for instructions on completing the Evidence of Insurability Application.)

302 Employee Completion of the ICI Application (ET-2307)

The employee must complete the following items on the Income Continuation Insurance Application and return the application to the employer no later than 30 days following the initial eligibility date. (Refer to the sample form in subchapter 304.)

a. Complete legal name.

b. Entire permanent address.

c. Social Security number.

d. Birthdate (employee must be under age 70).

e. Sex.

Employee Section 1 – Standard ICI Coverage

f. Check the box indicating the election of standard ICI coverage, the choice not to elect coverage, or the desire to cancel coverage.

Employees electing standard ICI coverage whose annual earnings exceed $64,000 should proceed to section 2. Employees with earnings of $64,000 or less should proceed to section 3.

Employees not electing standard ICI coverage or canceling coverage should proceed to section 4. (Note: Canceling standard ICI coverage automatically cancels any existing supplemental coverage.)

Employee Section 2 – Supplemental ICI Coverage

g. Available to employees whose annual earnings exceed $64,000 and who are enrolled in, or initially applying for, standard ICI coverage.

Check the appropriate box indicating the election of, the choice not to elect, or the desire to cancel supplemental ICI coverage. (Note: Checking the box indicating a cancellation of supplemental coverage is appropriate for those employees wishing to cancel supplemental ICI coverage but maintain standard ICI coverage for their earnings up to $64,000.)

Employees electing supplemental ICI coverage as part of their initial enrollment in ICI coverage should proceed to section 3. Employees electing supplemental ICI coverage who already have standard ICI coverage should proceed to section 4.

Employees not electing supplemental ICI coverage or canceling coverage should proceed to section 4.
Employee Section 3 – Questions applicable to employment status

h.  *State Employees and UW Faculty/Academic Staff*:

Indicate the most recent previous State agency at which the applicant was employed, if any, and the dates of employment. If none, indicate NA.

i.  *UW Faculty/Academic Staff only*:

Select an elimination period and indicate when coverage should become effective (i.e., as soon as possible, or when State contributes toward premium).

Note to UW Faculty/Academic Staff—Select an elimination period when:

- Applying for standard ICI and, if eligible, supplemental ICI coverage.
- Applying for a longer elimination period than previously selected. (Evidence of Insurability is required to change to a shorter elimination period.)

UW Faculty/Academic Staff members currently enrolled in ICI who are electing supplemental ICI coverage should not complete this section unless they wish to lengthen their elimination period; in these cases the employer must check the appropriate box in the “Employer Section” or the application will be returned.

Employee Section 4 – Employee Signature

j.  Employee signature. (If missing, the application is invalid and will be returned for signature.)

k.  Employee’s daytime telephone number.

l.  Date of signature.

m.  Employee returns application to employer.

303  Employer Completion of the *ICI Application* (ET-2307)

The employer **must** complete the following items on the *Income Continuation Application* and forward the application to ETF. (Refer to the sample form in subchapter 304.)

a.  Indicate the reason for submitting the application by checking the appropriate box and indicating the occurrence date.

- **Immediately Eligible On.** Check this box for employees who previously completed six months of service under the WRS. Indicate the occurrence date.

- **New employee will have participated in WRS for six calendar months on.** Check this box for new employees and rehired employees who have not previously completed six calendar months of service under the WRS and indicate the occurrence date.

- **Reinstating coverage upon return from layoff or leave of absence.**
Date temporary layoff/LOA began: _________

Date employee returned ____ . Check this box if an employee who previously had ICI coverage takes a leave of absence, allows coverage to lapse and then returns to eligible employment. Insert the date the leave began and the date the employee returned from leave. Indicate the occurrence date.

Transferred from another State agency on. Check this box for employees transferring from another State agency and indicate the transfer date.

(UW Faculty/Academic Staff only) Changed to a longer elimination period effective on: Check this box if the employee wants to elect a longer elimination period. An employee may change to a longer elimination period at any time. However, if an employee wants to change to a shorter elimination period, the employee must apply through evidence of insurability.

Eligible through deferred coverage (State employees and UW Faculty/Academic Staff) on. Check this box for employees eligible through deferred coverage and indicate the coverage begin date.

Other. Check this box for a situation that does not fit one of the other categories listed above and list the effective date of coverage. For example:
- Return from leave of absence.
- Applying for supplemental ICI coverage during annual deferred enrollment.
- Canceling supplemental ICI coverage only.
- Reinstatement due to grievance/arbitration.
- Return from military leave.

b. Previous Service – Indicate if the employee participated under WRS prior to being hired by you, whether you have completed a previous service check and the source of the check, and the date WRS participation began with you. A previous service check must be completed for all employees.

c. Earnings – Use the employee’s WRS earnings as reported in the preceding calendar year or, if applicable, the employee’s projected calendar year earnings and indicate whether the earnings are monthly or biweekly.

d. Basis of Employment – Check whether the employee’s basis of employment is full-time, part-time, limited term, seasonal, project, or academic year. If part-time, indicate the percentage of full-time employment.

e. ICI Monthly Premium – Indicate the appropriate employee and employer premium share. (Refer to subchapters 401 and 402.)

f. Supplemental ICI Monthly Premium – Indicate the premium; refer to the supplemental premium rate sheet. (The employee pays the entire premium for supplemental ICI coverage.) (Refer to subchapters 401 and 402.)
g. **Sick Leave Information for Deferred Coverage or Reinstated or Rehired Employees** – Indicate the total accumulation of sick leave credits for the previous 2 calendar years.

h. **Employer name** – Use the same name used for Social Security reporting.

i. **Employer Number 69-036** – The Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).

j. **Date Received by Employer (MM/DD/CCYY)** – The date the employer received the employee’s completed application. This date determines when the insurance becomes effective. If this date is missing the coverage effective date will be based on the date ETF receives the application and could cause delay or denial of coverage.

k. **Employer Agent Signature** – The WRS agent or designated representative must certify that the information on the application is true and correct.

l. **Prepared By** – Indicate the name of the person preparing the form.

m. **Daytime Telephone Number** – The telephone number of the employer contact person/preparer.

n. **Effective Date (MM/DD/CCYY)** – Indicate the coverage effective date – the first of the month on or following receipt of application by the employer. For example, coverage is effective on the:
   - eligibility date for applications received on or prior to the eligibility date.
   - 1st on the month for applications received on the 1st of the month.
   - 1st of the following month for applications received on the 2nd through the 31st of the month.
<table>
<thead>
<tr>
<th>I. EMPLOYEE: COMPLETE PART I</th>
<th>TYPE OR PRINT IN INK, SIGN, AND RETURN TO EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
<td>Maiden/Former</td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Street No.</td>
<td>Street Name</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td>Country and Mail Code (if not USA)</td>
</tr>
<tr>
<td>Sex</td>
<td>Male □ Female □</td>
</tr>
</tbody>
</table>

Complete sections 1 – 3 (2 and 3 if applicable) and sign at section 4.

1. INCOME CONTINUATION INSURANCE (ICI) COVERAGE
   - Check One:
     - □ I elect ICI coverage and authorize payroll deductions for premiums. If your annual earnings exceed $54,000.00, go to #2. If not, proceed to #3.
     - □ I do not elect ICI coverage. Sign below at #4.
     - □ I wish to cancel my ICI coverage. (Checking this box also cancels Supplemental ICI coverage, if in effect.) Sign below at #4.

2. SUPPLEMENTAL ICI COVERAGE: Only available to employees whose annual earnings exceed $54,000.00 and who are currently enrolled in, or are applying for, ICI coverage. Check One:
   - □ I elect Supplemental ICI coverage. I understand that Supplemental ICI premiums are paid by the employee with no employer contribution. I authorize payroll deductions for Supplemental ICI premiums. (UW Faculty/Academic Staff: If already enrolled in ICI coverage, I understand that the elimination period previously selected will be applied to Supplemental ICI coverage.) If you elected ICI coverage in #1, go to #3. If you already have ICI coverage, sign below at #4.
   - □ I do not elect Supplemental ICI coverage. If you elected ICI coverage in #1, go to #3. If not, sign below at #4.
   - □ I wish to cancel my Supplemental ICI coverage only. Sign below at #4.

3. Answer only those questions applicable to your employment status (once completed, sign below at #4):
   - STATE EMPLOYEES AND UW FACULTY/Academic Staff: □ I was most recently employed by the following State agency: From (MM/DD/YYYY) □ To (MM/DD/YYYY) □
   - UW FACULTY/Academic Staff only:
     - □ I elect the following calendar day elimination period for ICI coverage (and Supplemental ICI coverage, if applicable): □ 30-day □ 90-day □ 125-day □ 195-day
     - □ When State contributes toward premium (defer coverage for 12 months)
     - □ I want my coverage to be effective: □ As soon as possible (upon completion of 6 mos. WRS service) □ Other (specify):

4. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I authorize the monthly employee share premium deduction (indicated below) from my earnings to provide ICI and Supplemental ICI coverage (if selected). I understand that if premiums are not deducted, I do not have ICI coverage.

II. EMPLOYER: COMPLETE PART II

Reason to submit application (Check appropriate box and indicate occurrence date)

   - □ Immediately eligible on:
   - □ New employee will have participated in WRS for six calendar months on:
   - □ Reinstated coverage upon return from temporary layoff or leave of absence. Date temp layoff/LOA began: Date employee returned:
   - □ Transferred from another State agency on:
   - □ UW Faculty/Academic Staff only. Changed to a longer elimination period effective on:
   - □ Eligible through deferred coverage (State employees and UW Faculty/Academic Staff) on:
   - □ Other (specify):

Earnings: □ Monthly □ Biweekly □ Full-Time □ Part-Time □ Seasonal □ Academic Year □ Project

ICl Monthly Premium: Employee Share $ □ Employer Share $ Supplemental ICI Monthly Premium: Employee Share $

SICK LEAVE INFORMATION FOR DEFERRED COVERAGE OR REINSTATED OR REHIRED EMPLOYEES

Total accumulation of sick leave credits for the preceding 2 calendar years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Beginning Balance</th>
<th>Sick Leave Earned</th>
<th>Sick Leave Used</th>
<th>Ending Balance</th>
</tr>
</thead>
</table>

ET-2307 (REV 02/2005) Return all copies of this application to your payroll section.
305 Distribution of Copies

Following completion of the *Income Continuation Application* (ET-2307), distribute the individual application copies as follows:

1. Forward the top copy of the application to ETF, regardless of whether the employee declines, cancels or elects coverage. Each application will be audited and problem applications will be reviewed with the employer.
2. Retain the Employer Copy for verification purposes.
3. Give the Employee Copy to the employee.

306 Application Due Date and Effective Date of Coverage (Chart)

The salary basis upon which ICI premium rates are determined vary as follows:

- **12-Month Employee** – Basic salary, including permanent add-on pay awarded to an employee who holds certain educational degrees, certifications, licenses or credentials, in effect at the time the employee becomes insured. Temporary additional pay and overtime is not included.

- **Less than 12-Month Employee with Previous Year’s Earnings** – Project, LTE, seasonal or academic year employees who are employed for less than 12 calendar months have a salary basis using the previous calendar year earnings rounded to the next highest thousand divided by 12. If these employees did not receive earnings for the entire previous calendar year or resumed employment after an interruption of service extending 3 consecutive months or more, the earnings are estimated for the 12 months.

- **Less than 12-Month Employee without Previous Year’s Earnings** – Use projected 12 month earnings.

The following table provides guidelines for determining *Income Continuation Application* (ET-2307) due dates and ICI coverage effective dates for specific employment situations. (Refer to subchapters 201 and 204 for information on ICI eligibility dates.)

