

**How to Become a Participating
Employer Under the
Wisconsin Public Employers'
Group Health Insurance Program**



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

GENERAL INFORMATION

The Wisconsin Public Employers' (WPE) Group Health Insurance Program offers employees of participating local government employers the opportunity to choose between two or more health insurance plans.

The Group Health Insurance Program became available to state employees in 1960 and to local government employees in 1987.

HEALTH INSURANCE PLANS

The WPE Group Health Insurance Program provides two types of coverage: Standard Plan coverage or coverage through various alternate health plans (i.e., health maintenance organizations (HMOs) and preferred provider plans). Refer to the *It's Your Choice* booklet (ET-2128) and applicable addendums (ET-2157, ET-2158 or ET-2159) for detail on the individual plans.

STANDARD PLANS-The self-insured Standard Plans (fee for service indemnity) provide hospital, medical/surgical, and major medical benefits for covered services from any qualified health-care provider. Employers can choose the **Classic Standard Plan, the Deductible Standard Plan, Standard Preferred Provider Plan (PPP) or Deductible Standard PPP**. The PPP option, available at a lower premium rate, allows participants to see any provider of their choice, but with differences in reimbursement depending on whether participants go to an in-network or an out-of-network provider.

ALTERNATE HEALTH PLANS-Depending upon the geographic location, an employee may choose from a variety of alternate health plans that can be selected based on cost, quality of service, and access to specific physicians or other health care providers. Alternate health plans provide comprehensive benefits at a lower cost than the Standard Plans in exchange for some health care provider limitations.

When the employer selects the **Traditional HMO** option, all employees enrolled in alternate health plans have the same levels of coverage, called **Uniform Benefits**, with the exception of dental coverage, which may be offered at the discretion of the plan.

The employer could otherwise select the **Deductible HMO** option whereby all employees enrolled in alternate health plans have an up front deductible of \$500 individual, \$1,000 family. After meeting the deductible, **Uniform Benefits** apply.

Note: The HMO's (whether Traditional or Deductible) and the Standard Plan (whether Classic, PPP, or either deductible) make the package the employer selects. Employees may select either an HMO or the Standard Plan in the package the employer selects.

EMPLOYEE ELIGIBILITY

All employees, including part-time employees, participating in the Wisconsin Retirement System (WRS) are eligible for group health insurance coverage if the employer elects to participate in this program. All employees eligible for group health insurance **must** be offered coverage.

If you have questions about whether an employee or group of employees are eligible for health insurance coverage, contact the Employer Communication Center toll free at (888) 681-3942 or locally at (608) 264-7900.

Employers **may not** provide payments to employees in lieu of coverage under this health insurance program.

Employers can decide whether married employees may each select single or family coverage or if they are eligible only for family coverage through one of the spouses.

RETIRED EMPLOYEE ELIGIBILITY

Certain retired employees are eligible under this health insurance program. These include:

1. Any retired employee receiving a WRS annuity (including a lump sum or disability annuity) as the employer's retiree and who is a participant in the employer's current group health plan.
2. Any retired employee who is part of the employer's group health plan as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except that the term of the coverage shall not exceed the length of time that the continuant is eligible under the employer's current plan.
3. Any insured employee who terminates employment after age 55 (50 for protective occupations), has attained 20 years of creditable WRS service, and is eligible for an immediate annuity but defers application.

No employer contribution is required for retirees. Premiums are billed to retirees through ETF and are not the responsibility of individual employers. Employers **may choose** to contribute toward retirees' premium (employer paid annuitant). Employers participating in the program are responsible for notifying retired employees of the type and availability of coverage.

Retired employees not insured under their employer's current group health plan at the time of the group's initial enrollment in this program are not eligible to enroll.

Retired employees may remain covered as long as their former employer participates in the program. In addition, any retired or covered dependent eligible for Medicare must enroll when first eligible and must notify ETF.

COVERAGE FOR SURVIVING SPOUSE AND DEPENDENTS

The option to continue coverage at group rates indefinitely is available to the surviving spouse of an insured employee or retiree. Dependent children may continue coverage until such time as they would normally cease to be eligible.

