

**Department of Employee Trust Funds
Local Health Insurance Administration Manual**

Appendix C — myETF Benefits

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C-1. How to Log into myETF Benefits

To get started in myETF Benefits you must first obtain access to the system by completing and submitting an *Online Network for Employers Security Agreement* (ET-8928) to the Department of Employee Trust Funds, on which you request access to myETF Benefits for Administrators for the following areas:

- Health Eligibility Inquiry
- Health Eligibility Update
- Health Premium Inquiry
- Health Premium Payment

Once access has been granted, you will need to go on-line through the Online Network for Employers (ONE) Site to get to the myETF Benefits system.

1. Go to the ETF website at etf.wi.gov.
2. Click on the “Employers” tab at the top of the screen.
3. Click on “myETF Benefits for Administrators” in the gray menu.



WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS

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4. Enter your User ID and Password.

myETF Benefits Admin
Administrator Log In

This site provides access to the online services developed by the Department of Employee Trust Funds (ETF) for administrators.

Registered Users
If you are already a registered user, enter your user ID and password, then click the login button.

User ID:

Password:

Login

New Users
If you have not yet registered for online access, click the Register Now button. You will be directed to an electronic Security Agreement (ER-8928) to complete. Fax completed form to 608-266-5801.

Register Now

Login and Password Support (503) 264-9191 / 800-843-9724 or email us at ETFOLUserHelp@etf.state.wi.us.
Employer Communications Center (503) 264-7000.

Guidelines for Use:

- This system is designed to be viewed using the latest version of Microsoft Internet Explorer or Firefox.
- For the best viewing experience set your screen resolution to at least 1024 X 768.
- Some pages within this system require Adobe Acrobat Reader be installed on your computer in order to view PDF files.

This system is for authorized users only. System access is monitored. By using this system, you expressly consent to system monitoring. Evidence of unauthorized access will be provided to the appropriate law enforcement agencies for prosecution.

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5. Enter your employer number and click the 'Verify' button.

myETF Benefits Admin
Employer Info

EmployerInfo myMembers Health Life Disability WRS Other Benefits Help Log Off

Employer Specific Function - Employer Number Required

Use this screen to specify the employer whose data you would like to access. You must provide the employer's seven digit employer number. You must have the authority to access

Please enter the seven digit Employer Number and click Verify
Employer Number:  

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6. You will be directed to the myEmployerInfo screen. From here, you can update your information as well as select functions from the drop-down menus.

myETF Benefits Admin
Employer Info

EmployerInfo myMembers Health Life Disability WRS Other Benefits Help Log Off

myEmployerInfo

Employer Number: XXXX-XXX Employer Name: EMPLOYER

Contact Info Health Insurance ICI Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME XXXX XXX-XXXX	Name:	AGENT NAME XXXX XXX-XXXX
Telephone:		Telephone:	
Retirement Contact		Address Information	
Name:	AGENT NAME XXXX XXX-XXXX	Address:	AGENT ADDRESS CITY, ST ZIPCODE
Telephone:		Agent Email:	No agent email available. More <input type="text" value=""/> 

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C-2. Add Coverage

A Health Insurance Application/Change Form (ET-2301) has been received for one of the “Add Coverage” reasons, all information has been verified, and the employer section completed. Refer to the sample form below:

ETF Use Only	State of Wisconsin Department of Employee Trust Funds (ETF)				Employer Notes					
Health Insurance Application/Change Form										
1. APPLICANT INFORMATION			ETF Member ID		SSN <u>XXX-XX-XXXX</u>					
Applicant Name – First <u>FIRST</u>		M.I. <u>M</u>	Last <u>LAST</u>		Previous Name	DOB MM/DD/CCYY	Gender <u>M</u>	Physician/Clinic <u>PRAIRIE CLINIC</u>		
Home Mailing Address—Street and No. <u>1234 STREET LANE</u>				City <u>CITY</u>	State <u>ST</u>	Zip Code <u>ZIPCODE</u>	<input type="checkbox"/> Check here if updating address phone, email, or marital status.			
Primary Telephone Number: (608) 555-1111			Country (if not USA)		Applicant E-mail:					
MARITAL OR DOMESTIC PARTNERSHIP STATUS:										
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership (DP) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Date: <u>MM/DD/CCYY</u>										
Spouse/DP: SSN <u>XXX-XX-XXXX</u>				Name <u>FIRST NAME/LAST NAME</u>						
Previous Name <u>MAIDEN NAME</u>				Physician/Clinic <u>PRAIRIE CLINIC</u>						
DOB: <u>MM/DD/CCYY</u>				Gender: <u>F</u> Tax Dep <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
ELIGIBILITY STATUS:				NEW HIRE — I WANT MY COVERAGE TO BE EFFECTIVE:						
<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Survivor				<input checked="" type="checkbox"/> As soon as possible (Employee will pay entire monthly premium until eligible for contribution)						
<input type="checkbox"/> Continuant (COBRA) <input type="checkbox"/> Annuitant/Retiree				<input type="checkbox"/> When employer contributes to premium						
Coverage Desired <input type="checkbox"/> Single <input checked="" type="checkbox"/> Family		Health Plan Selected: <u>Unity - Community</u>								
2. REASON FOR APPLICATION										
Reasons marked with an * require supporting documentation. See page 4 of this application for specific documentation requirements.										
A. Decline Coverage (Check one box below and go to Section 6 to sign and date your application.)										
<input type="checkbox"/> I do not wish to enroll at this time. <input type="checkbox"/> I do not wish to enroll at this time as I currently have other insurance coverage.										
B. Enrollment (Check a Reason and an Event below and indicate the date of event. Update Dependent Information below as appropriate) Note: Deletion of a Dependent due to loss of eligibility provides a COBRA enrollment opportunity. Notice must be provided to Employer within 60 days of event.										
Reason: <input checked="" type="checkbox"/> Add Coverage (Add Cvg) <input type="checkbox"/> Add Dependent (Add Dep) <input type="checkbox"/> Remove Dependent (Rem Dep)										
Event:										
<input checked="" type="checkbox"/> New Hire (Add Cvg)				<input type="checkbox"/> State Annuitant/Retiree Re-enroll Effective Date _____ (Add Cvg)						
<input type="checkbox"/> Spouse/DP to Spouse/DP Transfer (Add Cvg)				<input type="checkbox"/> Eligible Dependent Not Included on Initial Enrollment (Excludes DP and Adult Dependents)						
<input type="checkbox"/> Transfer from One Employer to Another Employer (Add Cvg)				<input type="checkbox"/> Loss of other Coverage/Employer Contributions* (Add Cvg, Add Dep)						
Name of Previous Employer _____				<input type="checkbox"/> Divorce*/DP Terminated* (Rem Dep)						
<input type="checkbox"/> Marriage/DP* (Add Cvg, Add Dep)				<input type="checkbox"/> Death of Dependent (Rem Dep)						
<input type="checkbox"/> Birth (Add Cvg, Add Dep)				<input type="checkbox"/> Disabled Dependent: Disability Ends or Dependent Marries or Support less than 50% (Rem Dep)						
<input type="checkbox"/> Adoption* (Add Cvg, Add Dep)				<input type="checkbox"/> Grandchild's Parent Turns 18 (Rem Dep)						
<input type="checkbox"/> National Medical Support Notice* (Add Dep)				<input type="checkbox"/> Adult Dependent Eligible for other coverage (Rem Dep)						
<input type="checkbox"/> Paternity Acknowledgment* (Add Dep)				<input type="checkbox"/> Annual It's Your Choice (Jan. 1) (Add Cvg, Add Dep, Rem Dep)						
<input type="checkbox"/> Legal Ward/Guardianship* (Add Dep)				<input type="checkbox"/> COBRA (Add Cvg)						
<input type="checkbox"/> Legal Ward/Guardianship Ends* (Rem Dep)				<input type="checkbox"/> Other: _____						
<input type="checkbox"/> Disabled, Age 26 or Older* (Add Dep)				Event Date: <u>09/19/2013</u> (required)						
<input type="checkbox"/> LTE New Hire - State Only (Add Cvg)										
DEPENDENT INFORMATION (excludes spouse/DP) — Complete all requested information.										
Social Security Number	First Name	M.I.	Last	Previous	Birth Date (mm/dd/ccyy)	Gender (M/F)	Rel. Code	Tax Dep? (Y/N)	Disabled? (Y/N)	Enter Physician/Clinic or Provide Dependent address for COBRA, if removing dependent.
<u>XXX-XX-XXXX</u>	<u>CHILD</u>	<u>M</u>	<u>LAST</u>		<u>MM/DD/CCYY</u>	<u>F</u>	<u>19</u>	<u>Y</u>	<u>N</u>	<u>PRAIRIE CLINIC</u>