<table>
<thead>
<tr>
<th>EMPLOYMENT SITUATION</th>
<th>APPLICATION TYPE</th>
<th>APPLICATION DUE DATE</th>
<th>COVERAGE EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New State employee – no previous service.</td>
<td><em>ICI Application</em> (ET-2307)</td>
<td>No later than 30 days following completion of 6 months WRS service.</td>
<td>Eligibility date or 1st of month on or after employer’s receipt of completed application, whichever is later.</td>
</tr>
<tr>
<td>Rehired, previously insured employee</td>
<td><em>ICI Application</em> (ET-2307)</td>
<td>No later than 30 days from rehire.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>following 30 day break in employment with no WRS benefit taken.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehired WRS annuitant electing WRS coverage by submitting completed ET-2319.</td>
<td><em>ICI Application</em> (ET-2307)</td>
<td>No later than 30 days from WRS begin date at current employer.</td>
<td>WRS begin date at current employer or 1st of month on or after employer’s receipt of completed application, whichever is later.</td>
</tr>
<tr>
<td>EMPLOYMENT SITUATION</td>
<td>APPLICATION TYPE</td>
<td>APPLICATION DUE DATE</td>
<td>COVERAGE EFFECTIVE DATE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Previously insured employee returning from military leave during which coverage lapsed.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of return to work from military leave.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Previously insured employee returning from LOA during which coverage lapsed.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of return to work from LOA.</td>
<td>1st of the month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Previously uninsured employee returning from LOA.</td>
<td>Evidence of Insurability (ET-2308)</td>
<td>Any time but not within one year of a previous Evidence of Insurability application’s denial.</td>
<td>1st of month following approval of Evidence of Insurability application.</td>
</tr>
<tr>
<td>Insured State employee transferring to another State agency within 30 days*.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of transfer.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Insured UW Faculty transferring to State (non-Faculty) employment*.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of transfer.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Insured State employee transferring to UW Faculty*.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of transfer.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>New UW Faculty – no previous service – no employer contribution.</td>
<td>ICI Application (ET-2307)</td>
<td>1st of month on or after completion of 6 months WRS service.</td>
<td>Eligibility date or 1st of month on or after employer’s receipt of completed application, whichever is later.</td>
</tr>
<tr>
<td>New UW Faculty completes one year State service – eligible for employer contribution.</td>
<td>ICI Application (ET-2307)</td>
<td>No later than 30 days following completion of one year State service.</td>
<td>1st of month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Deferred Coverage – UW Faculty accumulates 1040 hours of sick leave.</td>
<td>ICI Application (ET-2307)</td>
<td>On or before January 30.</td>
<td>April 1.</td>
</tr>
<tr>
<td>Previously insured employee reinstated due to arbitration.</td>
<td>ICI Application (ET-2307)</td>
<td>Within 30 days of reinstatement.</td>
<td>1st of the month on or after employer’s receipt of completed application.</td>
</tr>
<tr>
<td>Deferred Coverage – State (non-Faculty) employee reaches premium plateau 3 – 5 for first time, or has accumulated 1040 hours sick leave.</td>
<td>ICI Application (ET-2307)</td>
<td>On or before January 30.</td>
<td>April 1.</td>
</tr>
<tr>
<td>Eligible employee who missed other enrollment opportunities.</td>
<td>Evidence of Insurability (ET-2308)</td>
<td>Any time but not within one year of a previous Evidence of Insurability application’s denial.</td>
<td>1st of month following approval of Evidence of Insurability application.</td>
</tr>
<tr>
<td>Currently insured, eligible employee electing Supplemental coverage.</td>
<td>ICI Application (ET-2307)</td>
<td>On or before January 30.</td>
<td>April 1.</td>
</tr>
</tbody>
</table>

* If there is a break in service of 30 or more days when transferring positions, the employee is treated as a new employee.
307 Instructions for Completing the Evidence of Insurability Application (ET-2308)

The Evidence of Insurability Application provides additional opportunities for employees under age 70 to enroll in the ICI program if coverage was previously declined, cancelled, lapsed or denied. It also provides a method by which employees may enroll after missing their initial enrollment period or elect a shorter elimination period. The employee must furnish acceptable medical evidence before approval.

The Evidence of Insurability Application can be used to apply for supplemental ICI, if eligible, only when also applying for standard ICI. Application through evidence of insurability for supplemental coverage only is not permissible.

Note: Eligible applicants with standard ICI coverage may apply for supplemental ICI coverage annually under the deferred coverage provision. (Refer to subchapter 301.)

A. Employer Responsibilities

1. Review the eligibility criteria outlined in subchapter 200 to determine if the employee is eligible to apply for ICI coverage.

2. Provide the eligible employee with a copy of the Income Continuation Insurance brochure (ET-2106) explaining the ICI program.

3. On the Evidence of Insurability Application—complete the employee’s Social Security number, current employing State agency, employer number 69-036-(XXXX-XXX), occupation and the date eligible for WRS. Give the application to the employee to complete.

4. Instruct the employee to read the instructions on the first page of the Evidence of Insurability Application. Incomplete applications will be returned to the employee and will delay application processing.

B. Employee Responsibilities

1. Read the instruction page of the Evidence of Insurability Application and follow the directions. Complete the form in its entirety, including all pertinent information, then sign and date the form. Unanswered questions, incomplete answers to questions, lack of signature and/or date will result in the application being returned.

2. Submit the application to ETF no later than 30 days after the date of completion to ensure current medical information. Applications received more than 30 days after the employee signs and dates the application will be rejected. The employee will then be required to complete and submit a new Evidence of Insurability Application.

C. Approval/Denial

1. The third party administrator will notify both employee and employer of the approval/denial and the effective date of coverage, if applicable,
approximately 60 to 90 days from ETF’s receipt of the Evidence of Insurability Application.

2. For approved applications, the effective date of coverage will be the first of the month following the date the evidence is approved. Premiums are due from that day forward.

3. For denied applications:
   a. Retain the employer’s copy of the denial form for future reference. Additional action by the employer is not necessary.
   b. The employee has the right to request reconsideration of the initial denial by submitting a written request to the third party administrator within 90 days of the date of the initial denial.
   c. The employee has the right to request a subsequent review of the reconsideration’s denial by requesting a Departmental Determination within 90 days of that denial.
   b. A new application will not be considered until one-year elapses from the date of denial.
308 Sample – Evidence of Insurability Application (ET-2308)

DEPARTMENT OF EMPLOYEE TRUST FUNDS
P.O. BOX 7931
Madison, WI 53707-7931

Clearly print or type your: 
Name and address below:

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**Evidence of Insurability Application**
(Income Continuation Insurance)
Wis. Stat. § 40.61

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birthdate (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Height (ft. in.)</th>
<th>Weight (lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ M</td>
<td>☐ F</td>
<td></td>
</tr>
</tbody>
</table>

**Current Employer or Department**

<table>
<thead>
<tr>
<th>Employer Number</th>
<th>69-006</th>
</tr>
</thead>
</table>

**Occupation**

<table>
<thead>
<tr>
<th>Date Eligible for WRS (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

** UW FACULTY AND ACADEMIC STAFF**

**LOCAL GOVERNMENT EMPLOYEES ONLY**

**I elect the following waiting period (calendar days):**
- ☐ 30 day
- ☐ 60 day
- ☐ 90 day
- ☐ 120 day

**I elect the following waiting period (calendar days):**
- ☐ 30 day
- ☐ 60 day
- ☐ 90 day
- ☐ 120 day

ANSWER EACH OF THE FOLLOWING QUESTIONS CAREFULLY AND COMPLETELY

1. Are you presently in good health and free from physical impairment and pregnancy? (If no, explain.)

2. Has any life, health, or accident and sickness insurance application including Income Continuation Insurance been cancelled, rejected, or assigned to a special rate category because of your medical condition? (If yes, explain.)

3. Have you, within the last 5 years, made claim for or received disability or retirement payments because of an illness or injury? (If yes, give date, amount, company, type of illness or injury, type of insurance, and reason.)

4. During the last 5 years have you been hospitalized, had surgery, or been advised to have surgery? (If yes, give date, hospital, doctor and diagnosis.)

5. Have you, within the last 5 years, missed work for more than two weeks because of an illness or injury? (If yes, list dates of time off and type of illness or injury.)

6. Have you ever been diagnosed or received treatment by a health care provider for any of the following:

   - Heart Disease/Attack
   - Chest Pain, Angina, or Shortness of Breath
   - Disorder of Heart Muscles, Its Nerves or Vessels
   - Irregular Heart Beat, Murmur or Rheumatic Fever
   - Abnormal Blood Pressure
   - Disorder of Veins or Arteries
   - Diabetes, High or Low Blood Sugar
   - Disorder of Kidneys or Bladder
   - Venereal Disease, Syphilis, Gonorrhea, Genital Warts or Genital Herpes
   - Protein, Blood or Sugar in Urine
   - Night Sweats, Persistent Swollen Glands, or Diarrehea
   - Arthritis, Burains or Gout
   - Disorder of Back, Neck or Spine
   - Disorder of Muscles, Bones or Joints
   - Temporomandibular Joint Syndrome (TMJ)
   - Recurrent Abdominal Pain or Hemia
   - Stroke, Epilepsy or Seizure Disorder
   - Migraine or Persistent Headaches
   - Mental or Nervous Disorder
   - Disfigurement of Any Type, Past or Present
   - Tumor or Cysts
   - Conditions of the Brain or Nervous System
   - Conditions of the Eyes, Ears, Nose or Throat
   - Conditions of the Skin or Lymph Nodes
   - Conditions of the Prostate, Ovaries or Uterus
   - Conditions of the Stomach, Intestines, Gallbladder or Liver
   - Conditions of the Thyroid or any Gland
   - Treatment to limit use of Alcohol, Other Chemicals or Drugs
   - AIDS or any other Immune System
   - Human Immunodeficiency Virus (HIV)*
   - AIDS Related Complex (ARC)**

   *You are not required to submit, nor are we seeking a result of an HIV Antibody Test.

7. If any of the above are checked, give date, nature and period of disability, doctor's name and address and result.

---

8. Physician who is most familiar with your medical history. Please include physician's full name, address, city, state, zip code.

Name: ____________________________
Address: ____________________________

Date last visited: __________
Reason for visit:

Other Physicians consulted within the last 5 years: (Add additional names and addresses on separate sheet of paper, if necessary.)

Name: ____________________________
Address: ____________________________

Upon approval of this application I hereby authorize payroll deductions from my earnings. I hereby authorize any and all physicians, hospitals, clinics, etc. to release to the Wisconsin Department of Employee Trust Funds or the ICI Program Administrator information from my health record. I understand that the specific type of information to be released includes any and all medical and/or treatment records, and may include records pertaining to alcohol abuse, drug abuse, records with reference to child abuse, developmental disabilities, mental illness, HTLV-III (AIDS) testing and results, and/or treatment records. This release is being made for the purpose of applying for Insurance. A copy of this authorization shall be considered as effective and valid as the original and is effective for 90 days from the date signed below.

I understand that Wis. Stat. § 943.395, provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true, correct and complete.

Date (MM/DD/YYYY): ________________
Signature: ____________________________

Telephone No.: ____________________________
Work: ( ) Home: ( )

[☐] The medical information received from Application: ☐ APPROVED ☐ DENIED
indicates: ________________ Date: [☐] did not respond to several requests for additional medical information
Reapply: ________________ Date: By: [☐] For EFP only, Effective date of Coverage (MM/DD/YYYY)

ET-2308 (REV 04/2005)
309 Sample – Notice of Approval of Coverage Under Evidence of Insurability

[Date]

«ClaimantsFirstName» «ClaimantsLastName»
«CLAddress1» «CLAddress2»
«CLCity», «ClaimState» «CLZip»

Re: Income Continuation Insurance (ICI) Disability Benefits
   Evidence of Insurability (EOI)
   Social Security # XX

Dear Mr. or Ms. «ClaimantsLastName»:

Thank you for completing the Evidence of Insurability Application for enrollment into the Income Continuation Insurance benefit plan.

We have reviewed your Evidence of Insurability application. We are pleased to inform you that the information provided allows us to approve your enrollment into the Income Continuation Benefit Plan. Your application has now been approved effective [DATE]. By copy of this letter, your employer is directed to begin payroll deductions for both the standard and supplemental income continuation insurance premiums and to notify you when these deductions begin. The waiting period you selected is XX days.

Please be aware that omissions or mistakes in your application could cause a future valid claim to be denied. We urge you to carefully review the answers on your application for accuracy. Please verify that the information is complete, accurate, and any requested medical history has been included. If you find an error, you must write to this office within ten (10) calendar days, along with a copy of your amended Evidence of Insurability application.

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Sincerely,

Broadspire

cc: [Employer]
   Department of Employee Trust Funds
310 Sample – Notice of Denial of Coverage Under Evidence of Insurability

[Date] Certified Mail #

[Employee’s Name]
[Address 1]
[City, WI and Zip]

Re: Income Continuation Insurance (ICI)
Evidence of Insurability Application
Social Security #

Dear «ClaimantsFirstName» «ClaimantsLastName»:

Thank you for your application for Income Continuation Insurance coverage through the State of Wisconsin. We have completed our underwriting review of your application for coverage, and have found it necessary to decline coverage for the following reason:

[Reason]

The information used to reach this decision was taken from:

5. EVIDENCE OF INSURABILITY APPLICATION

The reason for this action was based solely on medical underwriting consideration in accordance with standard insurance industry underwriting guidelines.

If you feel that additional information provided by your physician may reverse this determination, you may submit this information directly, along with a written request that authorizes us to reconsider the original decision. Your request should detail the specific reason(s) you feel the decision should be reversed. Please submit this request to:

Broadspire
200 Wheeler Road, 5th Floor
Burlington, MA 01803

Your written request must be received by our office within 90 days from the date of this denial. You will be informed of Broadspire’s decision as soon as possible.

