

Income Continuation Insurance (ICI) Monthly Premium Reporting State Agencies

Instructions for Completing the Revised ICI Monthly Premium Reports

A supply of *Monthly Premium Report Group Income Continuation Insurance* (ET-1611, rev. 01/2005 [and ET-1612, rev. 01/2005 for the University of Wisconsin]) forms is attached. This form accompanies the monthly ICI premium remitted to the Department of Employee Trust Funds (ETF) and provides a detailed breakdown of employee and employer premium contributions by program (ICI coverage and Supplemental ICI coverage) and by elimination period. The monthly premium report is also available on ETF's Internet site at: <http://etf.wi.gov>.

Premiums for ICI coverage will appear on the front of the report. Premiums for supplemental ICI coverage are reported on the reverse page.

Complete the following areas on the *Monthly Premium Report Group Income Continuation Insurance*:

1. Department Name
2. Employer ID No. 69-036– This is the same number used for WRS reporting. Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).
3. Coverage Month/Year – Indicate “coverage month” being reported. Example: If the report is due on February 20, the “coverage month” is March.

“ICI Premiums Collected From Employees Eligible for State Share”

1. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
2. Regular – Enter the coverage month's employee premium contributions by premium category. This amount does not include the employee share of supplemental premiums listed on the reverse of the form.
3. Adjustments – Use this section 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. Enter the sum of all adjustments by premium category.
4. Subtotal – Enter the sum of the “Regular” and “Adjustments” columns by premium category.
5. Subtotal A -- Enter the sum of the figures entered by premium category in the “Subtotal” column.
6. State Share – Enter the state share totals for premium categories 3 – 5 based on the calculations listed on form. State share for premium category 6 is the premium cost.
7. Total C State Share -- Enter the sum of the figures entered by premium category in the “State Share” column.

“ICI Premiums Collected From Employees NOT Eligible for State Share”

This section is used to indicate premiums for employees who are not eligible for State share. (Do not use for employees in premium categories 1 and 2 listed above on the report.) Indicate premiums paid by employees on Leaves of Absence—after the first three months of the leave—who are paying the entire premium share.

1. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
2. Regular – Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee share of supplemental premiums listed on the reverse of the form.
3. Adjustments – Use this section 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. Enter the sum of all adjustments by premium category.
4. Subtotal – Enter the sum of the “Regular” and “Adjustments” columns by premium category.
5. Subtotal B -- Enter the sum of the figures entered by waiting period in the “Subtotal” column.

“Supplemental ICI Premiums Collected From Employees (Eligible for State Share on ICI Plan)”

1. Number of Employees – Enter the number of employees participating in supplemental ICI coverage (who are eligible for the state share on the ICI plan) by premium category.
2. Supplemental Regular – Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee premium share of ICI, listed on the front of the form.
3. Supplemental Adjustments – Use this section 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. Enter the sum of all adjustments by premium category.
4. Subtotal – Enter the sum of the “Supplemental Regular” and “Supplemental Adjustments” columns by premium category.
5. Subtotal D -- Enter the sum of the figures entered by waiting period in the “Subtotal” column.

“Supplemental ICI Premiums Collected From Employees (NOT eligible for State Share on ICI Plan)”

This section is used to indicate premiums for employees who are not eligible for State share. (Do not use for employees in premium categories 1 and 2 listed above on the report.) Indicate premiums paid by employees on Leaves of Absence—after the first three months of the leave—who are paying the entire premium share.

1. Number of Employees – Enter the number of employees participating in supplemental ICI coverage (who are NOT eligible for the state share on the ICI plan) by premium category.
2. Supplemental Regular – Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee premium share of ICI, listed on the front of the form.
3. Supplemental Adjustments – Use this section 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. Enter the sum of all adjustments by premium category.
4. Subtotal – Enter the sum of the “Supplemental Regular” and “Supplemental Adjustments” columns by premium category.
5. Subtotal E -- Enter the sum of the figures entered by waiting period in the “Subtotal” column.

Return to front of form.

- 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” plus “Subtotal E.”
- C. Total Amount Due – Enter the sum of “Total C State Share” and the two totals from steps A and B above. This is the grand total of employee and employer premiums for this coverage month. This total is the amount you must remit to ETF by WiSmart transaction (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 the reverse of the form. Do not send screen prints of PVs.

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* (ET-1611) 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 20th day of the calendar month preceding the month of coverage, or on the first working day after the 20th when the 20th falls on a day in which state offices are closed (Wis. Admin. Code ETF 10.63).

Interest charges for reports and payments arriving at ETF after the due date 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).