Applicant Name XXXXXXXX		ETF Member ID	SSN XXXXXXXX
2. REASON FOR APPLICATION (continued) Reasons marked with an * require supporting documentation. See page 4 of this application for specific documentation requirements.			
C. Change Health Plan (Check one box below, Indicate Current Health plan, Provide date of event, Update Section 1 or 2 if applicable) <input type="checkbox"/> Move from Service Area <input type="checkbox"/> Eligible Section 125 Status Change (see Instructions, Section 2(4))* <input type="checkbox"/> Annual It's Your Choice (Jan. 1) Current Health Plan: _____ Event Date: _____			
D. Spouse/DP/Dependent Personal Data Update/Correction <input type="checkbox"/> Update Name/SSN/DOB (Complete Section 1 or 2) Previous Name _____ Previous DOB _____ Previous SSN _____			
E. Cancel Coverage: <input type="checkbox"/> I wish to cancel coverage: Event Date _____ (Check a post-tax or pre-tax box below.) My Premiums are Deducted: <input type="checkbox"/> Post-tax, Coverage may be cancelled at any time <input type="checkbox"/> Pre-tax (If pre-tax check a box below.) <input type="checkbox"/> I am terminating employment. <input type="checkbox"/> My employee premium contribution has increased significantly.* <input type="checkbox"/> I am going on unpaid leave of absence. <input type="checkbox"/> I (and all dependents if applicable) became eligible for and enrolled in other group coverage.* <input type="checkbox"/> Cancel current family coverage to perform a spouse to spouse transfer. <input type="checkbox"/> Eligible Section 125 Status Change* (see Instructions, Section 2(4))* <input type="checkbox"/> Annual It's Your Choice Enrollment (Jan. 1). Event: _____ Note: If pre-tax, coverage may only be cancelled due to a qualifying event or during the annual It's Your Choice period.			
F. Family to Single Coverage: If your employee premium share is taken pre-tax, Internal Revenue Code Section 125 restricts mid-year changes to your coverage. My employee-required premium contribution is deducted (Check one box below, indicate event date, and update Section 1): <input type="checkbox"/> Pre-tax and my employee premium contribution has increased significantly <input type="checkbox"/> Pre-tax and my last dependent has become ineligible for this coverage. <input type="checkbox"/> Pre-tax and all dependents became eligible for and enrolled in other group coverage.* <input type="checkbox"/> Pre-tax, eligible Section 125 Status Change (see Instructions, Section 2(4))* Event: _____ <input type="checkbox"/> Pre-tax, change to single during annual It's Your Choice (Jan. 1). Event Date: _____ <input type="checkbox"/> Post-tax, midyear changes to coverage level can be made at any time.			
3. ADDITIONAL INFORMATION Are any of the dependents listed under Dependent Information your or your spouse/DP's grandchild? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of parent _____			
4. MEDICARE INFORMATION/UPDATE MEDICARE INFORMATION Are you or any insured dependent covered under Medicare? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list names of insured and Medicare dates. Name: _____ Dates: Part A _____ Part B _____ HIC # _____ Name: _____ Dates: Part A _____ Part B _____ HIC # _____			
5. OTHER HEALTH INSURANCE COVERAGE/UPDATE OTHER HEALTH INSURANCE (If yes, complete requested information) Other coverage? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name of Company _____ Policy #: _____ Group #: _____ Name(s) of Insured: _____			
6. SIGNATURE (Read the TERMS AND CONDITIONS on page 7 and sign the application.) By signing this application, I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and I have read and agree to the TERMS AND CONDITIONS . A copy of this application is to be considered as valid as the original. In addition, to the best of my knowledge, all statements and answers in this application are complete and true. All information is furnished under penalty of Wis. Stat. §943.395. Additional documentation may be required by ETF at any time to verify eligibility.			
SIGN HERE & Return to Employer 		Date Signed (mm/dd/yy) 09/23/13	
7. EMPLOYER COMPLETES (Coding instructions are in the Employer Health Insurance Administration Manual)			
Employer Number 69-036-XXXX-XXX		Name of Employer NAME OF EMPLOYER	
Payroll Representative E-mail			
Group Number XXXX	Employee Type 02	Coverage Type Code 02	Health Plan Name or Suffix UNITY COMMUNITY/40
EMPLOYMENT STATUS: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> LTE		Employee Deductions: <input checked="" type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax	
Previous Service - Complete Information 1. Are you a WRS participating employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If Yes, answer questions 2, 3, and 4. 2. Did employee participate under WRS prior to being hired by you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Previous service check completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Source of previous service check: <input checked="" type="checkbox"/> Online Network for Employers (ONE) <input type="checkbox"/> ETF		Date WRS Eligible Employment or Graduate Assistant Appointment Began or Hire Date 09/19/13	Employer Received Date 09/23/13
Payroll Representative Signature/Phone Number (XXX) XXX-XXXX Agent Name		Event Date 09/19/13	Prospective Date of Coverage 10/01/13

1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'myMembers' tab highlighted by a red circle. Below the navigation bar, there are fields for 'Employer Number' (XXXX-XXX) and 'Employer Name' (EMPLOYER). The main content area is divided into sections for 'Agent Contact', 'Insurance Contact', 'Retirement Contact', and 'Address Information'. Each section contains fields for 'Name' and 'Telephone'. The 'Address Information' section includes fields for 'Agent Address', 'City', 'St', and 'Zip Code', along with an 'Agent Email' field and a 'Clear' button. A note at the bottom states: 'Note: if the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.' At the bottom of the page, there are buttons for 'Edit' and 'myMembers Requests'.

The screenshot shows the 'myETF Benefits Admin' interface. The 'myMembers' tab is selected in a dropdown menu, indicated by a red arrow. The navigation bar includes 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. Below the navigation bar, there are fields for 'Employer Number' (XXXX-XXX) and 'Employer Name' (EMPLOYER).

2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click 'Enter' (if it is a brand new employee with no prior WRS service, there will not be an ETF Member ID).

The screenshot shows the 'myETF Benefits Admin' interface for the 'myMembers' section. The 'Member Search' form is displayed. It includes a text box for 'Member ID' and a dropdown menu for 'Social Security Number'. A red arrow points to the 'Member ID' field, and another red arrow points to the 'Social Security Number' dropdown. Below the search fields are buttons for 'Search', 'Name Search', and 'Clear'. The 'Search' button is circled in red. Below the search fields, there are sections for 'Member Information' and 'Spouse Information'. The 'Member Information' section includes fields for 'Member ID', 'SSN', 'Name', 'Date of Birth', 'Date of Death', 'Gender', 'Marital Status', 'Marital Status Date', 'Employer', and 'Employment Begin Date'. The 'Spouse Information' section includes fields for 'Member ID', 'SSN', 'Name', 'Date of Birth', and 'Gender'. At the bottom, there is a 'Contact Information' section with fields for 'Home Address' and 'Primary Email/Primary Phone'.

- a. If the employee’s basic demographic information pops up, scroll to the bottom of the page and click the ‘Edit’ button to enter any remaining missing information.
- b. If the employee can not be found, click the ‘Add’ button near the top of the screen.

myETF Benefits Admin
myMembers

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

• This member was not found. If you believe you have received this message in error please try again. Otherwise press the Add button to add this member to our database and assign them a member ID.

Member Search

Member ID: OR Social Security Number:

If the person you are trying to enter is a brand new employee that has never been in the WRS previously or has never had coverage, you will get the message shown above in red. You will need to click on the ADD button to add them into the system.

Member Information

Member ID:
SSN:
Name:
Date of Birth:
Date of Death:
Gender:
Marital Status:
Marital Status Date:
Employer:
Employment Begin Date:

Spouse Information

Member ID:
SSN:
Name:
Date of Birth:
Gender:

Contact Information

Home Address:
Primary Email:
Primary Phone:

3. Enter all relevant demographic information into the required fields, including the employee’s full address and phone number and click the ‘Submit’ button.

myETF Benefits Admin
Add myMember

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Key in the new member information below, and press the Submit button to add this member to our database and assign them a member ID.