If you do not have any additional medical information for consideration, which might reverse our decision, you can reapply for coverage 12 months after the date of this denial.

Once again, thank you for your application and we regret not being able to meet your insurance needs at this time.

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Sincerely,

Broadspire

cc: Department of Employee Trust Funds (ETF)

(902)
Sample – Notice of Approval of Coverage After Reconsideration

[Date]  Certified Mail # Receipt Number

«ClaimantsFirstName» «ClaimantsLastName»  
«CLAddress1» «CLAddress2»  
«CLCity», «ClaimState» «CLZip»

Re:  Income Continuation Insurance (ICI) Disability Benefits  
Evidence of Insurability (EOI)  
Social Security # XX

Dear Mr. or Ms. «ClaimantsLastName»:

This letter is in response to your request for reconsideration of your Income Continuation Insurance (ICI) application.

We have now completed the review of the additional information supporting your ICI application. **We are pleased to inform you that the information provided warrants the reversal of the original application denial.** Your application has now been approved effective [DATE]. By copy of this letter, your employer is directed to begin payroll deductions for both the standard and supplemental income continuation insurance premiums and to notify you when these deductions begin.

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Sincerely,

Broadspire

cc:  [Employer]  
Department of Employee Trust Funds
312 Sample – Notice of Denial of Coverage After Reconsideration

[Date]       Certified Mail # Receipt Number

«ClaimantsFirstName» «ClaimantsLastName»
«CLAddress1» «CLAddress2»
«CLCity», «ClaimState» «CLZip»

Re: Income Continuation Insurance (ICI) Disability Benefits
    Evidence of Insurability (EOI)
    Social Security # XX

Dear Mr. or Ms. «ClaimantsLastName»:

We have received your request for a reconsideration of your application for Income Continuation Insurance (ICI) through the State of Wisconsin. We have carefully reviewed your application and are sorry to inform you that the original decision to deny your application was correct. You do have another opportunity to apply for coverage – you may submit another application after twelve (12) months from the date your original application was denied.

If you do not agree with this determination, you may request a Departmental Determination through the State of Wisconsin Department of Employee Trust Funds (DETF). A request for a Departmental Determination should be submitted, along with any additional information that you feel supports a reversal, to the following address:

Department of Employee Trust Funds (DETF)
ATTN: Eligibility, Inquiry and Resolution Section
P. O. Box 7931
Madison, WI 53707-7931

Please be aware that your request for a Department Determination must be received within ninety (90) days from the date of this letter.

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Once again, we are sorry we could not meet your insurance needs at this time.

Sincerely,

Broadspire

cc: Department of Employee Trust Funds
CHAPTER 4 — EMPLOYEE AND EMPLOYER PREMIUMS

400 Basis for Premium Contribution Rates

The gross amount of Income Continuation Insurance (ICI) premiums for State employees is based upon their earnings level and total accumulation of unused sick leave as credited in the last complete payroll period of the previous calendar year. State employees not earning sick leave will have the premium based on their earnings level, but they are not eligible for State share of premium; this includes blind employees of WISCRAFT.

UW faculty’s gross amount of ICI premium is based upon their earnings level and their selected elimination period of 30, 90, 125, or 180 days.

The following provides more detail on the criteria upon which ICI premium contribution rates are based:

A. EARNINGS:

12-Month Employee – means the basic salary, excluding overtime, which is in effect at the time the person becomes insured. Earnings include permanent add-on pay awarded to an employee who holds certain educational degrees, certifications, licenses or credentials, but will not include temporary additional pay such as night differential, weekend differential, or income from any other sources.

Less than 12-Month Employee with Prior Calendar Year’s Earnings – means the earnings from the prior calendar year rounded to the next higher thousand and divided by twelve for those employed on a seasonal or academic year appointment of less than twelve calendar months, or in a project or limited term capacity.

Less than 12-Month Employee without Prior Calendar Year’s Earnings – means projected earnings. Whenever an employee does not receive State project, limited term, seasonal or academic year earnings for all of the entire preceding calendar year or resumes State service after an interruption of such employment extending three months or more, the employer representative must estimate the earnings to be received during the ensuing twelve months rounded to the next higher thousand and divided by twelve to determine the monthly basis for earnings. Projected earnings shall not continue to be a basis for employee contributions beyond the ensuing calendar year.
When hired as a new employee or when there is a change in an employee’s percentage of appointment (i.e., change from half time to full time employment), a new earnings base is applicable either via a projection of earnings or earnings in effect at that time.

B. SICK LEAVE ACCUMULATION – STATE EMPLOYEES

Permanent, full-time State employees earn sick leave at a rate of five hours per pay period. The total accumulation of unused sick leave as credited in the last complete payroll period of the previous calendar year dictates which premium category is used to calculate ICI premium rates and determine eligibility for deferred enrollment. The premium categories and their respective minimum sick leave accumulations are as follows:

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Minimum Sick Leave Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 hours (less than 23 days)</td>
</tr>
<tr>
<td>2</td>
<td>184 hours (23 – 64 days)</td>
</tr>
<tr>
<td>3*</td>
<td>80 hours (at least 10 days)</td>
</tr>
<tr>
<td>4</td>
<td>520 hours (65 – 90 days)</td>
</tr>
<tr>
<td>5</td>
<td>728 hours (91 – 130 days)</td>
</tr>
<tr>
<td>6</td>
<td>1040 hours (over 130 days)</td>
</tr>
</tbody>
</table>

*Premium Category 3 – Enrollment in premium category 3 is available when a full-time employee initially accumulates 80 hours of sick leave as of the end of the last complete payroll period in the preceding calendar year. The employee will remain in premium category 3 only as long as 80 hours of sick leave were accumulated in the previous year; premium category 3 is not a permanent premium category.

Example: Employee accumulates 80 hours of sick leave (premium category 3) for the first time and enrolls in ICI through the deferred coverage provision. The following year accumulated sick leave falls below 80 hours. The employee is no longer eligible for premium category 3, since premium category 3 is not a permanent premium category. The employee will be required to pay the entire premium, based upon their accumulated sick leave.

Permanent part-time and seasonal employees’ accumulated sick leave is prorated to determine eligibility for deferred enrollment in premium category 3. In many cases a part-time or seasonal employee may work a greater or lessor number of hours than their percentage of full-time appointment might dictate. Therefore, to qualify for premium category 3, part-time and seasonal employees must accumulate the larger of the number of hours obtained using the following two formulas:

\[\text{80} \times \frac{\text{number of hours of sick leave earned annually}}{130}\]

\[80 \times \text{percentage of full-time appointment.}\]
• **Permanent Plateaus** – Any insured employee who accumulates at least 520 hours of sick leave by the end of any calendar year is said to have reached a “permanent plateau” level. This means that once an employee has reached this level, future premiums will be determined using that category, even though later use of sick leave may cause the total to drop below that plateau. Continued accumulation of sick leave may move the employee to a higher premium category and premium rates would be based on the higher category. Permanent plateau premium categories are category 4, 5 and 6.

C. ELIMINATION PERIOD – UW FACULTY

Upon electing ICI coverage UW faculty are required to select an elimination period of 30, 90, 125, or 180 days, representing the minimum number of consecutive days that must elapse prior to qualifying for a disability benefit.

Employee contribution toward the ICI premium is made in accordance with the rates as shown in the tables within subchapters 401 and 402. The ICI premium rates are subject to annual revision. Any revision to standard ICI and supplemental ICI premium rates will be communicated to employers by means of an **Employer Bulletin**. The employee pays the entire supplemental ICI premium amount; there is no State share.
Category 3 is a special rate category which permits employees to qualify for employer contribution by accruing 80 hours of sick leave in the previous calendar year. Premium category 3 is also available to part-time employees on a prorated basis. For example, those employed on a half time basis only have to accumulate 40 hours (5 days) of sick leave in the prior year instead of the 80 hours (10 days) required for full time employees. This proration applies only to category 3.
## MONTHLY EMPLOYEE SUPPLEMENTAL ICI PREMIUM RATES

(Effective 3/1/2005)

Note: The supplemental ICI premiums must be added to the standard ICI premiums to determine the total employee contribution.

### PREMIUM CATEGORIES

<table>
<thead>
<tr>
<th>BIWEEKLY SALARY</th>
<th>MONTHLY SALARY</th>
<th>Determined by hours of accumulated sick leave</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>0 hrs (under 23 days)</td>
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<tr>
<td></td>
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<td>184 hrs (23-64 days)</td>
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<tr>
<td></td>
<td></td>
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<tr>
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<td>520 hrs (91-130 days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>728 hrs (over 130 days)</td>
</tr>
</tbody>
</table>

### Income Continuation Insurance-State

Chapter 4 – Employee and Employer Premiums

Page 5

Income Continuation Insurance-State

Chapter 4 – Employee and Employer Premiums

Page 5
### Monthly Employee Standard ICI Premium Rates - UW Faculty

*Effective 3/1/2005*

<table>
<thead>
<tr>
<th>Monthly Salary Range</th>
<th>30 Days</th>
<th>90 Days</th>
<th>125 Days</th>
<th>180 Days</th>
<th>State Share</th>
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<td>$0.39</td>
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<tr>
<td>601 - 700.99</td>
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<td>0.59</td>
<td>-</td>
<td>1.79</td>
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<td>701 - 800.99</td>
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<td>0.69</td>
<td>-</td>
<td>2.09</td>
</tr>
<tr>
<td>801 - 900.99</td>
<td>3.97</td>
<td>1.08</td>
<td>0.79</td>
<td>-</td>
<td>2.29</td>
</tr>
<tr>
<td>901 - 1,000.99</td>
<td>4.37</td>
<td>1.18</td>
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<td>2.59</td>
</tr>
<tr>
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<td>1.28</td>
<td>0.99</td>
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<td>2.89</td>
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<tr>
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<td>-</td>
<td>4.49</td>
</tr>
<tr>
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<td>-</td>
<td>4.69</td>
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<td>7.39</td>
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<td>-</td>
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<td>-</td>
<td>7.89</td>
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<td>2.69</td>
<td>-</td>
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<td>8.99</td>
</tr>
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<td>-</td>
<td>9.29</td>
</tr>
<tr>
<td>3,501 - 3,600.99</td>
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<td>9.49</td>
</tr>
<tr>
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<td>-</td>
<td>9.79</td>
</tr>
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<td>3.69</td>
<td>-</td>
<td>10.89</td>
</tr>
</tbody>
</table>

Subject to Wis. Stat., § 40.05 (5) (a), this table applies to UW faculty who have one or more years of State creditable service. Employees who have less than one year of State creditable service are required to pay the State share in addition to the employee premium.
MONTHLY EMPLOYEE SUPPLEMENTAL PREMIUM RATES  
(UW Faculty Only)  
(Effective 3/1/2005)

Note: The supplemental ICI premiums must be added to the standard ICI premiums to determine the total employee contribution.

<table>
<thead>
<tr>
<th>MONTHLY SALARY RANGE</th>
<th>PREMIUM CATEGORY - ELIMINATION PERIOD (In calendar days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,333.34 - 5,400.99</td>
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</tr>
<tr>
<td>5,501.00 - 5,600.99</td>
<td>2.40 1.30 1.20 0.80</td>
</tr>
<tr>
<td>5,601.00 - 5,700.99</td>
<td>3.20 1.80 1.70 1.20</td>
</tr>
<tr>
<td>5,701.00 - 5,800.99</td>
<td>4.10 2.20 2.00 1.40</td>
</tr>
<tr>
<td>5,801.00 - 5,900.99</td>
<td>5.00 2.60 2.50 1.80</td>
</tr>
<tr>
<td>5,901.00 - 6,000.99</td>
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<td>6,001.00 - 6,100.99</td>
<td>6.70 3.60 3.40 2.40</td>
</tr>
<tr>
<td>6,101.00 - 6,200.99</td>
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</tr>
<tr>
<td>6,201.00 - 6,300.99</td>
<td>8.50 4.60 4.20 3.10</td>
</tr>
<tr>
<td>6,301.00 - 6,400.99</td>
<td>9.40 5.00 4.70 3.40</td>
</tr>
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<td>12.00 6.40 6.00 4.30</td>
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<td>7,101.00 - 7,200.99</td>
<td>16.30 8.60 8.20 6.00</td>
</tr>
<tr>
<td>7,201.00 - 7,300.99</td>
<td>17.20 9.10 8.50 6.20</td>
</tr>
<tr>
<td>7,301.00 - 7,400.99</td>
<td>18.00 9.60 9.00 6.60</td>
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<tr>
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<td>19.00 10.10 9.40 7.00</td>
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<tr>
<td>7,501.00 - 7,600.99</td>
<td>19.80 10.60 9.80 7.20</td>
</tr>
<tr>
<td>7,601.00 - 7,700.99</td>
<td>20.60 11.00 10.30 7.60</td>
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</tr>
<tr>
<td>9,901.00- and over</td>
<td>40.70 21.60 20.20 15.00</td>
</tr>
</tbody>
</table>
403 Calculating Employer Premium Share

The State of Wisconsin provides contributions toward standard ICI premiums. The employee pays the entire premium for supplemental ICI coverage.