MEDICARE COORDINATION

Participating health plans have coverage options that are coordinated with Medicare; therefore, participants remain covered by the plan they selected after they become enrolled in Medicare Parts A and B. (However, if they are enrolled in the State Maintenance Plan, coverage will be changed to the Standard Plan option selected by the employer.) Their health coverage will remain substantially the same as before Medicare coverage became effective, but the health plans are designed to supplement, not duplicate, the Medicare benefits. For participants with Medicare as primary payer, the monthly premium for health insurance is less. For those who are Medicare age but still actively working, the requirement that they enroll in Part A is deferred until they retire.

These participants' premiums do not decrease until Medicare becomes primary.

EMPLOYEE AND EMPLOYER COST

Participating employers have two options to choose from for establishing employer contribution toward premium:

1. The 105% Formula allows the employer to contribute toward the premium for any eligible employee an amount between 50% and 105% of the least costly qualified health insurance plan within the service area of the employer (but not exceed the total premium for the selected plan). The same employer contribution percentage must apply to all employees within the same group. This dollar amount remains unchanged regardless of the plan chosen by the employee. However, the employer contribution may be reduced to a minimum of 25% for employees who work less than half-time.
2. The 3 Tiered Premium Structure, based on the Group Insurance Board's tiers, provides that the employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier, and the employer is not limited to the maximum contributions of 105% of the premium for the lowest cost plan. However, they may not pay less than 50% for full-time and 25% for half-time. The employee's single or family premium contribution must be the same for all plans in a given tier.

Health plans must have providers in the geographic area serving the majority of the employees in order to be considered in the employers' contribution formula, however, this does not limit the employee's choice of plans. Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective providers.

Refer to the *It's Your Choice* booklet (ET-2128) for health plan premium rates. Premiums change annually on January 1.

Employer contributions must begin no later than the first of the month following the employee's completion of six months participation in the WRS with the present employer, or at an earlier date if mutually agreed upon by the employer and employee.

HOW TO JOIN

Effective January 1, 2009, all employers participating in the WRS may enter the program at the beginning of any quarter, following group underwriting. Underwriting will determine whether the group may join at the rates published in the *It's Your Choice* booklet (ET-2128) or addendums (ET-2157, ET-2158 or ET-2159), or whether the group will receive an additional per contract per month surcharge as determined by the Group Insurance Board's actuary for an average of 24 months. Typically, after adjusting for differences in benefits, groups find that the program's first year rates with surcharge are comparable to their renewal rates. The surcharge will be applied if the group's risk is determined to be detrimental to the existing pool. Per the contract, the surcharge cannot be appealed.

Once ETF receives all the required information, the underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1 or October 1. A blank checklist detailing the information required for submittal is included in this brochure. The *Large Group Underwriting Checklist* for groups with 51 or more WRS active employees appears on pages 15 and 16. The *Small Group Underwriting Checklist* for groups of 50 or less WRS active employees appears on page 17.

An employer may enroll its participants in the Traditional Option or the Deductible Option. An employer may not split its group between the two options. Employers must then select a “Standard Plan Option” to go with their selected “Plan Option” (see addendums for the *It’s Your Choice* ET-2128, that is, ET-2157, ET-2158 or ET-2159).

Traditional Option offers coverage outlined in the *It’s Your Choice* booklet (ET-2128).

Deductible Option offers an employee deductible of \$500 for single or \$1,000 for family coverage at a lower premium. (Note: the deductible does not apply to pharmacy benefits.) When the deductible has been met, coverage is similar to the Traditional Option. *Please be aware that employers are prohibited from paying the deductible on behalf of employees unless it is under a Section 125 Cafeteria Plan.*

Employer premiums are structured with the 50% to “105% Formula” or the “3 Tiered Premium Structure” described on page 3.

Large employers (with 51 or more WRS participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are all employees participating in the WRS. Small employers (50 or less WRS participants) must meet the following enrollment levels. The program has adopted the minimum participation standards outlined in INS 8.46 (2) WI Administrative Code. If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a "waive" and is deducted from the group of "Eligible Employees" by the Office of Commissioner of Insurance (OCI):

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of their annualized gross earnings

Note: Employees who decline initial coverage for any other reason remain in the count of "Eligible Employees".