Member Information

SSN: (XXXX-XX-XXXX) (XXXXXXXXXX)

Name First/Middle/Last/Suffix: X (Select One)

Date of Birth: (MM/DD/YYYY)

Gender: (MALE)

Marital Status: (MARRIED)

Marital Status Date: (MM/DD/YYYY)

Employer: (EMPLOYER - XXXX-XXX - XXXXX)

Employment Begin Date: (MM/DD/YYYY)

Contact Information

Country: (UNITED STATES - US)

Address Line 1: (1234 ADDRESS LANE)

Address Line 2:

City, State: (CITY) (STATE)

Zip Code: (ZIPCODE) (only numbers are allowed)

Care of:

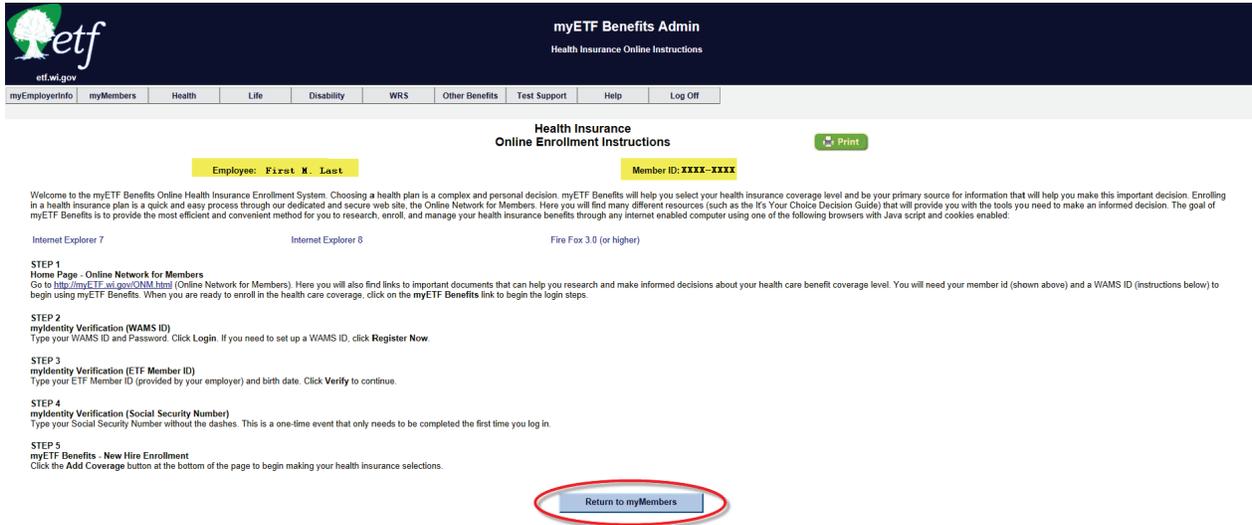
Primary Phone: ((XXX) XXX-XXXX) Ext. (only numbers are allowed)

*NOTE: If the city you are entering has more than one space in the name (Prairie Du Sac, Fond Du Lac, Prairie Du Chein), you must enter them using only one space (see city block to the left). Once the transaction processes overnight, it will reflect the correct spacing.

4. An address validation program will run and ask you to verify and select the correct address from the bottom of the screen. Select the “Finalist” address which includes the ZIP+4, and click the ‘Submit’ button again.

If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the ‘Radio’ button in front of the address as keyed and click the ‘Submit’ button.

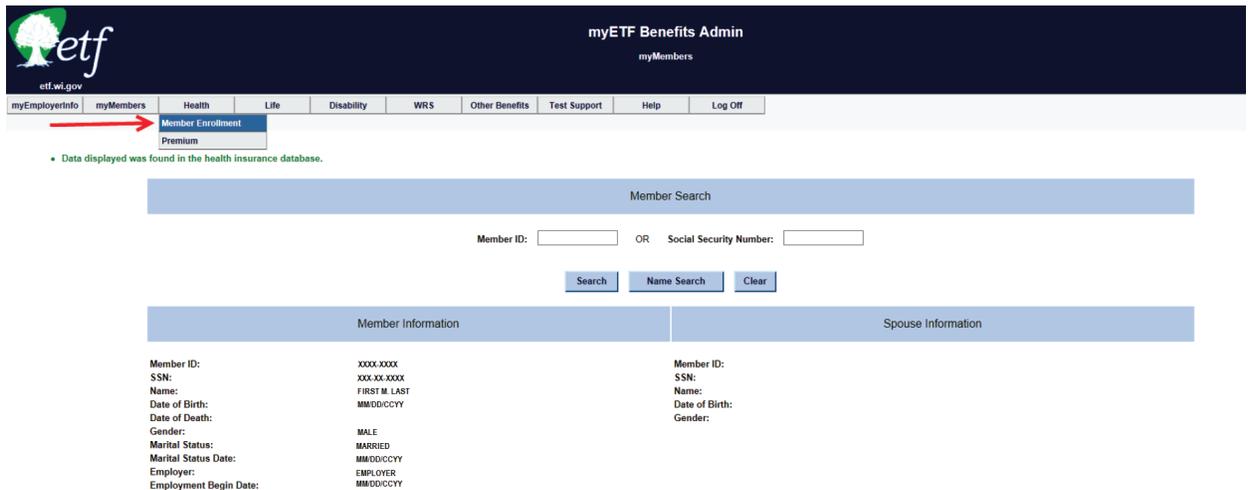
5. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.



Note: This is the confirmation page you receive when adding a member into my-ETF Benefits who has never been covered by our program with any employer. This confirmation screen provides you the Member ID for this employee, which they will need if they are enrolling through member self service. The confirmation screen will look different if you are only updating information; that confirmation screen will show a summary of changes made and will have a print button in the upper right corner as well as a Return to myMembers button at the bottom of the page.

If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.

6. If you are enrolling the member, at the top of the screen, highlight the Health Tab and select Member Enrollment from the drop-down. You must have a completed *Group Health Insurance Application (ET-2301)* from the employee if you are entering the enrollment on their behalf.



- Click the 'Add Coverage' button at the bottom of the screen to open the enrollment function.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: XXXXXXXX OR Social Security Number: []

[Search] [Name Search] [Clear]

Member ID	SSN	Subscriber	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
XXXX-XXXX	[]	FIRST M. LAST						

[Add Coverage]

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Add Coverage Reason: [Select One] Event Date: [] []
Employer Received Date: [] []

Employment Details:
Employer: [EMPLOYER] Program Option: P01 Surcharge: S01
Previous Employer: N/A Employment Begin Date: [MMDDCCYY] []
Employee Type: [Select One] Employment Status: [Select One]

Coverage Selection:
Coverage Type: [] Health Plan: [Select One] Effective Date: []

Contact Information:
Update Contact Information: [Select One] Country: UNITED STATES - US
Address Line 1: 1234 STREET LANE City: [CITY]
State: [STATE] Zip Code: [ZIP CODE] Care of: [] Primary Phone: [XXXXXXXX] Ext: []

Please verify the information listed below for yourself, and press the "+" button to add additional eligible dependents.

Row	SSN	Name - First, MI, Last, Suffix	DOB	Gender	Relationship	Marital Status	Marital Status Date	Tax Dep	Disabled	Physician	Add/Remove Row
1	XXXXXXXX	FIRST M. LAST	[MMDDCCYY] []	MALE	SELF	MARRIED	[MMDDCCYY] []	NO	NO	NO	[+]

[Cancel]

- Select the reason for the application. (For Example – New Hire).

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Add Coverage Reason: [Select One] Event Date: [] []
Employer Received Date: [] []

Employment Details:
Employer: [EMPLOYER] Program Option: P01 Surcharge: S01
Previous Employer: N/A Employment Begin Date: [MMDDCCYY] []
Employee Type: [Select One] Employment Status: [Select One]

Coverage Selection:
Coverage Type: [] Health Plan: [Select One] Effective Date: []

Contact Information:
Update Contact Information: [Select One] Country: UNITED STATES - US
Address Line 1: 1234 STREET LANE City: [CITY]
State: [STATE] Zip Code: [ZIP CODE] Care of: [] Primary Phone: [XXXXXXXX] Ext: []

Please verify the information listed below for yourself, and press the "+" button to add additional eligible dependents.

Row	SSN	Name - First, MI, Last, Suffix	DOB	Gender	Relationship	Marital Status	Marital Status Date	Tax Dep	Disabled	Physician	Add/Remove Row
1	XXXXXXXX	FIRST M. LAST	[MMDDCCYY] []	MALE	SELF	MARRIED	[MMDDCCYY] []	NO	NO	NO	[+]

[Cancel]

Click on the green plus symbol above to add additional rows for family coverage.

9. Enter the Event Date (hire date).
10. Enter the Received Date (date application received by the employer).
11. Select the Coverage Effective Date and hit Tab. You may need to click on it a second time to get it to stay.
 - a. If you click on ‘As soon as possible,’ move onto the next step.
 - b. If you click on ‘When Employer Contributes,’ a date box will appear and you need to enter the date for when the employer contribution begins.
12. Complete the Employment Details Section.
13. Complete the Coverage Selection Section.
14. Complete the Contact Information Section.
 - a. Select Yes if you need to make any changes.
 - b. Select No if you do not need to make any changes.
15. Complete the Dependent Information section, per the information on the *Health Application/Change Form (ET-2301)*.
 - a. If a family contract, you can select the green plus sign to add rows or the red minus sign to remove rows.
16. Once all data has been entered, click the ‘Submit’ button at the bottom of the page.