- **State Employees – Employer Share**

  For State employees, eligibility for State premium share requires that the employee accumulate sufficient sick leave by the last payroll period in the prior calendar year to qualify for premium categories 3 through 6. The State’s share of the premium is computed by multiplying a percentage factor times the employee premium. The percentage factors are as follows:

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>State Contribution Percentage Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No State share – Employee pays all</td>
</tr>
<tr>
<td>2</td>
<td>No State share – Employee pays all</td>
</tr>
<tr>
<td>3</td>
<td>200% x Employee contribution</td>
</tr>
<tr>
<td>4</td>
<td>340% x Employee contribution</td>
</tr>
<tr>
<td>5</td>
<td>570% x Employee contribution</td>
</tr>
<tr>
<td>6</td>
<td>State pays entire premium</td>
</tr>
</tbody>
</table>

- **UW Faculty – Employer Share**

  For UW faculty, employer premium share is based on a percentage of the employee’s average monthly earnings in the prior year (or projected average monthly earnings for those employees noted in subchapter 400) and the employee’s selected elimination period. No State share toward the ICI premium is made for UW faculty with less than one year of State WRS creditable service. The percentage factors are as follows:

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>State Contribution Percentage Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days</td>
<td>59% x Employee contribution</td>
</tr>
<tr>
<td>90 days</td>
<td>226% x Employee contribution</td>
</tr>
<tr>
<td>125 days</td>
<td>301% x Employee contribution</td>
</tr>
<tr>
<td>180 days</td>
<td>State pays entire premium</td>
</tr>
</tbody>
</table>

404 Annual Premium Update

Employers are required to review their employees’ ICI coverage and complete the annual ICI premium updates in January for an effective date of February 1, 2005. These updates reflect basic salary (excluding overtime) and accumulated sick leave in the last complete payroll period in the previous calendar year.

Premium category (1, 2, 3, 4, 5, or 6) is based on the employee’s accumulated sick leave hours credited as of the last complete payroll period in the previous calendar year. Monthly or biweekly salary is based on the last complete payroll period in the previous calendar year for most employees.
The annual premium update for an employee who is a project, limited term employee or employed on a seasonal or academic year appointment of less than 12 calendar months, is based on WRS-reported earnings from the previous calendar year, rounded to the next higher thousand and divided by twelve. If such an employee is newly hired, or if there has been a break in service of more than three consecutive months, you must estimate the project, limited term, seasonal or academic earnings to be received during the next 12 months. Then, round these earnings to the next higher thousand and divide by 12 to determine the monthly basis for earnings and premiums.

Premiums should be deducted from the employee’s paycheck in February. Remittance reports are due in March for April coverage.
CHAPTER 5 — MONTHLY PREMIUM REPORT

500 Completing the Monthly Premium Report Group Income Continuation Insurance (ET-1611) for State Employee Plan

501 Sample – Monthly Premium Report Group Income Continuation Insurance (ET-1611)

502 Completing the Monthly Premium Report Group Income Continuation Insurance (ET-1612) for UW Faculty Plan

503 Sample – Monthly Premium Report Group Income Continuation Insurance (ET-1612)

504 Premium Remittance

505 Due Date

506 Late Reporting Interest Charge

507 Permanent Change in Percentage of Appointment

500 Completing the Monthly Premium Report Group Income Continuation Insurance (ET-1611) for State Employee Plan

The Monthly Premium Report Group Income Continuation Insurance form accompanies the monthly Income Continuation Insurance (ICI) premium remitted to the Department of Employee Trust Funds (ETF). This form provides a detailed breakdown of employee and employer premium contributions by program (standard ICI and supplemental ICI coverage) and premium category. (Refer to the sample form in subchapter 506.)

The Monthly Premium Report Group Income Continuation Insurance is available on ETF’s Internet site at: http://etf.wi.gov. (Refer to subchapter 105 for alternative methods of obtaining copies of ICI forms.)

1. Complete the Monthly Premium Report Group Income Continuation Insurance form as described below:

   a. Department Name

   b. Employer ID No. 69-036 – Indicate the last seven digits of the number (XXXX-XXX) used for WRS reporting. (The Employer Identification Number (EIN) is a 12-digit number beginning with 69-036.)

   c. Coverage Month/Year – Indicate coverage month and year. Example: If the report is due on February 20, the coverage month is March.
2. **“Premiums – Employees in Pay Status”**

   This section is used to indicate premiums from or for employees in pay status who are eligible for State share of premiums. **Note:** Employees in premium category 1 or 2 do not yet receive the State share, but are reported in this section.

   a. **Number of Employees** – Enter the number of employees participating in ICI coverage by premium category.

   b. **Monthly Premium** – Enter the coverage month’s employee standard premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.

   c. **Adjustments** – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

   d. **Subtotal** – Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.

   e. **Subtotal A** – Enter the sum of the figures entered by premium category in the “Subtotal” column.

   f. **State Share** – Enter the state share totals for premium categories 3 – 5 based on the calculations listed on form. (The State share for premium category 6 is the entire premium.)

   g. **Total C State Share** – Enter the sum of the figures entered by premium category in the “State Share” column.

3. **“Premiums – Employee Not in Pay Status”**

   This section is used to indicate premiums for employees who are paying the entire premium (employee and employer shares) due to being on unpaid leave.

   a. **Number of Employees** – Enter the number of employees participating in ICI coverage by premium category.

   b. **Monthly Premium** – Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.

   c. **Adjustments** – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.

e. Subtotal B – Enter the sum of the figures entered by premium category in the “Subtotal” column.

4. “Supplemental Premiums – Employees in Pay Status”

This section is used to indicate supplemental ICI premiums for employees in pay status.

a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by premium category.

b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by premium category.

c. Supplemental Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.

e. Subtotal D – Enter the sum of the figures entered by premium category in the “Subtotal” column.

5. “Supplemental – Employees NOT in Pay Status”

This section is used to indicate premiums for employees who are NOT in pay status.

a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by premium category.

b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by premium category.

c. Supplemental Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.

e. Subtotal E – Enter the sum of the figures entered by premium category in the “Subtotal” column.
6. **This section is used to total employee and employer premium amounts into one grand total.**

   a. **Total Employee-Paid Premium (Subtotal A + Subtotal B)** – Enter the sum of “Subtotal A” plus “Subtotal B.”

   b. **Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse)** – Enter the sum of “Subtotal D” and “Subtotal E.”

   c. **Total Amount Due** – Enter the sum of “Total C State Share” and the two totals in a. and b. directly above. This is the grand total of employee and employer premiums for this coverage month.
<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Number of Employees</th>
<th>Monthly Premium</th>
<th>Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<td>5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Premiums – Employees NOT in Pay Status**

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Number of Employees</th>
<th>Monthly Premium</th>
<th>Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total C State Share**

Plus (+)  
Total Employee-Paid Premium (Subtotal A + Subtotal B)

Plus (+)  
Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse)

Equals (=)  
Total Amount Due
### Supplemental Premiums – Employees in Pay Status

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Number of Employees</th>
<th>Monthly Supplemental Premium</th>
<th>Supplemental Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal D

### Supplemental Premiums – Employees NOT in Pay Status

<table>
<thead>
<tr>
<th>Premium Category</th>
<th>Number of Employees</th>
<th>Monthly Supplemental Premium</th>
<th>Supplemental Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
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<td></td>
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</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal E

### PV Numbers

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
502 Completing the Monthly Premium Report Group Income Continuation Insurance (ET-1612) for UW Faculty Plan

The Monthly Premium Report Group Income Continuation Insurance form accompanies the monthly Income Continuation Insurance (ICI) premium remitted to the Department of Employee Trust Funds (ETF). This form provides a detailed breakdown of employee and employer premium contributions by program (standard ICI and supplemental ICI coverage) and elimination period. (Refer to the sample form in subchapter 503.)

The Monthly Premium Report Group Income Continuation Insurance form is available on ETF’s Internet site at: http://etf.wi.gov. (Refer to subchapter 105 for alternative methods of obtaining copies of ICI forms.)

1. Complete the Monthly Premium Report Group Income Continuation Insurance form as described below:
   a. Coverage Month/Year – Indicate coverage month and year. Example: If the report is due on February 20, the coverage month is March.

2. “Premiums – Employees Eligible for State Share”

This section is used to indicate premiums for employees who are eligible for State share of premiums.
   a. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
   b. Monthly Premium – Enter the coverage month’s employee premium contributions by elimination period. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1612.
   c. Adjustments – Enter the sum of all adjustments by elimination period category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
   d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by elimination period.
   e. Subtotal A – Enter the sum of the figures entered by elimination period in the “Subtotal” column.
   f. State Share – Enter the state share totals for elimination periods based on the calculations listed on form.
   g. Total C State Share – Enter the sum of the figures entered by elimination period in the “State Share” column.
3. **“Premiums – Employees NOT Eligible for State Share”**

This section is used to indicate premiums for employees who are **not** eligible for State share.

a. **Number of Employees** – Enter the number of employees participating in ICI coverage by elimination period.

b. **Monthly Premium** – Enter the coverage month’s employee premium contributions by elimination period. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1612.

c. **Adjustments** – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

d. **Subtotal** – Enter the sum of the “Monthly Premium” and “Adjustments” columns by elimination period.

e. **Subtotal B** – Enter the sum of the figures entered by elimination period in the “Subtotal” column.

4. **“Supplemental Premiums – Employees Eligible for State Share in Standard ICI Plan”**

This section is used to indicate supplemental ICI premiums for employees eligible for State share of premiums in standard ICI plan.

a. **Number of Employees** – Enter the number of employees participating in supplemental ICI coverage by elimination period.

b. **Monthly Supplemental Premium** – Enter the coverage month’s employee premium contributions by elimination period.

c. **Supplemental Adjustments** – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

d. **Subtotal** – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by elimination period.

e. **Subtotal D** – Enter the sum of the figures entered by elimination period in the “Subtotal” column.

This section is used to indicate premiums for employees who are not eligible for State share of premiums in standard ICI plan.

a. **Number of Employees** – Enter the number of employees participating in supplemental ICI coverage by elimination period.

b. **Monthly Supplemental Premium** – Enter the coverage month’s employee premium contributions by elimination period.

c. **Supplemental Adjustments** – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

d. **Subtotal** – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by elimination period.

e. **Subtotal E** – Enter the sum of the figures entered by elimination period in the “Subtotal” column.

Return to page 1 of form.

6. **This section is used to total employee and employer premium amounts into one grand total.**

a. **Total Employee-Paid Premium (Subtotal A + Subtotal B)** – Enter the sum of “Subtotal A” plus “Subtotal B.”

b. **Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse)** – Enter the sum of “Subtotal D” and “Subtotal E.”

c. **Total Amount Due** – Enter the sum of “Total C State Share” and the two totals in a. and b. directly above. This is the grand total of employee and employer premiums for this coverage month.
### Monthly Premium Report

**Group Income Continuation Insurance**

**University of Wisconsin Unclassified Faculty Only**

Wis. Stat. § 40.05 (5) (a)

---

#### Premiums – Employees Eligible for State Share

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>No. of Employees</th>
<th>Monthly Premium</th>
<th>Adjustments</th>
<th>Subtotal</th>
<th>Times</th>
<th>% of State Contributions</th>
<th>Equals</th>
<th>State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>226%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>125 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>301%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>180 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>State Pays</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal A**

**Total C State Share**

---

#### Premiums – Employees NOT Eligible for State Share

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>No. of Employees</th>
<th>Monthly Premium</th>
<th>Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>180 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal B**

**Total Amount Due**

---

Date (MMDDYYYY): 

Prepared By: 

Telephone No.: 

---

**Please write or type PV Numbers in space provided on reverse page. Do not send paper PV’s to ETF.**

---

**DEPARTMENT OF EMPLOYEE TRUST FUNDS**

Division of Trust Finance & Employer Services

P.O. Box 7831

Madison, WI 53707-79031

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**ET-1612 (REV 07/2005)**
<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>No. of Employees</th>
<th>Monthly Supplemental Premium</th>
<th>Supplemental Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>180 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal D

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>No. of Employees</th>
<th>Monthly Supplemental Premium</th>
<th>Supplemental Adjustments</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 Days</td>
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</tr>
<tr>
<td>125 Days</td>
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<td></td>
</tr>
<tr>
<td>180 Days</td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Subtotal E

<table>
<thead>
<tr>
<th>PV Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
504 Premium Remittance

The grand total of employee and employer premiums for the coverage month is the amount you must remit to ETF. This amount is indicated on Monthly Premium Report Group Income Continuation Insurance in the “Total Amount Due” field on both the ET-1611 and ET-1612. Remittances may be made through WiSMART Transaction Payment Voucher (PVs) or by check. (Checks must be made payable to the Department of Employee Trust Funds.) PV numbers must be included in the space provided on page 2 of the ET-1611 and ET-1612 or may be attached as a list. Do not send screen prints of PVs.