The OCI Rule mandates the following after removing "waives" from the Group Size Count:

<u>Group Size</u>	<u>Minimum Enrollment</u>
1	1
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

Note: An employer may **ONLY** deduct the allowable "**waives**" from the overall group when the initial group size of employees that participate in the WRS is 50 or less.

Following underwriting, the WRS participating public employer will be notified what, if any surcharge will be applied. The employer may then elect to join WPE Group Health Insurance Program by filing a resolution 90 days prior to the effective date. Sample and blank resolution forms are included for your convenience in this booklet. Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

<u>Public Employer</u>	<u>Corresponding Governing Body</u>
County	County Board
City	Common Council
Village	Village Board
School District	School Board
Other Political Subdivision	Governing Body

Following underwriting, and 90 days after receipt of a resolution at ETF, coverage will be effective on the first day of the quarter, unless the next quarter start date is specified.

Mail resolution to: Department of Employee Trust Funds
Division of Insurance Services, Insurance Administration Bureau
P.O. Box 7931
Madison WI 53707-7931

After the resolution is filed, there will be an initial enrollment period. During this period the minimum participation level must be met, based on the number of WRS eligible employees electing coverage under this program, or the resolution will be rejected. Applications filed during the initial enrollment period **must be received by ETF at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.**

Please note that if you wish to retain a second group health plan for one or more of your bargaining units, use the special resolution on page 13. See page 7 for more information.

INITIAL ENROLLMENT

At the time of initial enrollment, employees may select any of the plans offered by the group health insurance program. There are no limitations on coverage of pre-existing conditions for eligible employees, except in the following situations:

- The employer did not provide health insurance coverage to its employees prior to joining this program; or
- The employee is not insured under the employer's current health insurance program or under another group health insurance plan administered by ETF at the time the resolution to participate is filed and wishes to enroll for coverage under this program; or
- The employee is insured for single coverage and wishes to enroll for family coverage.
- Any employee hired after the approval by the employer of the Resolution of Inclusion and before the effective date, is restricted to the Standard Plan with the 180-day waiting period for pre-existing conditions.

In these four situations, the employee and their dependent(s) are limited to the employer selected Standard Plan with a six-month waiting period for pre-existing conditions and hospitalization charges (if the employee had single coverage and wishes to enroll for family coverage, only the dependents will be subject to the pre-existing condition waiting period). Any subsequent dependents will be added without being subject to the waiting period. The employee may select a different health plan during the next It's Your Choice Enrollment period that occurs after their effective date of coverage.

Retirees otherwise eligible may enroll under this program only if they are insured under the employer's current group plan at the time of the initial enrollment.

Any person who is part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

IT'S YOUR CHOICE ENROLLMENT

It's Your Choice Enrollment represents an opportunity for currently insured employees to change health plans or switch from single to family coverage. This option is only available once each year (usually in October), with the change in coverage effective January 1 of the following year. During this enrollment period, insured employees may switch to any plan offered by this program or switch from single to family coverage without incurring waiting periods or submitting evidence of insurability.

LATE ENROLLMENT

Employees choosing not to enroll when initially eligible are limited to the employer selected Standard Plan and subject to a 180-day waiting period for all pre-existing conditions and hospitalization charges. Once insured, the employee may change to any other health plan during the It's Your Choice Enrollment. Evidence of insurability is not required.

OTHER ENROLLMENT OPPORTUNITIES

Refer to the *It's Your Choice* booklet (ET-2128) question and answer section.

ENROLLMENT PERIODS FOR NEW EMPLOYEES

Once an employer is effective in this program, any newly hired employee for whom the employer reports WRS contributions may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium, but no later than the first of the seventh month for which WRS contributions have been reported.

Coverage will be effective the first of the month following the employer's receipt of the completed application.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents include the employee's spouse, domestic partner and unmarried children up to age 27 as required by law. See the *It's Your Choice* booklet (ET-2128) for the complete definition of dependent.

CONTINUATION (COBRA)

The option to continue group health insurance coverage, as permitted by state or federal law, for 36 months at group rates is available to:

1. Employees (and covered dependents) who cease to be eligible for group coverage because of termination of employment or transfer into non-eligible employment.
2. The spouse of an insured employee who loses coverage due to divorce.
3. Dependent children who lose dependent status.
4. Dependents who lose coverage due to the employee's death.