The screenshot shows the myETF Benefits web application interface. At the top, there are navigation tabs for myEmployments, myMembers, Health, Life, Disability, WRS, Other Benefits, Text Support, Help, and Log Off. The user's ETF Member ID is 1111-1111, SIN is 111-11-1111, and the subscriber is FIRST M. LAST. The form is divided into several sections: Add Coverage Reason (set to NEW HIRE), Employment Details (including Employer, Previous Employer, Employee Type, and Employment Status), Coverage Selection (including Coverage Type and Health Plan), and Contact Information (including Address Line 1, State, Zip Code, and City). Below these sections is a table for dependent information. The table has columns for Row, SSN, Name - First, M, Last, Suffix, DOB, Gender, Relationship, Marital Status, Marital Status Date, Tax Dep, Disabled, Physician, and Add/Remove Row. The Add/Remove Row column contains green plus signs and red minus signs. A red circle highlights the Submit button at the bottom of the form. Red arrows point to the plus and minus signs in the table, with a text box explaining their function: 'Click on the green plus sign to add additional rows for family coverage or click on the red minus sign to remove a row.'

17. Verify all the information on the review page.
 - a. If all the information is correct, check the ‘Terms and Conditions’ box and click the ‘Confirm’ button.

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).
To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.395.

Confirm **Cancel**

Application Information **NEW HIRE**

Health Plan	Coverage Level	Begin Date	End Date	Employer
HEALTH PLAN	FAMILY			EMPLOYER

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	End Date
FIRST M. LAST	MM/DD/YYYY	M	SELF	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
SPOUSE M. LAST	MM/DD/YYYY	F	SPOUSE	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
CHILD M. LAST	MM/DD/YYYY	F	CHILD	SINGLE		MM/DD/YYYY	

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- b. If the information is not correct, click the 'Cancel' button and return to the previous screen to make changes.
18. Print a copy of the confirmation screen (if desired) by clicking on the green print button in the upper right hand corner of the screen.

myETF Benefits Admin
Health Insurance Add Coverage

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Your request has been submitted and will be processed overnight.

Print

Return to Health Enrollment Summary

Application Information **NEW HIRE**

Health Plan	Coverage Level	Begin Date	End Date	Employer
HEALTH PLAN	FAMILY	MM/DD/YYYY		EMPLOYER

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Marital Status	Marital Status Date	Begin Date	End Date
FIRST LAST	MM/DD/YYYY	M	SELF	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
SPOUSE LAST	MM/DD/YYYY	F	SPOUSE	MARRIED	MM/DD/YYYY	MM/DD/YYYY	
CHILD LAST	MM/DD/YYYY	M	CHILD	SINGLE		MM/DD/YYYY	

Employee Trust Funds 301 W. Basile Rd. Madison, WI 53713

After the nightly batch runs, you can go in on the following day and view the contract you entered.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

*NOTE: After the nightly batch runs, this is what the contract will look like in the system.

Member ID: OR Social Security Number:

Search **Name Search** **Clear**

Member ID:	SSN:	Subscriber:
XXXX-XXXX	XXX-XX-XXXX	FIRST M. LAST

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN INFO	FAMILY	10/01/2013		ACTIVE	EMPLOYER INFO - PROGRAM OPTIONS/SURCHARGE OPTION - PREMIUM

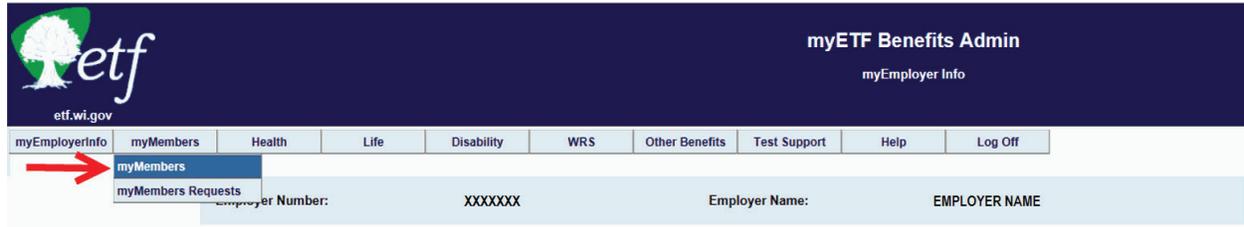
View **Edit**

Employee Trust Funds 301 W. Basile Rd. Madison, WI 53713

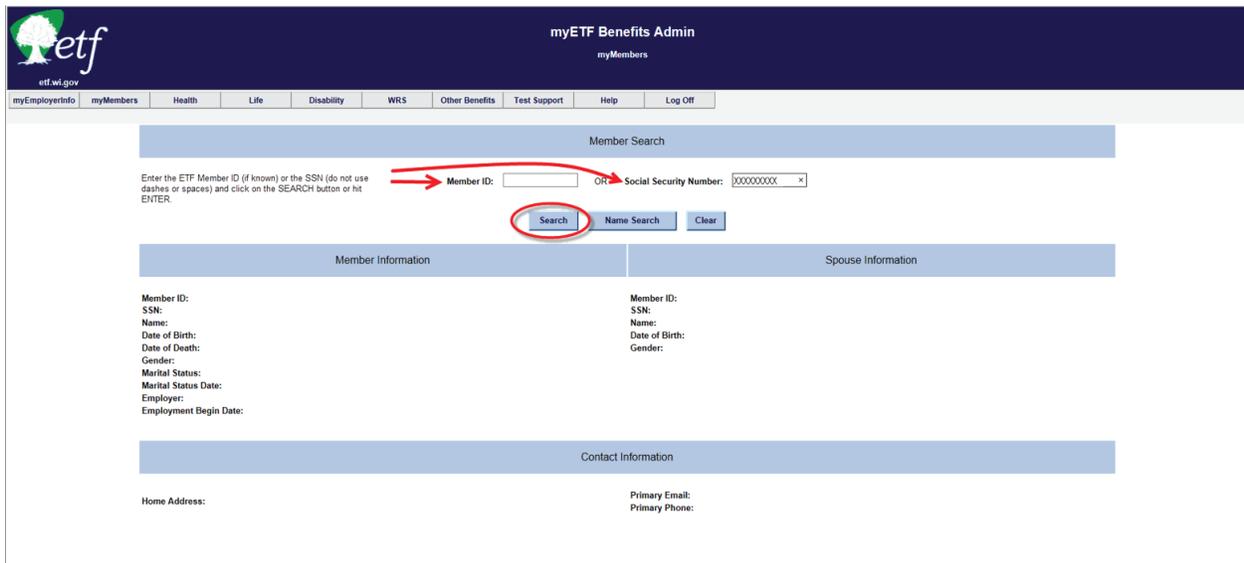
C-3. Add Dependent

A Health Insurance Application/Change Form (ET-2301) has been received for one of the Add Dependent reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

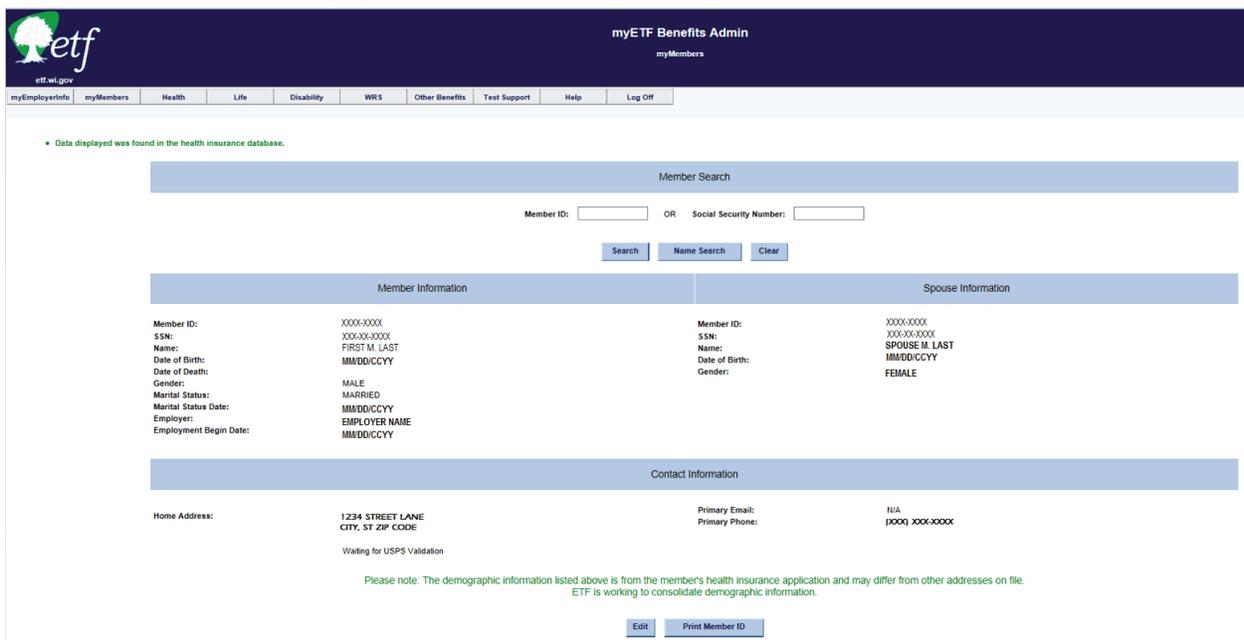
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click Enter.