505 Due Date

The original copy of the Monthly Premium Report Group Income Continuation Insurance form and premium check or PV number(s) must be sent to ETF at the address shown on the report. Monthly premium reports and remittances are due in the ETF office on the 20\textsuperscript{th} day of the calendar month preceding the month of coverage, or on the first working day after the 20\textsuperscript{th} when the 20\textsuperscript{th} falls on a day in which state offices are closed per Wis. Admin. Code ETF 10.63. Payments made by PV must be released to ETF on or before the due date. Note: Entering the PV on WiSMART and sending the report does not meet the due date obligation – ETF must be able to electronically receive the amount indicated on the PV on or before the due date.

506 Late Reporting Interest Charge

Interest is assessed at the rate of .04% of the total premium amount due for each day from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is $3. Interest charges cannot be waived per Wis. Stat. § 40.06 (3).

507 Permanent Change in Percentage of Appointment

A permanent change in an ICI covered employee’s percentage of appointment may result in the need for a premium adjustment. An Income Continuation Insurance Application (ET-2307) must be completed by the employee and received by the employer within 30 days of the change in percentage of appointment.

Premiums are adjusted at the beginning of the month on or after the effective date of the permanent appointment change. If premiums have already been paid based on the earnings in effect prior to the change, an adjustment must be made on the Monthly Premium Report Group Income Continuation Insurance form (ET-1629) during the following payroll period to reflect the change in salary for the effective coverage month.

EXAMPLE: The effective date of change of the new percentage of appointment is the first of October. The employee is in Premium Category 2.

1. Prior to October 1, employee earnings at 50% time = $833.33 per month.
2. New appointment effective October 1, employee earnings at 100% time = $1,666.67 per month.

ICI premiums for October coverage were paid one month in advance of the effective date of the change. Premiums paid in October for November coverage must reflect the increase between the old and the new premium, plus the new premium for November coverage as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>New premium for November coverage</td>
<td>$10.42</td>
</tr>
<tr>
<td>Old premium</td>
<td>- 5.32</td>
</tr>
<tr>
<td>October Adjustment</td>
<td>$ 5.10 Increase</td>
</tr>
</tbody>
</table>

October’s premium adjustment of $5.10 must appear in the ‘Premium Adjustment’ section (along with any other employee premium adjustments for that month) of the Monthly Premium Report Group Income Continuation Insurance form for November due at ETF on October 20th.
CHAPTER 6 — TERMINATION OF COVERAGE

600 Termination of Coverage

Income Continuation Insurance (ICI) coverage for an employee who is not disabled under the ICI plan terminates on the earliest of the following events:

- Resignation
- Dismissal
- Termination
- Retirement
- Reaching age 70
- Death

The employee need not complete an Income Continuation Insurance Application (ET-2307) to cancel the coverage for any of the above actions. When coverage ceases, a full month’s premium is required for any month or portion of a month in which earnings are paid. For example, if the employee retires on March 12 a full month’s premium is due for March.

An employee disabled under the terms of the plan at the time employment terminates will continue to be eligible to receive benefits as long as ICI Plan provisions are met, up to the maximum duration of benefits. (Refer to Reduction or Termination of Benefits in subchapter 709.)

601 Lapse in Coverage

Coverage is deemed to have lapsed for any insured employee in active employment who fails to pay the employee portion of the premium to the employer when due. Once lapsed, coverage may only be obtained by providing evidence of insurability. An employee whose coverage lapses while on unpaid leave may obtain coverage without providing evidence of insurability by reapplying within 30 days of returning to work.
602 Cancellation of Coverage

An employee may choose to cancel coverage at any time. However, once coverage is cancelled, the employee can only obtain coverage by providing evidence of insurability, unless they again become eligible through the deferred enrollment provision. Cancellation of coverage is effective the first day of the calendar month on or after the date the Income Continuation Insurance Application form (ET-2307) canceling coverage is received by the employer. Any premium deductions taken for a coverage month after the date coverage ceases must be refunded to the employee. Premium adjustments due to a refund must be noted in the ‘Premium Adjustment’ columns of the Monthly Premium Report Group Income Continuation Insurance form (ET-1629) and these adjustments must be applied to the payment remitted to ETF.
CHAPTER 7 — BENEFITS

700 Introduction

The Income Continuation Insurance (ICI) program is an integrated disability benefit plan designed to supplement other benefits to maintain a specified total income. Integration of benefits refers to the combined amount of disability income from all sources set as a percentage of the gross basic earnings, excluding overtime and shift differential, received by the employee in the last complete payroll period prior to disability. For employees working fewer than 12 months in the previous calendar year, ICI benefits are based on the percentage of the claimant’s prior year annual earnings as reported to the Wisconsin Retirement System (WRS). Although the individual sources of the total benefit may vary, the specified total benefit will be met under this program.

Insured employees qualify for ICI benefits on the day after they cease working and have been continuously and totally disabled for 30 calendar days, or in the case of UW faculty, for their selected elimination period. (UW faculty are required to select an elimination period of 30, 90, 125 or 180 calendar days that, in the event of disability, must elapse before ICI benefits begin.) No benefit payments can be made while earnings are payable for accumulated sick leave hours and/or earnings paid for vacation, holiday and comp time.

ICI benefits are based on 75% of the claimant’s pre-disability earnings, less any other benefit income sources, therefore employers must notify the third party administrator by completing the Income Continuation Insurance Report of Employment and Earnings (ET-5901) immediately upon becoming aware that an employee receiving ICI benefits is also receiving income from other benefit sources. (Refer to subsection 708 for additional information on benefit offsets.)

Eligibility requirements for other disability programs administered by the Department of Employee Trust Funds (ETF) can be found in the following disability booklets:
Disability Benefits (ET-5102)
§ 40.65 Duty Disability and Survivor Benefits (ET-5103)
Long-Term Disability Insurance (ET-5314)

These booklets are available on ETF’s Internet site at http://etf.wi.gov or by contacting ETF. (Refer to subchapter 109 for alternative methods of obtaining ICI forms.)

701 Eligibility for ICI Benefits

ICI benefit eligibility requires that ICI coverage be in effect on the “first date of disability” as defined in the ICI plan. ICI benefit payments do not begin until a claimant has been totally and continuously disabled through the entire elimination period. No benefit payments can be paid while sick leave is payable or for days falling within the elimination period.

ICI benefits are payable beginning the first calendar day following the last day of the elimination period or the last day of sick leave (maximum 130 days), whichever is later, and for each succeeding calendar day until the disability ceases, as defined by ICI plan provisions. ICI benefits are paid only for full days of disability, not partial days. No ICI benefit payments can be made while earnings are still being paid for vacation, holiday pay, etc.

TOTALLY DISABLED means the claimant is under the regular care and attendance of a physician, and:

During the first 12 months of disability - is unable, by reason of any medically determinable physical or mental impairment as supported by objective medical evidence, to perform the duties of their position.

Following the first 12 months of disability - is unable, by reason of any medically determinable physical or mental impairment as supported by objective medical evidence, to engage in any substantial gainful activity for which the claimant is reasonably qualified, with due regard to the their education, training and experience.

Claimants shall be considered engaged in substantial gainful activity when earnings from that activity are equal to or greater than the gross ICI benefit for the same period of time.

702 Determining Dates of the Elimination Period

The ICI third party administrator determines the beginning date of the elimination period. Sick leave, vacation, holiday and compensatory time need NOT be exhausted before ICI benefit payments can begin. Subject to employer personnel policies and rules, claimants may use such time at their own discretion. However, no ICI benefits are payable for any day for which the claimant is paid sick leave, vacation, holiday or compensatory time after the elimination period is satisfied. Any vacation or compensatory time used after the selected elimination period must be reported to ETF on Income Continuation Insurance Transaction Report (ET-5901).
A. The First Date of Disability

The first date of disability is the first date certified by a physician that the claimant is no longer able to perform the duties of their position due to a medical condition. This date may not be earlier than the last date on which the claimant performed any work. If the claimant did not see a physician on the last day worked and has not been receiving treatment for the medical condition prior to ceasing work, the first date of treatment is the first possible date the elimination period can begin. Claimants must have ICI coverage in effect on the first date of treatment. ICI premiums must be continued in full until the employer receives notification of the claim’s approval.

B. The First Date of the Elimination Period

The first day of the elimination period will be no earlier than the day after the last day worked or, if the claimant did not see a physician on the last day worked, the day the claimant is first seen for medical treatment following the last day worked. The claimant must be treated by a physician after they cease working to determine whether the medical condition meets the plan’s disability definition. However, if the claimant is involved in a treatment plan with a physician for a medical condition prior to ceasing employment, and the physician indicates the disability definition has been met, the elimination period may begin the day following the last day worked. In no event can the elimination period begin prior to the date the claimant is completely off work and satisfies the above definitions of total disability (and only if the claimant is still insured under the ICI plan).

C. The First Date of ICI Benefits

The employee qualifies for ICI benefits after serving the elimination period or exhausting the maximum of 130 days of sick leave, whichever occurs first. To determine the elimination period, the third party administrator will begin with the first date of disability and count consecutive calendar days to the end of the elimination period.

D. Effect of Sick Leave on the Elimination Period

If the employee’s sick leave is greater than the elimination period, report the sick leave as of the end of the employee’s last day worked plus sick leave earned while continuing in pay status. The third party administrator will use Monday through Friday as the standard workweek to calculate the date the sick leave is exhausted. For employees with a non-standard workweek send a copy of the work schedule with the Income Continuation Insurance Employer Statement (ET-5351).

Employees entitled to receive pay for a particular Legal Holiday, the designated calendar date of that holiday will not be counted as a day of sick leave usage. The following Legal Holidays extend the date sick leave is exhausted:

- New Year’s Eve
- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Eve
- Christmas Day
- New Year’s Day
- Labor Day
Each workday will consist of 8 hours of sick leave unless the claimant is less than a 100% time employee. Part-time employees will have sick leave considered used in proportion to the number of hours worked in a day in their position appointment. For example, an employee appointed to a 60% position will have sick leave considered used at a rate of 4.8 hours per day (8 hours normal workday x 60% = 4.8 hours sick leave).

Sick leave usage is calculated commencing with the first workday following the last day worked. Take into consideration sick leave used if the employee did not complete a full workday on their last day worked.

703 Earnings for Benefit Payment Purposes

The amount of “earnings” used for ICI claim computation purposes is the claimant’s gross basic salary, excluding overtime, during the last complete payroll period prior to the date disability begins. Exception: employees working less than 12 months in the previous calendar year (e.g., seasonal, academic, project or LTE) have ICI benefits based on the WRS earnings reported to ETF by the employer for the entire preceding calendar year prior to the first date of disability, rounded to the next higher thousand. However, if the prior year represents an interruption of earnings extending three consecutive months or more or the employee is newly hired, the earnings are based on the projected salary. The ICI benefit is based on those projected earnings. (Refer to subchapter 301 and 400.)

In cases where a permanent change in the employee’s percentage of appointment results in a new projection of earnings, the employee must work at the adjusted percentage of appointment for a minimum of one complete pay period prior to the first date of disability for the ICI benefit to be based on the adjusted salary.

704 Benefit Payments

Following completion of the claimant’s elimination period, ICI benefits are paid for every day of continuing disability, including weekends. For employees paid biweekly, the gross salary during the last complete payroll period (as indicated in subchapter 703) is multiplied by 2.143 to obtain the monthly salary. The monthly salary is then multiplied by 75% to obtain the monthly benefit amount. Benefits are paid monthly, with a check dated the first of the month for benefits covering the previous month. For each day of the benefit period less than one month partial monthly payments are determined at one-thirtieth (1/30) of the monthly benefit.

- Example illustrating the monthly ICI benefit calculation:

  Biweekly Salary x 2.143 = Monthly Earnings x 75% = Monthly ICI Benefit

  $2,724.00 x 2.143 = $5,837.53 x 75% = $4,378.15

- Example illustrating a prorated monthly ICI benefit calculation:
Monthly ICI Benefit ÷ 30 = Daily ICI Benefit x days paid in partial month = prorated Monthly ICI Benefit

\[
\frac{\$4,378.15}{30} = \$145.94 \times 20 \text{ (days in partial month)} = \$2,918.80
\]

**NOTE:** The maximum monthly benefit payable with standard ICI coverage is $4,000; with supplemental ICI coverage the maximum monthly benefit is $7,500. In the example above, the employee had standard ICI and supplemental ICI coverage. Had the employee been enrolled in standard ICI only, the maximum monthly benefit would equal $4,000 with a daily ICI benefit amount of $133.33.

