

SICK LEAVE ESCROW APPLICATION

Wis. Stat. § 40.05 (4) (b)

Name and Mailing Address (print):

Social Security Number

The reverse side of this form contains important information concerning your rights, responsibilities and escrow effective date.

- I am a retiring or retired state employee, and/or I am eligible to use my sick leave credits to pay health insurance premiums. I hereby apply to escrow my sick leave credits. I certify that I am currently insured by health insurance coverage comparable to the coverage offered by the State of Wisconsin Employees Group Health Insurance Program. If my spouse and eligible dependents are not covered by comparable coverage, they can not be covered upon re-enrollment to use my sick leave credits again.

In addition, for state employees in the process of retiring: I also certify that I was covered by the State of Wisconsin Employees Group Health Insurance Program on the day I terminated state employment. **I understand that the Department of Employee Trust Funds must receive this application at the time I submit my retirement application.**

Employment Termination Date:

- I am an eligible survivor of a deceased active or retired state employee. I hereby apply to escrow the deceased employee's sick leave credits. I certify that I am currently insured by health insurance coverage comparable to the coverage offered by the State of Wisconsin Employees Group Health Insurance Program.

In addition, for survivors of active and retired state employees at the time of employee's death: **I also understand that the Department of Employee Trust Funds must receive this application within 90 days after the date of death or within 30 days of notification by the Department, whichever is later, if I want the deceased employee's sick leave credits escrowed immediately and not used for the payment of my state health insurance premiums at this time.**

The sick leave credit account is in the name of:

Deceased Employee's Name

Social Security Number

Comparable non-state health insurance coverage means a plan with hospital and medical benefits substantially equivalent to the state's Standard Plan. My comparable non-state health insurance plan is with:

Name of Insurance Company	Subscriber (policy) No.	Group Number	Coverage Begin Date
---------------------------	-------------------------	--------------	---------------------

I understand that the following terms apply to my escrow and I have reviewed the information on the reverse side of this form:

- I can delay re-enrollment in the State of Wisconsin Employees Group Health Insurance Program for any period of time, but I must be re-enrolled before comparable non-state health insurance coverage ceases, unless coverage is involuntarily lost (see reverse side). Failure to re-enroll before the non-state coverage ceases, will result in forfeiture of sick leave credits.
- Upon re-enrolling, I, my spouse and any dependents if eligible must be enrolled in Medicare, both Parts A and B, when coverage under Medicare becomes primary. If not enrolled as required, I will be responsible for the portion of claims that Medicare would have covered. Failure to enroll at the next opportunity may result in termination of coverage in the State of Wisconsin Employees Group Health Insurance Program.

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

Date (MM/DD/CCYY)	Signature	Daytime Telephone Number
-------------------	-----------	--------------------------

FOR ETF USE

Escrow Effective Date (MM/DD/CCYY)	Approved By:	Date (MM/DD/CCYY)
------------------------------------	--------------	-------------------

**MAKE A COPY FOR YOUR RECORDS.
A COPY WILL BE RETURNED TO YOU AS AN ACKNOWLEDGMENT.**

ESCROW ELIGIBILITY REQUIREMENTS

1. You must be insured in the State of Wisconsin Employees Group Health Insurance Program when you apply to escrow your sick leave credits.
2. You must have a sick leave account balance when the escrow becomes effective and be eligible to use the credits to pay state health insurance premiums.
3. You must have comparable non-state health insurance coverage continuously throughout the escrow period. Your spouse and eligible dependents must also be covered if you intend to cover them upon re-enrolling to use your sick leave credits. Comparable means a plan with hospital and medical benefits substantially equivalent to the state's Standard Plan.

ESCROW EFFECTIVE DATE

Your sick leave account will be escrowed (banked) with an effective date as follows:

For state employees in the process of retiring with state coverage: On the first of the month following the last month of coverage when your employer paid the premiums and your comparable coverage begins.

For survivors of deceased active and retired state employees at the time of employee's death: On the first of the month following the date of death. Comparable coverage must be in effect.

For retired state employees and survivors of deceased active and retired state employees with state coverage: On the first of the month following the date this form, your Sick Leave Escrow Application, is received by the Department of Employee Trust Funds and your comparable coverage begins.

No health insurance premiums are deducted from your sick leave account while it is escrowed.

RE-ENROLLMENT

You can re-enroll for state health insurance coverage only during the annual fall re-enrollment period unless you lose your comparable non-state coverage. See below for information on involuntary loss of coverage.

You can re-enroll for coverage effective in the following year during the annual fall re-enrollment period, which occurs during the state's "Dual Choice Enrollment Period". You may escrow at any time during the year but you can only re-enroll during this annual period. You can re-enroll for either single or family coverage and in any plan in the State of Wisconsin Employees Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions. Upon re-enrolling, you, your spouse and any eligible dependents, must be enrolled in Medicare, both Parts A and B, when Medicare becomes primary for you or them, otherwise you will be responsible for the portion of claims that Medicare would have covered. Failure to enroll at the next opportunity may result in termination of coverage.

The Department annually notifies annuitants and surviving spouses and dependents with escrowed sick leave credits of the fall enrollment period so that application materials can be obtained. If you do not receive notice and wish to re-enroll, contact the Department in early October. Application materials must be postmarked no later than the last day of the Dual Choice Enrollment Period. You must select a month in the following year for your coverage to be effective, January 1 or the first of a different month. You must be re-enrolled before your comparable non-state coverage ceases. Failure to re-enroll before the comparable non-state coverage ceases will result in forfeiture of sick leave credits. Once re-enrolled, you can escrow again in the future if comparable non-state coverage becomes available to you. You can escrow and re-enroll no more than once each year.

INVOLUNTARY LOSS OF COVERAGE

If your eligibility for your non-state comparable coverage is lost, you may re-enroll at that time in any plan in the State of Wisconsin Employees Group Health Insurance Program without waiting periods or exclusions for pre-existing conditions. If your coverage was lost as the result of an event such as loss of employment, divorce, etc., or your employer's contribution toward your premium ceases, coverage through this Department will be effective the date your lost coverage terminates. Coverage is not involuntarily lost if you cancel your coverage, lose coverage due to fraud, misrepresentation or your lack of paying your premiums timely. We must receive your re-enrollment application within 30 days after your non-state coverage ends with a letter from the employer or organization who was providing you with health insurance coverage, which states: name of the organization formerly providing coverage, name of the insurance group, date coverage terminated, and reason eligibility for coverage was terminated.

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

ADDITIONAL INFORMATION

If you need additional information you can call toll free 1-877-533-5020 or (608) 266-3285 (local Madison), FAX (608) 267-4549 or Wisconsin Relay Service: 7-1-1.