3. Verify that all demographic data is current.



- a. If any updates/changes need to be made, then click the 'Edit' button at the bottom of the screen.
 - b. Make any updates/changes to the appropriate editable fields.
 - c. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
 - d. Select the 'Finalist' address which includes the ZIP+4, and click the 'Submit' button again.
- Note:** If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the "Radio" button in front of the address as keyed and click the 'Submit' button.
4. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
 - c. If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.
 5. At the top of the screen, highlight the Health tab and select Member Enrollment from the drop-down.

The screenshot displays the 'myETF Benefits Admin' web application. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin' and 'myMembers'. Below this is a menu with tabs for 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The 'Health' tab is selected, and a dropdown menu shows 'Member Enrollment' and 'Premium'. A message states: 'Data displayed was found in the health insurance database.'

The main content area features a 'Member Search' section with input fields for 'Member ID' and 'Social Security Number', and buttons for 'Search', 'Name Search', and 'Clear'. Below this is a table with two columns: 'Member Information' and 'Spouse Information'. The table contains fields for Member ID, SSN, Name, Date of Birth, Date of Death, Gender, Marital Status, Marital Status Date, Employer, and Employment Begin Date. The 'Spouse Information' column includes Member ID, SSN, Name, Date of Birth, and Gender.

At the bottom, there is a 'Contact Information' section with fields for 'Home Address' and 'Primary Email/Primary Phone'. The home address is listed as '1234 STREET LANE, CITY, ST ZIP CODE' with a note 'Waiting for USPS Validation'. The primary email is 'N/A' and the primary phone is '(XXX) XXX-XXXX'.

6. Click the 'Edit' button on the line for the **Active** contract.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: OR Social Security Number:

Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST

Member ID	SSN	Subscriber	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
XXXX-XXXX	XXX-XX-XXXX	FIRST M. LAST	HEALTH PLAN INFORMATION	FAMILY	10/01/2013		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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7. Select the "Radio" button next to **Add Dependent** and click the 'Continue' button.

myETF Benefits Admin
Report Change to Active Health Insurance Enrollment

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN NAME Coverage Level: FAMILY

Please select the change you would like to make from the options listed below.
If you need to make multiple changes, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to:

- ADD DEPENDENT
- CHANGE HEALTH PLAN
- REMOVE DEPENDENT

Please use the [Health Insurance Enrollment Summary](#) screen and press view to update subscriber/covered individuals information.

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8. Select the "Reason for Adding Dependent" from the drop-down menu. (For Example – Loss of Other Coverage).

The screenshot shows the 'myETF Benefits Admin' interface for adding a dependent. The header includes the logo and navigation tabs like 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following sections:

- Reason for Adding Dependent:** A dropdown menu with options like 'ADOPTION/PLACEMENT FOR ADOPTION', 'BIRTH', 'CREATION OF DOMESTIC PARTNERSHIP', etc. It includes fields for 'Event Date', 'Employer Received Date', and 'Effective Date'.
- Identification:** Fields for 'SSN', 'First Name', 'Middle Initial', 'Last Name', 'Suffix', 'Gender', 'Date of Birth', 'Date of Death', 'Marital Status', and 'Marital Status Date'.
- Other Health Insurance:** A dropdown menu to 'Choose' if there is other insurance.
- Medicare:** A dropdown menu to 'Choose' if there is Medicare coverage.
- Physician:** Fields for 'National Provider ID', 'OR', 'Physician Last/Clinic Name', and 'Physician First Name'.

At the bottom of the form are 'Submit' and 'Cancel' buttons.

9. Enter the Event Date (date of the qualifying event).
10. Enter the Employer Received Date (date application received by the employer).
 - Note:** The Effective Date will auto-populate based on the Event and Received dates entered.
11. Complete the “Identification Section” for the dependent being added.
12. Complete the “Other Health Insurance.”
 - a. Select **No** from the drop down if there is **no** other health insurance coverage listed on the application for the member.
 - b. Select **Yes** from the drop down if there **is** other health insurance coverage listed on the application for the member. Enter any information provided about the other insurance in the appropriate fields which open after Yes is selected.
13. Complete the “Medicare” section for the dependent being added.
 - a. Select **No** from the drop-down if there is **no** Medicare coverage for the member.
 - b. Select **Yes** from the drop down if there **is** Medicare coverage for the member. Complete the required Medicare information for the dependent in the appropriate fields which open after Yes is selected.
14. Complete the “Physician” Section for the dependent being added.
15. Verify data entered and click the ‘Submit’ button.

16. Check the box next to the Terms and Conditions statement.

- a. If there is a second check box, stating that documentation is required and you have the documentation or are expecting the documentation, check the box.

Note: Where there is a second check box, it means that documentation / proof is required in order to be eligible for that add reason. The contract / transaction will go into “Waiting for ETF Approval” status until ETF receives a copy of the required documentation. Once the documentation has been received, reviewed and approved by ETF, then the transaction will be approved and will process overnight. If ETF does not approve the documentation, the employer will be contacted with the reason why and what if any additional documentation is needed for processing.

17. Review the data and if correct, click the ‘Confirm’ button.

18. Review the summary screen and print the confirmation (if desired).

19. Additional Changes on same application (if applicable).

- a. If you have additional dependents to add for the same reason / same effective date, click the 'Add Additional Dependent' button and follow the steps for adding a dependent.

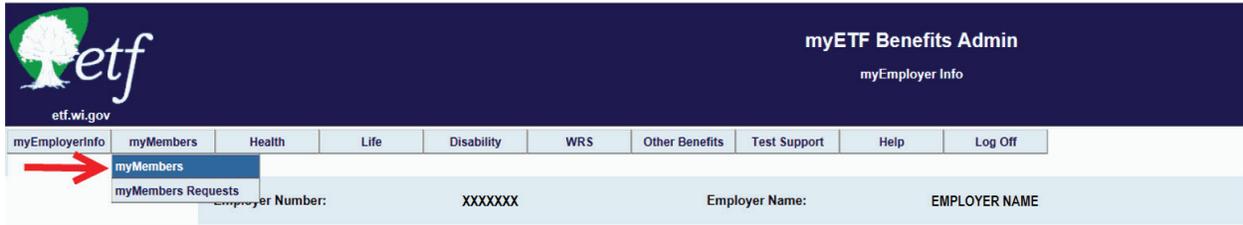
20. If you have completed all necessary transactions from the application, click 'Return to Enrollment Summary.'

21. After the nightly batch runs (once transaction has been approved), you can go in on the following day and view the contract changes you entered.

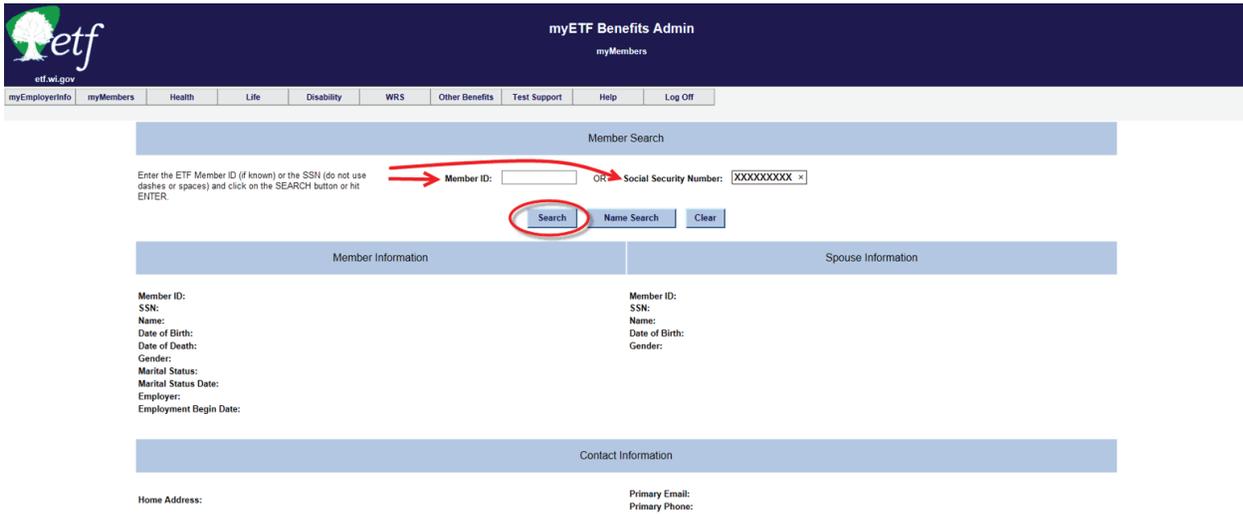
C-4. Remove Dependent

A Health Insurance Application/Change Form (ET-2301) has been received for one of the Remove Dependent reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