ICI pays disabled employees a monthly amount that, together with other income from disability or retirement plan sources listed in subchapter 708, maintains a specified percentage of the employee’s pre-disability earnings. The specified percentage remains the same for the entire disability period, although the benefit income from various sources may change due to cost of living adjustments.

### Dates of Benefit Payment Checks

ICI payments are made at the beginning of the month for the preceding benefit month. For example, January benefits are paid by a check dated February 1. The third party administrator is required to have the checks to the post office at least 2 days prior to the date of the check.

Claimants disabled for a minimum of six months and receiving short-term disability ICI benefits have the option of receiving benefits through electronic deposit; electronic deposit is the suggested form of payment for claimants receiving long-term disability ICI benefits. The claimant must complete the *Automated Clearing House* (ACH) authorization form provided by the third party administrator. ACH ensures that benefits are received timely and prevents checks from being delayed, lost, stolen or fraudulently cashed.

All required medical information and information from the employer must be processed by the third party administrator no later than the third week of the month in order to issue a check/payment in the next—first of the month—payroll. Upon receipt of the required medical or employer documentation, the plan language allows the third party administrator 10 calendar days to process that information for payment. Documentation received less than 10 calendar days prior to the cutoff date for check processing (the third week of the month) may cause a delay in issuing benefit payments.

Claimants failing to receive an expected benefit check after allowing reasonable time for mail delivery should contact the third party administrator. (Refer to subchapter 104 for contact information.) The third party administrator must allow the post office 12 days to deliver a check before a stop payment is issued and a new check mailed.

### Continuation of Benefit

The third party administrator estimates the anticipated length of all ICI disability periods. Depending on the cause and severity of the disability, as indicated in the original physician statement, the third party administrator periodically requests supplemental
medical information to determine whether the insured is still disabled. The frequency of these requests depends on the nature and duration of the disability.

### 707 Maximum Duration of Benefits

ICI benefits are payable through the end of the month in which a claimant reaches age 65, as long as the claimant meets all of the ICI plan requirements. However, benefits may extend beyond age 65 if the claimant was 62 or older on the first date of the disability. The age on the first date of the disability determines the maximum length of time ICI benefits may be payable. ICI benefits are not paid beyond the end of the month in which the employee turns age 70.

**Note:** ICI claimants who return to part-time employment while receiving ICI benefits are subject to the same maximum duration limits as those returning to full-time employment.

The maximum duration of benefits for disabled insured employees is:

<table>
<thead>
<tr>
<th>Age at Date of Disability</th>
<th>Maximum Duration of Benefits in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 or younger</td>
<td>To age 65</td>
</tr>
<tr>
<td>62</td>
<td>3.50 years</td>
</tr>
<tr>
<td>63</td>
<td>3.00 years</td>
</tr>
<tr>
<td>64</td>
<td>2.50 years</td>
</tr>
<tr>
<td>65</td>
<td>2.00 years</td>
</tr>
<tr>
<td>66</td>
<td>1.75 years</td>
</tr>
<tr>
<td>67</td>
<td>1.50 years</td>
</tr>
<tr>
<td>68</td>
<td>1.25 years</td>
</tr>
<tr>
<td>69</td>
<td>To age 70</td>
</tr>
</tbody>
</table>

**Example:** An employee is age 67 when they first become disabled. Assuming all plan requirements are met, the employee will receive ICI benefits for 1.50 years (18 months). The ICI benefit will cease the end of the 18th month.

### 708 Offsets from Other Benefit Sources

ICI benefits are reduced by the gross amount of disability, retirement, separation or other income replacement benefits paid or payable from the WRS, Social Security Administration or employer sponsored/sanctioned sources. Social Security benefits that are based on the claimant’s work record and paid to the spouse and dependent(s) are also a reduction to the gross ICI benefit. Claimants must apply, reapply or pursue any other benefits for which they may be eligible. ICI benefits will be reduced by the largest benefit available from other sources, even though the claimant may select an option that pays a reduced benefit amount.

A claimant younger than the normal WRS retirement age for their employment category is not required to apply for a WRS retirement or separation benefit. However, should they do so, the ICI benefit will be offset by the maximum benefit provided by that income source. Employees disabled to the extent they are eligible for a WRS or LTDI benefit, but do not apply, will have their ICI benefit reduced by the estimated disability benefit.
A claimant approved for ICI benefits is notified of the requirement to apply for all other available benefits and of the possibility that ICI benefits will need to be repaid due to the approval of the other income. Other benefit sources include:

- Any Social Security, disability or retirement benefits (including any benefits paid to the spouse or dependents) based on the employee’s work record.
- Worker’s Compensation – temporary total disability, temporary partial disability and compromise/settlement agreements. Note that permanent partial disability, permanent total disability, medical expenses, penalties assessed against employer and attorney fees are *not* offset from the ICI benefit.
- Any employer liability law benefits (i.e., Duty disability benefits approved under §40.65, Wis. Stat.).
- Any occupational disease law.
- Any Wisconsin Retirement System (WRS) retirement, disability retirement and separation benefits.
- Any employer sponsored or sanctioned salary continuation plan, including any plan whose premiums are paid or collected via payroll deduction.
- Earnings (including vacation, comp time and holiday pay) and earned sick leave.
- Unemployment compensation.

The ICI third party administrator determines whether claimants are required to apply for other benefits. Should medical evidence support the application, the claimant is required to apply for the benefit and complete the application process. For example, applications for Social Security Disability Insurance must be pursued through the administrative law judge level of appeal.

The ICI third party administrator also instructs the disabled employee to apply for Worker’s Compensation (WC) benefits if the illness/injury appears work-related. When an ICI claimant receives temporary WC benefits, the ICI program must prorate sick leave credits by calculating the date the sick leave will be exhausted to supplement other program benefits, so that the equivalent of full salary continues uninterrupted until the date all the sick leave is exhausted.

The following formula is used in determining the date the sick leave is exhausted:

\[
\frac{\text{Biweekly Salary}}{\text{Biweekly Salary} - 2(\text{weekly WC})} \times \text{Hours of accumulated sick leave on date disability began, including sick leave earned while pay status} = \text{Adjusted hours of sick leave}
\]

**Example:** An employee injured on the job was earning $1000 biweekly at the time of injury and had 240 hours of sick leave, including sick leave earned while in pay status. WC covers the injury, with a WC benefit of $400 biweekly. Since the WC payment will replace a portion of the employee’s salary, the sick leave will not be exhausted as quickly as if there were no replacement income.
To calculate the number of sick leave hours that will elapse before ICI benefits begin, the above adjustment formula is used:

\[
\frac{\$1000}{\$1000 - \$400} \times 240 \text{ hours} = 400 \text{ hours}
\]

Therefore, the adjusted sick leave credit that the employee had at the date of disability is 400 hours. That amount of sick leave is used in determining the date the sick leave is exhausted.

If the temporary WC (temporary partial disability awards) vary due to part-time employment, the equivalent in hours of sick leave can be calculated as follows:

\[
\frac{\text{Total dollars paid for WC}}{\text{Base hourly salary, in dollars per hour, before disability began.}} = \text{Number of full-pay hours that extend sick leave}
\]

Future ICI benefits may be reduced or suspended if the employee fails to apply for WC benefits. Once a WC decision is issued, the employer must report any approved WC awards to the third party administrator who then determines whether the ICI benefit needs to be reduced. Employers must report any temporary WC disability benefits on the Income Continuation Insurance Report of Employment and Earnings (ET-5901). (Refer to subchapter 902.)

In the event the WC claim determination is delayed, ICI benefits will be payable following the elimination period and computed without any WC adjustment. However, ICI payments are recomputed once the WC award is determined. Overpayments created by a WC award or another income source must be repaid (to the ICI program) by the claimant. Payment options include repayment in full, monthly repayments made directly to ETF, wage assignments (garnishment) and/or withholding of future benefits.

Should an employee return to your employ in an appointment less than their pre-disability appointment, you are required to report any part-time earnings as indicated in subchapter 900.

709 Reduction or Termination of Benefits

ICI benefits are reduced or terminated when any of the following occur:

A. Return to full-time employment

Benefits are payable through the date of return or through the date medical evidence indicates the claimant is capable of returning to work full-time, if earlier. A return to full-time employment (except for employees participating under approved rehabilitation programs) is defined as the ability to perform a normal work schedule for:

- 14 consecutive calendar days if the claimant has been disabled fewer than 12 months; or
- 6 months if the claimant has been disabled for more than 12 months.
The claim may be reopened if the employee becomes disabled with the same or related disability within the above time limits. The employee needs to contact the third party administrator.

B. Return to part-time employment

Benefits continue on a reduced basis if the claimant returns to part-time employment with the pre-disability employer or if employment is approved as rehabilitative training. The ICI benefit will terminate for claimants receiving ICI benefits under the long-term disability benefit whose gross part-time earnings are equal to or greater than the gross ICI benefit. The claimant is required to begin paying ICI premiums to continue ICI coverage.

The third party administrator will contact the employers of any claimant released to return to part-time employment with restrictions to determine whether that employer can/will accommodate the restrictions.

NOTE: Claimants released to return to work for a specified number of hours but who choose to work fewer hours, will have their ICI benefit reduced by the number of hours specified by the physician release.

710 Rehabilitative Training

Rehabilitative training may be approved under the ICI program if the claimant can no longer perform their previous occupation due to disability but, with proper training and education, could be capable of performing other gainful activities. A gainful activity is one that would provide an income equal to or greater than the gross ICI benefit. Rehabilitative training may include higher education, vocational training, job counseling, on-the-job training or retraining. All rehabilitative training plans must be in writing, approved in advance by ETF, and include specific goals and dates agreed to by the claimant. In addition to regular benefits, once the rehabilitation program has been approved, the ICI program may pay expenses such as tuition or textbooks (expenses associated with rehabilitation) if these expenses are not payable from other sources. Plans developed in conjunction with the Division of Vocational Rehabilitation (DVR) and approved by DVR and presented to ETF or the third party administrator will be considered an approved rehabilitation plan.

As an incentive to return to work, only 75% of earnings from the employer under which the employee became disabled or an approved rehabilitative employment apply to the reduction of the claimant’s ICI benefit. Sick leave earned after returning to work reduces the benefit amount dollar-for-dollar at the time paid. Earnings from unapproved rehabilitative employment reduce the claimant’s ICI benefit amount dollar-for-dollar.

Under certain approved programs, ETF may authorize a benefit offset waiver for all or part of the rehabilitative earnings for a maximum of nine months; ETF must pre-approve the offset waiver. The claimant is required to provide appropriate documentation supporting any expenses related to accommodating their needs in getting to work and/or having an appropriate workstation.
Claimants determined physically and mentally capable of rehabilitative training who refuse to participate may have ICI benefits offset by the amount of projected rehabilitative employment earnings or may be subject to termination or suspension of ICI disability benefit payments.

**711 Social Security Withholding on ICI Benefits**

Social Security regulations provide that any income from a sickness or disability plan (including Long-Term Disability Insurance) received during the first six months of a disability is subject to Social Security withholding if the employer paid a portion of the ICI premiums. The percentage of the benefit subject to Social Security withholding is equal to the percentage of the gross premium paid by the employer. Therefore, ICI benefits received during the first six months include the Social Security (FICA) withholding deduction. Paid ICI benefits based on the supplemental ICI coverage are not subject to FICA because there are no employer premiums; the employee pays the entire premium for supplemental coverage.

Social Security withholding ceases when a claimant terminates during the first six months of disability due to the approval of a WRS disability retirement benefit.

**712 Taxability of ICI Benefit**

The percentage of benefits considered taxable income is directly proportionate to the percentage of the total ICI premium paid by the employer. The taxable portion of the benefit is based on an average of the premium percentage paid by the employer over the three years prior to the year in which the ICI benefits are first paid. This applies to the standard coverage only as the employee paid the entire premium for the supplemental coverage. However, due to continuing revisions of tax laws and the interpretation of the revenue code, claimants should consult both state and federal tax authorities for answers to specific questions concerning the exclusion or inclusion of such benefit payments as taxable income.

The ICI third party administrator automatically withholds Federal income tax from the taxable portion of a benefit at the rate of 25%. The claimant may submit Form W-4S to change the percentage of Federal tax withheld. Form W-4S is available from the Internal Revenue Service or the third party administrator.