CONVERSION

The opportunity to convert to non-group health insurance coverage at non-group rates is available to any person eligible for continuation of coverage, and any person who has exhausted their 36 months of continuation of coverage. Conversion does not apply to employees eligible to continue coverage during retirement. Conversion is available from all plans provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

RETAINING A SECOND GROUP HEALTH INSURANCE PLAN

Employers wishing to join the WPE Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units or that portion of employees that are the result of a municipality's division or merger may do so only under the following provisions:

1. Overall Participation. It must be demonstrated to the satisfaction of the Group Insurance Board that excluding such a sub-group will not be detrimental to this program. Regardless, the minimum participation level must be met, which is based on the number of all your eligible employees (i.e., all WRS participating employees).
2. Standard Plan vs. Alternate Health Plans. If less than 50% of the employees enrolling in this program elect the Standard Plan coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other Standard Plan participants in this group health insurance program. The maximum increase in the PSC would be \$10 per month.
3. Contract. A newly participating employer must agree to continue participation in the WPE Group Health Insurance Program for a minimum of three years.

TERMINATION OF PARTICIPATION

Participation in the Group Health Insurance Program is optional. Wisconsin statute permits an employer to withdraw from the program at the end of any calendar year if a *Resolution to Withdraw from the WPE Group Health Insurance Program* (ET-1318) is received by ETF by the preceding October 1 and the employer has been participating for a full calendar year.

Following an employer's withdrawal from the program, any participant who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This includes WRS annuitants (retirees) and any employee or dependent of an employee who is on continuation of coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the WPE Group Health Insurance Program cannot re-apply for participation in the program for three years.

Failure to execute the withdrawal resolution by October 1 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program due to the employer's failure to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

MORE INFORMATION

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds
Division of Insurance Services, Insurance Administration Bureau
Employer Communication Center
P. O. Box 7931
Madison, WI 53707-7931

Phone (608) 264-7900
Toll free (888) 681-3952
FAX (608) 266-5801
Internet site: <http://etf.wi.gov>

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the _____ of the _____ (Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- Traditional HMO Option paired with the Classic Standard Plan
Traditional HMO Option paired with the Standard PPP
Deductible HMO Option paired with the Deductible Standard Plan
Deductible HMO Option paired with the Deductible Standard PPP

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1.

RESOLUTION EFFECTIVE DATE

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ___ day of ___, year ___ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ___ day of ___, year ___.

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

ETF EMPLOYER IDENTIFICATION NUMBER
FEDERAL TAX IDENTIFICATION NUMBER (FEIN/TIN)
NUMBER OF ELIGIBLE EMPLOYEES
EMPLOYER REPRESENTATIVE TITLE
MAILING ADDRESS
COUNTY WHERE EMPLOYER IS LOCATED

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM WITH A REQUEST TO RETAIN A SECOND GROUP HEALTH PLAN

RESOLVED, by the _____ of the _____ (Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- Traditional HMO Option paired with the Classic Standard Plan
Traditional HMO Option paired with the Standard PPP
Deductible HMO Option paired with the Deductible Standard Plan
Deductible HMO Option paired with the Deductible Standard PPP

Be it further resolved that the _____ (Governing Body)

requests to retain a second group health plan, separate from the Wisconsin Public Employers' group, under the provisions outlined as follows:

- Overall Participation. If a portion of the non-participating employees are covered by some other plan, it must be demonstrated to the satisfaction of the Board that excluding such sub-group will not result in adverse selection.
Standard Plan vs. HMOs. If less than 50% of the participating employees elect the Standard Plan coverage, after the first year in this program the Plan Stabilization Contribution (PSC) may be increased by up to \$2 for each year that the average age of the employer group exceeds the average age of all other Standard Plan participants in the Wisconsin Public Employers' Group Health Insurance Program.
Contract. Such a new employer must agree to participate in this local group health insurance program for a minimum period of three years.

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1.

RESOLUTION EFFECTIVE DATE

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the _____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, year _____.