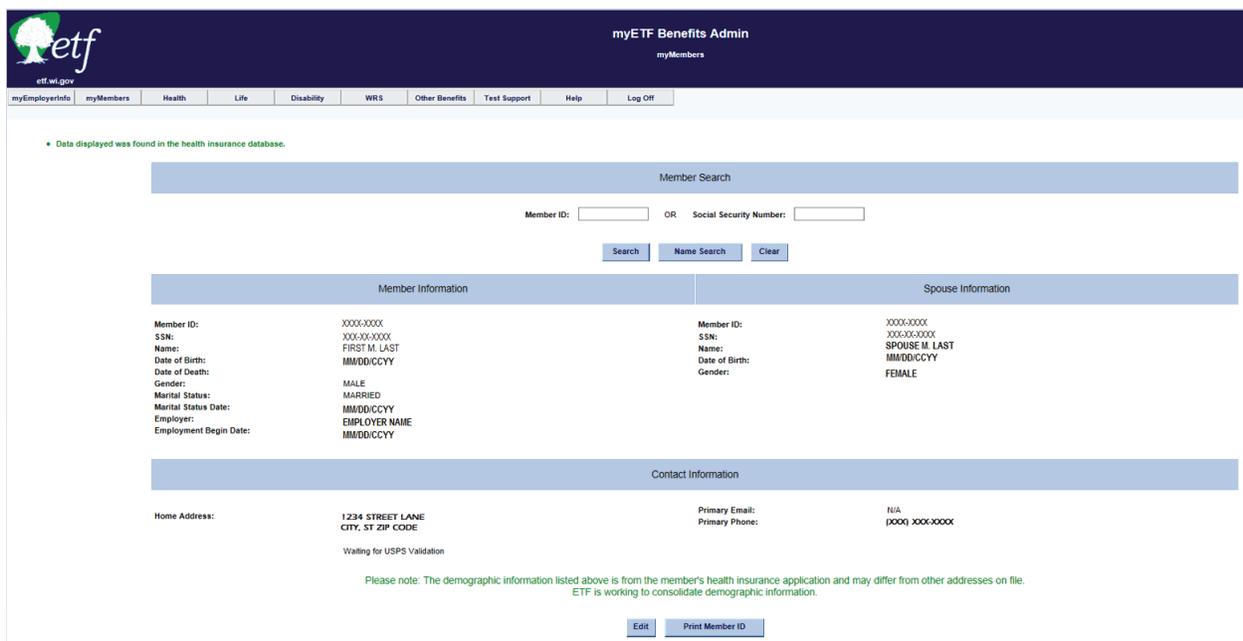
1. In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



2. Enter the employee's ETF Member ID or SSN into the appropriate box and click the 'Search' button or click Enter.



3. Verify that all demographic data is current.



4. If any updates/changes need to be made, then click the 'Edit' button at the bottom of the screen.
 - a. Make any updates/changes to the appropriate editable fields.
 - b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
5. Select the "Finalist" address which includes the ZIP+4, and click the 'Submit' button again.

Note: If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the 'Radio' button in front of the address as keyed and click the 'Submit' button.
6. Once you are on the review page, review the data (any changes / additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
7. If you wish to print the confirmation page, click on the green 'Print' button in the upper right corner.
8. At the top of the screen, highlight the Health Tab and select Member Enrollment from the drop-down.

The screenshot displays the 'myETF Benefits Admin' web application. At the top, there is a navigation bar with the 'etf' logo and the text 'myMembers'. Below this is a menu with tabs for 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. The main content area features a 'Member Search' section with input fields for 'Member ID' and 'Social Security Number', and buttons for 'Search', 'Name Search', and 'Clear'. Below the search section, there are two columns of demographic information: 'Member Information' and 'Spouse Information'. The 'Member Information' column lists fields such as Member ID, SSN, Name, Date of Birth, Date of Death, Gender, Marital Status, Marital Status Date, Employer, and Employment Begin Date. The 'Spouse Information' column lists Member ID, SSN, Name, Date of Birth, and Gender. Below these columns is a 'Contact Information' section with fields for Home Address, Primary Email, and Primary Phone. A note at the bottom states: 'Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.' At the very bottom, there are 'Edit' and 'Print Member ID' buttons.

9. Click the 'Edit' button on the line for the **Active** contract.

myETF Benefits Admin
Health Insurance Enrollment Summary

Member Search

Member ID: OR Social Security Number:

Member ID:	XXXX-XXXX	SSN:	XXXX-XX-XXXX	Subscriber:	FIRST M. LAST	
	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
<input type="button" value="View"/> <input type="button" value="Edit"/>	HEALTH PLAN	FAMILY	MM/DD/CCYY		ACTIVE	EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM

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10. Select the 'Radio' button next to **Remove Dependent** and click the 'Continue' button.

myETF Benefits Admin
Report Change to Active Health Insurance Enrollment

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Please select the change you would like to make from the options listed below.
If you need to make multiple changes, choose the one that occurred first. When you have finished reporting the first change, select additional changes as needed.

I would like to:

- ADD DEPENDENT ?
- CHANGE HEALTH PLAN ?
- REMOVE DEPENDENT ?

Please use the [Health Insurance Enrollment Summary](#) screen and press view to update subscriber/covered individuals information.

Employee Trust Funds 801 W. Bagley Rd. Madison, WI 53713

11. Select the "Reason for Removing Dependent" from the drop-down menu. (For example – Divorce).

myETF Benefits Admin
Health Insurance - Remove Dependent

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Removing Dependent: Event Date: MM/DD/YYYY

Employer Received Date:

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST M. LAST	MM/DD/CCYY	M	SELF	NO	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	SPOUSE M. LAST	MM/DD/CCYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD M. LAST	MM/DD/CCYY	F	CHLD	YES	NO	NO	NO	MM/DD/CCYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD M. LAST	MM/DD/CCYY	M	CHLD	YES	NO	NO	NO	MM/DD/CCYY		

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12. Enter the Event Date (date of the qualifying event).
13. Enter the Employer Received Date (date application received by employer).
14. Check the box/boxes next to the dependent(s) being removed.

- a. For **Divorce** the system will automatically check the box next to the spouse and for any step-children.
 - b. For **Change From Family to Single Coverage**, the system will automatically check the boxes next to all dependents other than the subscriber.
15. Click the 'Submit' button at the bottom of the screen.

myETF Benefits Admin
Health Insurance - Remove Dependent

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX S/N: XXX-XX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME, PROGRAM OPTION/CHARGE OPTION - PREFIX Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Removing Dependent: DIVORCE Event Date: MM/DD/YYYY

Employer Received Date: MM/DD/YYYY

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	MM/DD/YYYY	M	SELF	NO	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	MM/DD/YYYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	F	CHILD	YES	NO	NO	NO	MM/DD/YYYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	M	CHILD	YES	NO	NO	NO	MM/DD/YYYY		

Submit Cancel

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- a. For **Divorce**, a new box will pop up requesting the Date of COBRA Notice. You must enter the “Date Notice Provided” date from the *Continuation – Conversion Notice* (ET-2311), as the date you enter will affect the termination of coverage date for the former spouse/step-children. Click the ‘Submit’ button again.

myETF Benefits Admin
Health Insurance - Remove Dependent

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

ETF Member ID: XXXX-XXXX S/N: XXX-XX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME, PROGRAM OPTION/CHARGE OPTION - PREFIX Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Removing Dependent: DIVORCE Event Date: MM/DD/YYYY

Employer Received Date: MM/DD/YYYY Date of COBRA Notice: MM/DD/YYYY

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	MM/DD/YYYY	M	SELF	NO	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	MM/DD/YYYY	F	SPOUSE	YES	NO	NO	NO	MM/DD/YYYY		
<input checked="" type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	F	CHILD	YES	NO	NO	NO	MM/DD/YYYY		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	MM/DD/YYYY	M	CHILD	YES	NO	NO	NO	MM/DD/YYYY		

Submit Cancel

Employee Tools/Forms 2011 © EagleSoft Version: 101.0713

- b. If removing spouse/step-children only, and family coverage will remain in place and the notification date is not within the same month as the divorce (event) occurred, the coverage will end the end of the month of the notification date or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 02/03/2014 and ET-2311 notification date (date sent to former spouse/dependents) is 02/05/2014 – coverage can not term until 02/28/2014).
- c. If switching from Family to Single Coverage due to the divorce (reason selected in myETF Benefits will be Change From Family to Single Coverage – not Divorce), then coverage will end the end of the month in which the divorce (event) occurred or the application received date, whichever is later. (e.g., Divorce occurs 01/21/2014, ET-2301 received by employer 01/27/2014

and ET-2311 notification date (date sent to former spouse/dependents) is 01/27/2014 – coverage ends 01/31/2014). If this is due to divorce and the divorce is not yet finalized, the spouse and any stepchildren must be sent a COBRA offer at the time the divorce is finalized. They should not be sent COBRA at the time the coverage changes from family to single unless the divorce is finalized.