Wisconsin State income tax will is withheld from a taxable ICI benefit only when the claimant submits the Wisconsin withholding exemption form WT-4. The form is available from the Wisconsin State Department of Revenue or the third party administrator.
CHAPTER 8 — CLAIM PROCESS

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801 Employer Information Required by the Third Party Administrator
802 Third Party Administrator Claim Review
803 Approval, Denial or Termination Notice
804 Waiver of Premium
805 Income Continuation Insurance Claim Form (ET-5352)
806 Income Continuation Insurance Employer Statement (ET-5351)
807 Sample – Income Continuation Insurance Claim Approval Notice
808 Sample – Income Continuation Insurance Claim Denial Notice
809 Sample – Income Continuation Insurance Claim Denial/Closure Notice

800 Filing an ICI Claim

The employer instructs the disabled employee to initiate a claim by calling the third party administrator (refer to subchapter 104 for contact information) or submitting a paper claim. Filing claims by telephone is recommended as it reduces paperwork and eliminates delays associated with mailing claim forms to ETF.

A. Filing Claims by Phone:

- The third party administrator's customer service representative collects basic information from the claimant including name, Social Security number, date of birth and current mailing address.

- The claimant provides related information to the third party administrator such as the nature of the disability, last day worked, contact information for their attending and/or treating physician and any additional work-related information.

B. Filing Paper Claims:

- The employer provides the claimant the Income Continuation Insurance Claim Form (ET-5352). (Refer to subchapter 805 for a sample document.)

- The claimant submits the paper claim to ETF.

A claim can be filed up to thirty (30) days prior to the employee’s last day at work. No benefits are payable more than 90 days retroactively from the date the claim is received by the third party administrator, or ETF if a paper claim is filed. Claims received more
than 12 months from the first date of disability (as determined by the third party administrator) will be denied.

Upon receipt of the claim, the third party administrator mails the claimant the following:

- Introductory letter explains how the program works and what to expect while the claim is pending.

- Medical release forms that the claimant must sign and immediately return one to the third party administrator and to the claimant’s attending and/or treating physician.

  **NOTE**: The attending and/or treating physician, clinic and medical records departments will not release confidential medical information to the claim administrator without the claimant’s consent. Until that release is given, the claim cannot be processed. The claimant is responsible for any costs associated with obtaining medical records and exams.

- Letter to be given to claimant’s physician.

801 Employer Information Required by the Third Party Administrator

The third party administrator sends an *Income Continuation Insurance (ICI) Employer Statement* (ET-5351) to the employer via e-mail if an e-mail address is available. (Refer to subchapter 806 for a sample document.) The form is mailed if the employer does not have an e-mail address on file. The claimant’s name, Social Security number, employer seven-digit EIN (starting with the 69-036-) and employer name will be pre-filled on the form by the third party administrator. The employer statement requires the employer to complete the following information:

a. **Employee’s occupation (Job Title)** – also indicate employment type (e.g., permanent). If seasonal, academic, LTE or Project, indicate whether the employee worked less than 12 months in the prior calendar year.

b. **Last day worked** – Last day physically on the job.

c. **Last day paid** – Last day for which earnings were paid for vacation, sick leave, holiday or compensatory time (not the date of their final check).

d. **Salary** –

   - For State employees who work 12 calendar months, report the basic salary, excluding overtime payable to the employee during the last complete payroll period prior to the employee’s first date of disability. Earnings include permanent add-on pay awarded to an employee who holds certain educational degrees, certifications, licenses or credentials, but will not include temporary additional pay such as night differential, weekend differential or income from any other sources;

   **OR**

   - For State employees who did not work the entire previous calendar year (new employee) or resumed covered service after an interruption extending 3 consecutive months or more, report the State earnings from the calendar year rounded to the next higher thousand and divided by twelve (12).
• Indicate whether the employee is full or part-time. If part-time, indicate the percentage of full-time.

e. Indicate the following Worker’s Compensation information –
  • Whether or not a claim has been filed and, if so, if it has been denied or is still pending.
  • Worker’s Compensation effective date and paid through date.
  • Weekly Worker’s Compensation amount.

f. (State Only) Total Sick Leave Shown – Report the accumulated sick leave hours as of the last day worked, the additional sick leave hours earned and the total sick leave hours to the hundredth of an hour.

g. (State Only) Date Sick Leave is exhausted – Report the date the employee no longer has any sick leave remaining.

h. Premium Category/Elimination Period – Indicate the premium category or elimination period for the year in which the disability began (current year) as well as for the previous three calendar years. (Refer to Chapter 4.)

i. (UW – Faculty Only) Circle the number of calendar days 30, 90, 125, or 180 for the current selected elimination period.

j. (Locals Only) – Leave Blank

k. Date through which premiums are paid – Include the current date for which premiums are paid.

l. (Locals Only) – Leave Blank.

m. (State Only) Claimant Has Elected To – An ICI claimant who has applied for a Wisconsin Retirement System (WRS) disability, Long Term Disability Insurance benefit or duty disability benefit may convert (bank) sick leave to pay for health insurance premiums. Indicate whether the claimant is using the maximum of 130 days of sick leave or if banking sick leave, indicate the date.

n. Employer – Circle “State” and indicate employer name, division and Central Payroll code.

o. Authorized Employee Signature – The authorized designated representative certifies that the information on the form is correct.

p. Employer contact and e-mail address – The third party administrator will send approval, denial and termination notices to the employer via e-mail.

Note: Continue collecting ICI premiums until notified of the claim determination. After completion of form ET-5351, please make a copy for your records. The completed form and a copy of the employee’s current position description should be returned to ETF, P. O. Box 7931, Madison WI 53707-7931 or fax to (608) 267-0633.

802 Third Party Administrator Claim Review

The third party administrator reviews ICI disability claims in the following manner:

• A registered nurse, hired by the third party administrator, calls the attending and/or treating physician to obtain clinical information concerning the claimant’s disability.

• The nurse may call the physician to arrange a return to work plan for the claimant. The plan may include modified hours or restricted duties. The third party administrator contacts the employer to determine whether job modifications can be
made. The claimant receives written correspondence from the third party administrator regarding any determinations.

- The third party administrator contacts the physician for ongoing review of the disability claim to obtain updates on symptoms, diagnosis, treatment and the return to work plan.

- Prior to the claimant’s return to work date, the third party administrator may call to confirm the claimant’s return to work plans if, at the last medical update, the physician did not indicate the possibility of an extension of the individual’s claim.

### 803 Approval, Denial or Termination Notice

The third party administrator notifies the employer of the claim’s approval or denial via e-mail or U.S. mail. The notice indicates whether ICI premiums will be waived or if the individual will be required to continue paying the premium.

The third party administrator will also notify the employer when the claim is terminated. The termination notice provides the date that ICI premiums resume.

The claimant has the right to request, in writing, reconsideration of the third party administrator’s approval, denial, termination or other benefit determination. The third party administrator must receive the written request and any additional information no later than ninety (90) days after the date of the initial benefit determination letter. The request for reconsideration must indicate the issues with which the claimant disagrees and provide any additional information they would like considered as part of the review. The third party administrator is required to respond to the employee’s request for reconsideration within ninety (90) days of the claimant’s request for reconsideration or the receipt of the additional information, whichever is later.

Following receipt of the claim administrator’s reconsideration decision, the employee has the right to submit a written request to ETF for a Departmental Determination of the decision. The written request must be received by ETF no later than ninety (90) days from the date of the third party administrator’s reconsideration decision letter. The employee can provide any additional information they would like included in ETF’s review. ETF reviews all requests in the order received. Any additional medical information not previously provided to the third party administrator will be forwarded to the third party administrator’s medical staff for review.

In the event the employee remains dissatisfied following ETF’s determination, they have the right to submit a written request for an appeal of ETF’s determination before the Group Insurance Board (GIB). The request for appeal to the GIB must be received by ETF’s Appeals Coordinator no later than ninety (90) days of the date of ETF’s Departmental Determination letter.

### 804 Waiver of Premium

ICI premiums are waived effective the first of the month on or after the date ICI benefits begin. The premium waiver remains in effect through the end of the month in which ICI
benefits are terminated. Do not assume premiums are waived until notified by the third party administrator of the ICI claim approval.
805 **Income Continuation Insurance Claim Form (ET-5352)**

**Department of Employee Trust Funds**

**INCOME CONTINUATION INSURANCE CLAIM FORM**

Wis. Stat. § 40.61 and 40.62

SEE BACK FOR INSTRUCTIONS—PRINT IN BLACK INK

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First, Middle, Maiden)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation (Title)/Classification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer/Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division/Location</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the nature of your disability? Describe complications, if any.

<table>
<thead>
<tr>
<th>Last Day Worked</th>
<th>First Date Disabled</th>
<th>Date First Treated</th>
<th>Expected Return to Work Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Attending Physician</td>
<td>Complete Address (Street, City, State, Zip Code) &amp; Telephone No.</td>
<td>Specialty</td>
<td>Dates of Care (MM/DD/YYYY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names of Other Health Care Providers Treating You</th>
<th>Complete Address (Street, City, State, Zip Code) &amp; Telephone No.</th>
<th>Specialty</th>
<th>Dates of Care (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

Have you applied for any of the following benefits or do you have other employment? An applicant for ICI benefits must take all necessary action to obtain and assign any other benefits available. Notify ICI if any other benefits/source of income become payable.

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Retirement System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTDI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Plan or Other Employment (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I hereby authorize any and all physicians, hospitals, clinics, State and Federal Agencies, the Social Security Administration, etc., to release to the Income Continuation Insurance Program third party administrator Broadspire and/or the State Department of Employee Trust Funds information from my health, rehabilitation, employment, Worker's Compensation, Unemployment Compensation or Social Security records. I understand the specific type of information to be released includes any and all medical and/or treatment records, and may include records pertaining to alcohol abuse, drug abuse, records with reference to child abuse, developmental disabilities, mental illness, HTLV-III (AIDS) testing and results, and/or treatment records. This release is being made for the purpose of determining eligibility for disability benefits. A copy of this authorization shall be considered as effective and valid as the original and shall be valid for the duration of the claim, but not to exceed one year from the date signed.

<table>
<thead>
<tr>
<th>Signature of Claimant</th>
<th>Date Signed (MM/DD/YYYY)</th>
<th>Telephone Number ( )</th>
</tr>
</thead>
</table>

Claimant's Address (Street, P. O. Box, City, State and Zip Code)

---

Employer Number

- [ ] Prior Claim
- [ ] Cov. via EOI—Approval Date

Name Then (If different)

- Normal Retirement Age
- Protective Category NRA

Biweekly Benefit Amt.

- $ Monthly $  

Date Disability Begins

Benefits Begin

ADMIN. USE

Taxable Percentage

%  

ET-5352 (REV 09/2004)  
Mail to: ETF, PO BOX 7931, MADISON WI 53707-7931
INCOME CONTINUATION INSURANCE (ICI)
EMPLOYER STATEMENT
Wis. Stat. § 40.61 and 40.62

INSTRUCTIONS TO EMPLOYER:
The employee named below is applying for an ICI benefit. Please follow the detailed instructions on the back of this
form and return it to ETF promptly. Benefits cannot be computed until this form is received and processed.

Employee Name
Social Security Number
Employer Identification Number

Occupation (Title)

☐ Seasonal/Academic Yr ☐ LTE
☐ Permanent ☐ Project ☐ Per Diem

Salary (Locals: monthly salary only)
☐ Biweekly ☐ Full Time ☐ Part Time
☐ Monthly ☐ Part Time

$ Part Time Percent ___% Last Day Worked (MM/DD/YYYY)
Last Day Paid (MM/DD/YYYY)

Worker's Comp. Effective Date
Worker's Comp. Amount Paid Thru
Weekly Worker's Comp Amount

(State Only) Total Sick Leave Shown to hundredths of an hour—2 Decimals Places
Accumulated Hrs
Earned Hours
Total Hours

(LOC-Faculty Only) Elimination Period—Calendar Days
Locals Only Elimination Period—Calendar Days
Premiums are Paid Through (MM/DD/YYYY)

(State Only) Claimant Has Elected To:
☐ Use a Max. of 130 Days of Sick Leave ☐ Bank All Sick Leave After: (MM/DD/YYYY)

Employer (Circle: State or Local) Division (name) Central Payroll Code Number (state)

I understand Wis. Stat. § 943.395 provides penalties for knowingly making false or fraudulent claims on this form and hereby
certify that, to the best of my knowledge and belief, the above information is true and correct.