ETF EMPLOYER IDENTIFICATION NUMBER

EMPLOYER REPRESENTATIVE TITLE

FEDERAL TAX IDENTIFICATION NUMBER (FEIN/TIN)

MAILING ADDRESS

NUMBER OF ELIGIBLE EMPLOYEES

COUNTY WHERE EMPLOYER IS LOCATED

**WISCONSIN PUBLIC EMPLOYERS
LARGE GROUP UNDERWRITING CHECKLIST/QUESTIONNAIRE**

(For groups with 51 or more WRS active employees.)

All Information must be sent to the New Employer Health Insurance Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 267-0633

- Check made out to WPS Health Insurance for cost of Underwriting for \$1,000.
- Check made out to Deloitte LLP for cost of Underwriting for \$1,200.
- Employer Questionnaire checklist from ET-1139 (this form).
- WRS Group Name: _____.
- Employer Identification Number (EIN) _____.
- Group Contact (name) _____.
- Group Contact phone _____ Fax _____.
- Email Address _____.
- Group Physical Address: _____.

_____.
- County Location of Employer: _____.
- Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
- Number of *all* employees on payroll including part time and seasonal *and all retirees* whether or not they meet WRS eligibility requirements: _____.
- Number of WRS eligible employees including part time and seasonal *and retirees*: _____.
- US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): # _____.
- What is your anticipated employer contribution?: _____.
- What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
- Current insurance carrier & years enrolled: _____.
- Attach **three copies** of census data for all eligible employees and retirees noting those employees who are in their probationary period, receiving COBRA benefits and COBRA end date, or waiving coverage under the current benefit plan. Census data should include:
 - The employee by name, employee number, or numeric assigned number
 - Date of birth or age
 - Sex
 - Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family) preferable. At a minimum EE & F)
 - Zip code of the employee's address
- For current self-funded groups and insured groups with experience data attach three copies each of:**
 - Twenty-four months (month by month, 12 months minimum) of claims data
 - Enrollment data (month by month summary of enrollment by single, limited family, family)
 - Benefit plans in force for each year of rate history
 - Employer contribution
 - High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). This information cannot include name, Social Security number, or any information that would identify the individual.**

- **For insured groups with carriers who do not provide experience data provide three copies each of*:**
 - 3 years of rate and history renewal calculations, including renewal rates
 - Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
 - Benefit plans in force for each year of rate history
 - High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). *This information cannot include name, social security number, or any information that would identify the individual.*

* Note: Groups that consist of 51 to 100 active WRS employees may have to request this information, in writing, from their current plan. If it is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.

**WISCONSIN PUBLIC EMPLOYERS
SMALL GROUP UNDERWRITING CHECKLIST/QUESTIONNAIRE**

(For groups with 1-50 WRS active employees.)

All Information must be sent to the New Employer Health Insurance Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 267-0633

- Employer Questionnaire checklist from ET-1139 (this form).
- WRS Group Name: _____.
- Employer Identification Number (EIN) _____.
- Group Contact (name) _____.
- Group Contact phone _____ Fax _____.
- Email Address _____.
- Group Physical Address: _____

_____.
- County Location of Employer: _____.
- Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
- Number of *all* employees on payroll including part time and seasonal *and all retirees* whether or not they meet WRS eligibility requirements: _____.
- Number of WRS eligible employees including part time and seasonal *and retirees*: _____.
- US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #_____.
- What is your anticipated employer contribution?: _____.
- What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
- Current insurance carrier and years enrolled with current carrier: _____
_____.
- Small Employer Uniform Employee Application for Group Health Insurance (OCI 26-501) completed by each WRS eligible employee and retiree. The application is available online at <http://www.oci.wi.gov/ociforms/26-501.pdf>
 1. Those applying for coverage must complete sections I through IV and VI, VII and X.
 2. Those waiving coverage must complete sections I and V only.

Due to private health insurance information, completed Uniform Employee Applications must be inserted in sealed envelopes with the employee's/retiree's name on it and returned to the employer. When all Uniform Employee Applications are received, the employer will submit them in their individually sealed envelopes with all other required documents, 120 days prior to the effective date selected.
- State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names.
- Recent health insurance carrier bill listing all covered employees/retirees.

Note: If this information is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.