16. Check the box next to the Terms and Conditions Statement.
 - a. If there is a second check box stating that documentation is required, check the box acknowledging you are aware of the this requirement. You must then either have the documentation in hand, expect to receive it soon, or request it from the employee at that time.

Note: Where there is a second check box, it means that documentation/proof is required in order to be eligible for that add reason. The contract/transaction will go into “Waiting for ETF Approval” status until ETF receives a copy of the required documentation. Once the documentation has been received, reviewed and approved by ETF, then the transaction will be approved and will process overnight. If ETF does not approve the documentation, the employer will be contacted with the reason why and what if any additional documentation is needed for processing.

17. Review the data and if correct, click the ‘Confirm’ button.

myETF Benefits Admin
Health Insurance - Remove Dependent

ETF Member ID: XXXX-XXXX SSN: XXXX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

When family coverage will remain in effect, the documentation required for ETF to approve the remove dependent transaction is a copy of the Continuation - Conversion Notice, ET-2311, sent to the former spouse.

By Confirming this request, I apply for or am ending the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.295.

Documentation is required to process this change. I acknowledge that it is my responsibility to provide the appropriate documents to my employer within 5 days.

Reason for Removing Dependent: DIVORCE

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	##/##/####	M	SELF	NO	NO	NO	NO	##/##/####		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	##/##/####	F	SPOUSE	YES	NO	NO	NO	##/##/####		##/##/####
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	##/##/####	F	CHILD	YES	NO	NO	NO	##/##/####		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	##/##/####	M	CHILD	YES	NO	NO	NO	##/##/####		

18. Review the summary screen and print the confirmation (if desired).

myETF Benefits Admin
Health Insurance - Remove Dependent

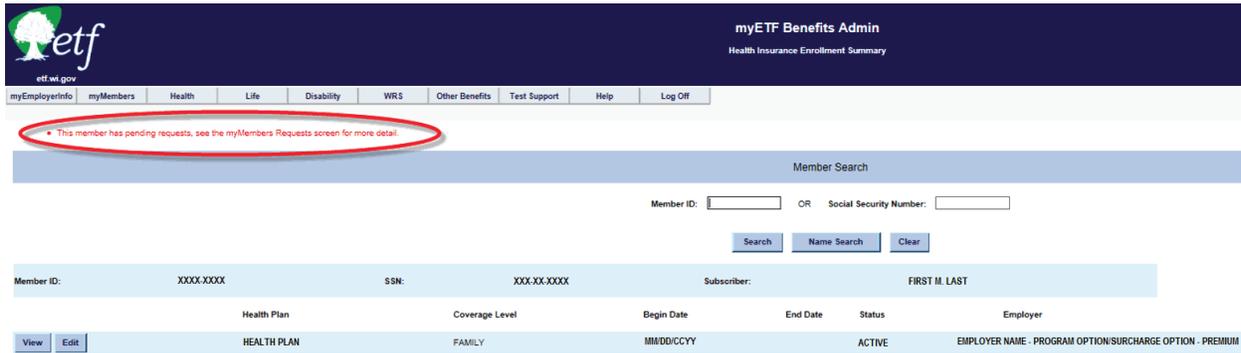
ETF Member ID: XXXX-XXXX SSN: XXXX-XXXX Subscriber: FIRST & LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Your request has been submitted and will be processed overnight.

Reason for Removing Dependent: DIVORCE

Select	Member ID	Name	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	Old End Date	New End Date
<input type="checkbox"/>	XXXX-XXXX	FIRST & LAST	##/##/####	M	SELF	NO	NO	NO	NO	##/##/####		
<input checked="" type="checkbox"/>	XXXX-XXXX	SPOUSE & LAST	##/##/####	F	SPOUSE	YES	NO	NO	NO	##/##/####		##/##/####
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	##/##/####	F	CHILD	YES	NO	NO	NO	##/##/####		
<input type="checkbox"/>	XXXX-XXXX	CHILD & LAST	##/##/####	M	CHILD	YES	NO	NO	NO	##/##/####		

- If you have completed all necessary transactions from the application, click on the “Return to Enrollment Summary” button.

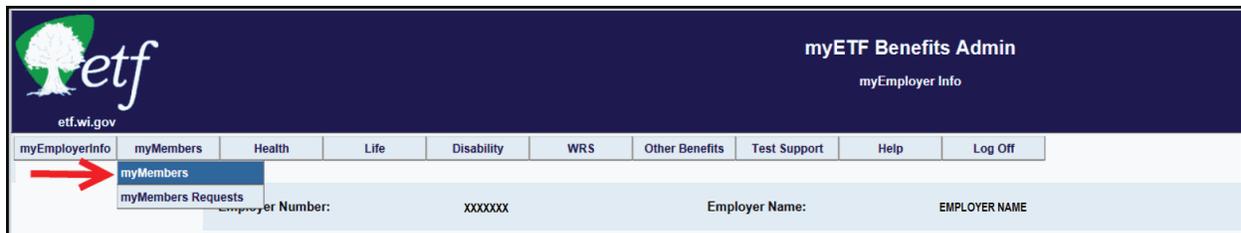


- After the nightly batch runs (once the transaction has been approved by ETF), you can go in on the following day and view the contract changes you entered.

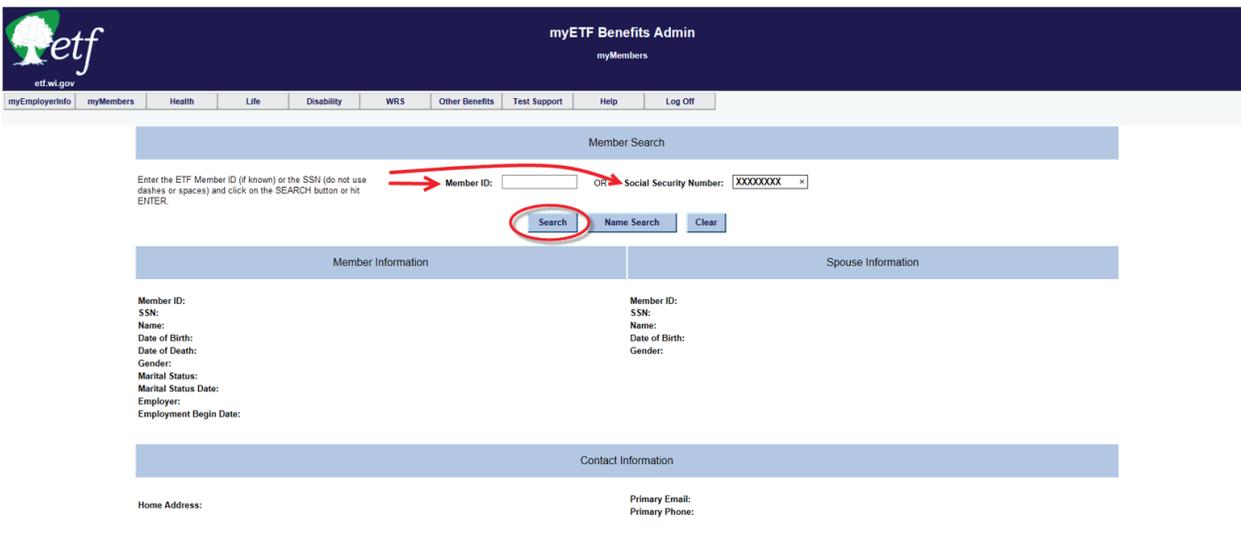
C-5. Change Health Plans

A *Health Insurance Application/Change Form* (ET-2301) has been received for one of the Change Health Plan reasons, all information has been verified, the employer section completed, and any necessary documentation has been verified/approved.

- In myETF Benefits, highlight the myMembers tab and select myMembers from the drop down list.