Date (MM/DD/YYYY) Authorized Employer Signature

Employer contact e-mail address:

Send by: Telephone Number:

ET-5351 (REV 07/2004) Mail to: ETF, PO BOX 7931, MADISON 53707-7931 FAX: 608/267-4549
807 ICI Claim Approval Notice

«TodaysDate»
«ClaimantsFirstName» «ClaimantsLastName»
«CLAddress1» «CLAddress2»
«CLCity» «ClaimState» «CLZip»

Re: [State or Local] Income Continuation Insurance (ICI) Plan
EIN: [STATE ER]
Social Security # «SSN»

Dear «ClaimantsFirstName» «ClaimantsLastName»:

Your claim for ICI benefits has been approved based on the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Begin Date</td>
<td>«CLDisabilityDate»</td>
</tr>
<tr>
<td>[Elimination Period or Sick Leave] is completed</td>
<td>DATE</td>
</tr>
<tr>
<td>Benefit Begin Date</td>
<td>«CLBenefitBeginDate»</td>
</tr>
<tr>
<td>Premium Waiver Effective Date</td>
<td>DATE</td>
</tr>
<tr>
<td>Date of First Check</td>
<td>MAILED 2 DAYS PRIOR</td>
</tr>
<tr>
<td>Period of Time Covered by First Check</td>
<td>DATE</td>
</tr>
<tr>
<td>Amount of First Check</td>
<td>$AMOUNT</td>
</tr>
</tbody>
</table>

Your standard benefit is PERCENTAGE taxable. You [Will/Will Not] receive a W-2. The payable portion of your benefit based on your supplemental coverage is non-taxable.

The ICI plan provides 75% of your gross basic earnings, as defined in the ICI plan up to a maximum of $4000 per month for standard coverage and up to a total of $7500 per month if you have supplemental coverage. The amount of your benefit and first check were computed as indicated at the end of this letter. ICI monthly benefit amounts are based on a thirty (30) day month regardless of the number of days in the month. We suggest you save this letter for future reference.

Your ICI benefit checks will be issued the first of each month for the previous month. For example, the benefit for February will be issued March 1st. You will need to allow the U.S. Post Office time to deliver your paper checks. A stop payment on a paper check cannot be issued until 12 days after the date of the check.

Please note: ICI benefits are reduced by the gross amount of any disability, retirement, separation, or other income replacement benefits that are paid or payable from the Wisconsin Retirement System, Social Security Administration or Employer sponsored sources. You must apply for and complete the application process for all benefits that you may be eligible to receive. ICI benefits will be reduced by the largest benefit you could receive from another source, even though you fail to apply, fail to complete the application process, or choose an option that pays a reduced benefit. Other benefit sources, as indicated in § 2.15 of the ICI plan, include, but are not limited to:
• Worker’s Compensation
• Unemployment Compensation
• Earnings from any employer or self employment
• Social Security (regular retirement, disability or Supplemental Security Income (SSI), including benefits paid or payable to spouse and/or dependents
• Wisconsin Retirement System (WRS) (retirement, disability retirement, separation or lump sum retirement and/or duty disability)
• Long-term Disability Insurance (LTDI)

Any benefits you receive after your benefit begin date or which you may receive in the future will reduce your ICI benefits. For example, if you received a retroactive benefit from the Social Security Administration, which covers the same time period for which you have already received ICI benefits, your current ICI benefits will be reduced (offset) by the Social Security benefit and the previously paid ICI benefits would be overpaid. **Per the signed repayment agreement, you are required to repay to the ICI program these duplicated benefits.**

Please contact Broadspire immediately if you:

• Return or are released by your physician to return to full or part-time work (previous or any other employer, including self-employment)
• Apply for or received benefits from any other source
• Must extend the expected duration of your disability
• Are no longer disabled

Pursuant to § 2.21 (5) of the ICI plan, you have the right to request reconsideration of this benefit determination by Broadspire. Your written request must be received by Broadspire no later than 90 days after the date of this letter. Additional information you believe is relevant to your request for reconsideration must be received by Broadspire no later than 90 days after the date of this letter.

To request reconsideration, send a letter outlining the reason(s) you feel the benefit determination was in error to:  

**Broadspire**  
200 Wheeler Road  
Burlington, MA 01803

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Sincerely,

CASE OWNER:  
EXT:

Broadspire  
cc: Department of Employee Trust Funds (DETF)  
[EMPLOYER’S NAME]
### FIRST BENEFIT CHECK CALCULATION

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Monthly</strong></td>
<td>$</td>
</tr>
<tr>
<td>75%</td>
<td></td>
</tr>
<tr>
<td><strong>ICI Gross Monthly Benefit</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Daily ICI Benefit</strong></td>
<td></td>
</tr>
<tr>
<td><strong>30 Days</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TAXABLE INCOME</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Taxable Income %</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Taxable Income</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Daily ICI Benefit</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Number of Benefit Days</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Gross Initial ICI Benefit</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Less State Tax</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Less Federal Tax</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Less F.I.C.A.</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Less F.I.C.A.</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>First Payment Amount</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

* The daily benefit is payable for each day that you are continuously disabled, including weekends and holidays.

** The taxable portion of your benefit is withheld at the rate of 25%. For additional information about taxable benefits, please refer to Taxable Benefits in the ICI booklet. If you wish to change the amount of Federal Tax withheld, you may submit form W-4S to Broadspire. This form is available through the Department of Treasury, Internal Revenue Service. WI State Income Tax will only be withheld from a taxable benefit if you submit a WI Withholding Exemption form, WT-4, to Broadspire. It is available from the WI State Department of Revenue.
808  ICI Claim Denial Notice

«TodaysDate»  Certified Mail # Receipt Number

«ClaimantsFirstName» «ClaimantsLastName»
«CLAddress1»
«CLAddress2»
«CLCity», «ClaimState» «CLZip»

Re:  Income Continuation Insurance (ICI) Disability Benefits
Social Security # «SSN»

Dear «ClaimantsFirstName» «ClaimantsLastName»:

Broadspire has reviewed your request for Income Continuation Insurance (ICI) benefits and cannot approve your request for the following reason(s):

- Optional Reason; delete this line, if not applicable. You did not remain completely off work or be totally disabled from your own occupation for the minimum elimination period of 30 calendar days.
- Optional Reason for Voc Rehab; delete this line, if not applicable. A Vocational Rehabilitation Review has deemed you capable of performing other substantial gainful employment for which you are reasonably experienced and educationally qualified.
- Optional Reason for Elimination Period; delete this line, if not applicable. You did not remain completely off work and be totally disabled from your own occupation for the elimination period of 30 Days.
- No objective medical information to substantiate your disability.
- [Insert Reasons Here] or [Optional Paragraph]: Any Occupation

Your disability benefits have been denied effective [DATE].

RIGHT OF ADMINISTRATIVE REVIEW: If you disagree with the decision made in regard to your claim, you may request a reconsideration review through Broadspire. Your request must be made in writing and received by Broadspire within ninety (90) days of the date of this letter. Please send your request to:

    Broadspire
    200 Wheeler Road
    Burlington, Massachusetts 01803

Your request must outline the reason you feel the decision was made in error.

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Thank you.

Broadspire

cc:  Department of Employee Trust Funds (ETF)
809  ICI Claim Denial/Closure Notice

«TodaysDate»

[EMPLOYER]
ATTENTION: [ATTN: NAME]
[Address 1]
[City, State, and Zip]

Re:  Income Continuation Insurance (ICI) Disability Benefits

Dear [Employer]:

The Income Continuation Insurance claim for the following Employee has been [terminated/closed].

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE:</th>
<th>«ClaimantsFirstName» «ClaimantsLastName»</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY NUMBER:</td>
<td>«SSN»</td>
</tr>
<tr>
<td>PAID THROUGH:</td>
<td></td>
</tr>
</tbody>
</table>

**CLAIM TERMINATION BECAUSE:**

| NO LONGER DISABLED AS OF: | |
| RETURN TO WORK ON: | |
| OTHER: | |

Further action is not anticipated. Resume premium payment effective [DATE].

If you have any questions, please call Broadspire at 1-800-960-0052 between 7:45 AM and 4:30 PM (Central Standard Time), Monday through Friday, except holidays.

Sincerely,

Broadspire

cc: Department of Employee Trust Funds (ETF)
CHAPTER 9 — CLAIMANT CHANGE IN WORK STATUS

900 Change in Work Status

Employers are responsible for notifying ETF of a claimant's change in work status by completing the *Income Continuation Insurance Report of Employment and Earnings* (ET-5901). Delays in submitting the *ICI Report of Employment and Earnings* may cause an overpayment in Income Continuation Insurance (ICI) benefits that must be repaid.

A. ICI monthly benefit payments may be adjusted or terminated when one of the following occurs:

- Claimant returns to full-time employment.
- Claimant returns to part-time employment.
- Claimant will not be returning to work.
- Claimant's death.
- Earnings for vacation, holiday pay, comp time, etc., are paid after the claimant’s elimination period. The monthly ICI benefit will also be offset 100% of the value of any sick leave earned during periods of employment.
- Worker's compensation benefits, temporary disability benefits or back wages from compromise agreement/settlements are paid.

B. Resumption of part-time employment increasing to full-time employment within the same reporting period requires that employers report the:

- Start date of part-time employment,
- Amount of part-time earnings, and
- Start date of full-time employment.

Special Instructions for Part-Time Employment and Worker's Compensation Temporary Benefits

An *ICI Report of Employment and Earnings* must be completed and submitted to ETF after each payroll period during which an ICI claimant performed any part-time work. (Refer to subchapter 901.) Worker's Compensation temporary benefits are reported based on the period covered, not the Worker's Compensation check date.
901 Completing the Income Continuation Insurance Report of Employment and Earnings (ET-5901)

Follow these instructions to complete the ICI Report of Employment and Earnings:

1. Enter the employee’s name, social security number and date of birth, as well as the employer name and seven-digit employer identification number, in the designated spaces at the top of the report.

2. Check the box corresponding to the employee’s change in work status and enter the effective date of change.

3. For employees returning to part-time employment, perform the following:
   a. Attach a copy of the physician’s release to return to work.
   b. Enter the date through which part-time work is expected to continue.
   c. Enter percent of part-time work expressed as a percentage of full-time employment in the space provided.
   d. Complete the table on the form at the end of each payroll period for the duration of the part-time employment. Complete:

   Section A of the form to report earnings paid for part-time employment. If the claimant uses vacation, holiday or comp. time while working part-time, report the earnings separately on the form. The ICI benefit is offset by 75% of the earnings paid for “Present At Work”, vacation, holiday or comp. time.

   Section B to report Earned Sick Leave. ICI benefits are offset 100% of the applicable sick leave.

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

   Section D to report Sick Leave Used for an ICI claimant who has returned to part-time employment and due to their medical condition is required to be out of work and use sick leave. Submit any physician’s statement that takes the employee out of work.

4. Date, sign and list your telephone number.

5. Send ETF a copy of the ICI Report of Employment and Earnings (and any attachments) using one of the following methods:
   - Fax to ETF at (608) 267-0633.
   - Mail to ETF, P.O. Box 7931, Madison WI 53707-7931.
   - E-mail ETF at ETFWEB@etf.state.wi.gov.

6. Direct questions regarding claims and benefit eligibility to the third party administrator. (Refer to subchapter 104.)
902  *Income Continuation Insurance Report of Employment and Earnings (ET-5901)*

Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53707-7931

**INCOME CONTINUATION INSURANCE REPORT**  
**OF EMPLOYMENT AND EARNINGS**  
Wis. Stat. § 40.61

<table>
<thead>
<tr>
<th>Employee Name (Last, First, Middle, Maiden)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td>Birthdate (MM/DD/CCYY)</td>
</tr>
<tr>
<td>Employer Number</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Returned to full-time employment
- [ ] Will not be returning to work effective  
  (State reason for not returning in Comments section below)
- [ ] Death  
  Date of death
- [ ] Returned to part-time employment  
  Part-time work will continue until (attach a copy of the release to return to work)  
  Part-time work expressed as a percentage of full-time employment

<table>
<thead>
<tr>
<th>Check Date:</th>
<th>HOURS</th>
<th>GROSS EARNINGS</th>
<th>Claims Administrator USE ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Present At Work</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vacation Paid</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Holiday(s) Paid</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>$</td>
<td>X 75% = $</td>
</tr>
<tr>
<td>Section B</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Earned Sick Leave (State Employees Only)</td>
<td>$</td>
<td>X 100% = $</td>
</tr>
<tr>
<td></td>
<td>Paid Sick Leave (Local Employees Only)</td>
<td>$</td>
<td>X 100% = $</td>
</tr>
<tr>
<td>Section C</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paid vacation, holiday or comp. time after the elimination period but prior to returning to work (State and Local Employees)</td>
<td>$</td>
<td>X 100% = $</td>
</tr>
<tr>
<td>Section D</td>
<td></td>
<td>$</td>
<td>TOTAL ICI OFFSET $</td>
</tr>
<tr>
<td></td>
<td>Sick Leave Used (State Employees Only)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Worker's Compensation:

<table>
<thead>
<tr>
<th>Date (MM/DD/CCYY)</th>
<th>Signature of Employer Representative</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

Refer to instructions on the attached sheet.