- Enter the employee’s ETF Member ID or SSN into the appropriate box and click the ‘Search’ button or click ‘Enter’.



3. Verify that all demographic data are current.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin' and 'myMembers'. Below this is a menu with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Text Support', 'Help', and 'Log Off'. A green message states: 'Data displayed was found in the health insurance database.'

The main content area is titled 'Member Search'. It contains two input fields: 'Member ID:' and 'Social Security Number:', separated by 'OR'. Below these are three buttons: 'Search', 'Name Search', and 'Clear'.

The search results are displayed in two columns: 'Member Information' and 'Spouse Information'.

Member Information		Spouse Information	
Member ID:	XXXX XXXX	Member ID:	XXXX XXXX
SSN:	XXX-XX-XXXX	SSN:	XXX-XX-XXXX
Name:	FIRST M. LAST	Name:	SPOUSE M. LAST
Date of Birth:	MM/DD/YYYY	Date of Birth:	MM/DD/YYYY
Date of Death:		Gender:	FEMALE
Gender:	MALE		
Marital Status:	MARRIED		
Marital Status Date:	MM/DD/YYYY		
Employer:	EMPLOYER NAME		
Employment Begin Date:	MM/DD/YYYY		

Below the demographic information is a 'Contact Information' section. It shows 'Home Address:' as '1234 STREET LANE, CITY, ST ZIP CODE' and 'Primary Email:' as 'N/A'. The 'Primary Phone:' is listed as '(XXX) XXX-XXXX'. A note below the address states: 'Waiting for USPS Validation'.

A green note at the bottom of the contact information section reads: 'Please note: The demographic information listed above is from the member's health insurance application and may differ from other addresses on file. ETF is working to consolidate demographic information.'

At the bottom of the page, there are two buttons: 'Edit' and 'Print Member ID'.

4. If any updates/changes need to be made, click the 'Edit' button at the bottom of the screen.
 - a. Make and updates/changes to the appropriate editable fields.
 - b. If it was an address update, an address validation program will run and ask you to verify and select the correct address from the bottom of the screen.
5. Select the "Finalist" address which includes the ZIP+4, and click the 'Submit' button again.
 - a. If the address returns to the validation screen, you may be missing the apartment number or unit number designation. Either contact the member to verify the address or if you know it is correct, then select the radio button in front of the address as keyed and click on the 'Submit' button.
6. Once you are on the review page, review the data (any changes/additions will appear in red).
 - a. If all corrections/additions are correct, click the 'Confirm' button.
 - b. If additional changes are needed, click the 'Cancel' button and return to the previous screen and follow the procedures under Number 3.
7. If you wish to print the confirmation page, click the green 'Print' button in the upper right corner.
8. At the top of the screen, highlight the "Health Tab" and select "Member Enrollment" from the drop-down.

9. Click the 'Edit' button on the line for the **Active** contract.

10. Select the 'Radio' button next to **Change Health Plan**.

11. Select the “Reason for Changing Health Plan” from the drop-down menu. (For Example – Move From Service Area).

myETF Benefits Admin
Health Insurance - Change Health Plan

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Changing Health Plan: **Other** Event Date: MM/DD/YYYY

Employer Received Date: _____

You are requesting a change in health plan for member and all dependents.

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN	FAMILY	MM/DD/YYYY	MM/DD/YYYY	PENDING	EMPLOYER NAME - POSO - PREMIUM
HEALTH PLAN	FAMILY	MM/DD/YYYY		PENDING	EMPLOYER NAME - POSO - PREMIUM

Row	SSN	Name - First, M.I., Last, Suffix	DOB	Gender	Relationship	Tax Dep	Disabled	Physician
1	XXXXXXXXXX	FIRST M. LAST	MM/DD/YYYY	MALE	SELF	NO	NO	YES
2	XXXXXXXXXX	CHILD M. LAST	MM/DD/YYYY	FEMALE	CHILD	YES	NO	YES
3	XXXXXXXXXX	CHILD M. LAST	MM/DD/YYYY	MALE	CHILD	YES	NO	YES

Submit Cancel

12. Enter the Event Date (date of the qualifying event).
13. Select the New Residential County from the drop down list. (There is an “Out of State / NA” option).
14. Enter the Employer Received Date (date application received by employer).
15. Select the new health plan from the drop-down menu.
16. Update any physician information, Other insurance information or Medicare information for each member listed.
17. Click the ‘Submit’ button at the bottom of the screen.

myETF Benefits Admin
Health Insurance - Change Health Plan

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Reason for Changing Health Plan: MOVE FROM SERVICE AREA Event Date: 01/25/2014

New Residential County: DAVE Employer Received Date: 01/29/2014

*NOTE - Remember to update the physician / clinic info per the application.

You are requesting a change in health plan for member and all dependents.

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
HEALTH PLAN	FAMILY	MM/DD/YYYY	MM/DD/YYYY	PENDING	EMPLOYER NAME - POSO - PREMIUM
HEALTH PLAN	FAMILY	MM/DD/YYYY		PENDING	EMPLOYER NAME - POSO - PREMIUM

Row	SSN	Name - First, M.I., Last, Suffix	DOB	Gender	Relationship	Tax Dep	Disabled	Physician
1	XXXXXXXXXX	FIRST M. LAST	MM/DD/YYYY	MALE	SELF	NO	NO	YES
2	XXXXXXXXXX	CHILD M. LAST	MM/DD/YYYY	FEMALE	CHILD	YES	NO	YES
3	XXXXXXXXXX	CHILD M. LAST	MM/DD/YYYY	MALE	CHILD	YES	NO	YES

Submit Cancel

18. Check the box next to the Terms and Conditions statement.
19. Review the data and if correct, click the 'Confirm' button.

myETF Benefits Admin
Health Insurance - Change Health Plan

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

You have requested a change in member's current Health Plan. To continue changing member's health plan, please confirm your request.

By Confirming this request, I apply for or am ending the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and have read and agree to the [TERMS AND CONDITIONS](#).

To the best of my knowledge, all statements and answers are completed and true. All information is furnished under penalty of Wis. Stat. § 943.205.

Reason for Changing Health Plan: MOVE FROM SERVICE AREA

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
CURRENT HEALTH PLAN	FAMILY	MM/DD/CCYY	MM/DD/CCYY	PENDING	EMPLOYER NAME - PO/SO - PREMIUM
NEW HEALTH PLAN	FAMILY	MM/DD/CCYY		PENDING	EMPLOYER NAME - PO/SO - PREMIUM

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Begin Date	End Date
FIRST LAST	MM/DD/CCYY	MALE	SELF	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	FEMALE	CHILD	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	MALE	CHILD	MM/DD/CCYY	

20. Review the summary screen and print the confirmation, if desired.

myETF Benefits Admin
Health Insurance - Change Health Plan

ETF Member ID: XXXX-XXXX SSN: XXX-XX-XXXX Subscriber: FIRST M. LAST
Employer: EMPLOYER NAME - PROGRAM OPTION/SURCHARGE OPTION - PREMIUM Health Plan: HEALTH PLAN Coverage Level: FAMILY

Your request has been submitted and will be processed overnight.

Note: During It's Your Choice, you may also change member's coverage level by returning to the Report Change to Health Enrollment. To change to family coverage please select Add Dependent and It's Your Choice. To change from family to single coverage please select Remove Dependent.

Reason for Changing Health Plan: MOVE FROM SERVICE AREA

Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
OLD HEALTH PLAN	FAMILY	MM/DD/CCYY	MM/DD/CCYY	PENDING	EMPLOYER NAME - PO/SO - PREMIUM
NEW HEALTH PLAN	FAMILY	MM/DD/CCYY		PENDING	EMPLOYER NAME - PO/SO - PREMIUM

Covered Individual Detail Summary

Name	DOB	Gender	Relationship	Begin Date	End Date
FIRST LAST	MM/DD/CCYY	MALE	SELF	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	FEMALE	CHILD	MM/DD/CCYY	
CHILD LAST	MM/DD/CCYY	MALE	CHILD	MM/DD/CCYY	

21. If you have completed all necessary transactions from the application, click on the 'Return to Enrollment Summary' button.

myETF Benefits Admin
Health Insurance - Enrollment Summary

* This member has a pending request, see the myMembers Requests screen for more detail.

Member Search

Member ID: OR Social Security Number:

Member ID:	XXXX-XXXX	SSN:	XXX-XX-XXXX	Subscriber:	FIRST M. LAST		
Health Plan		Coverage Level		Begin Date	End Date	Status	Employer
<input type="button" value="View"/> <input type="button" value="Edit"/>	HEALTH PLAN	FAMILY	MM/DD/CCYY			ACTIVE	EMPLOYER NAME - PO/SO - PREMIUM

22. After the nightly batch runs, you can go in on the following day and view the contract changes you entered.

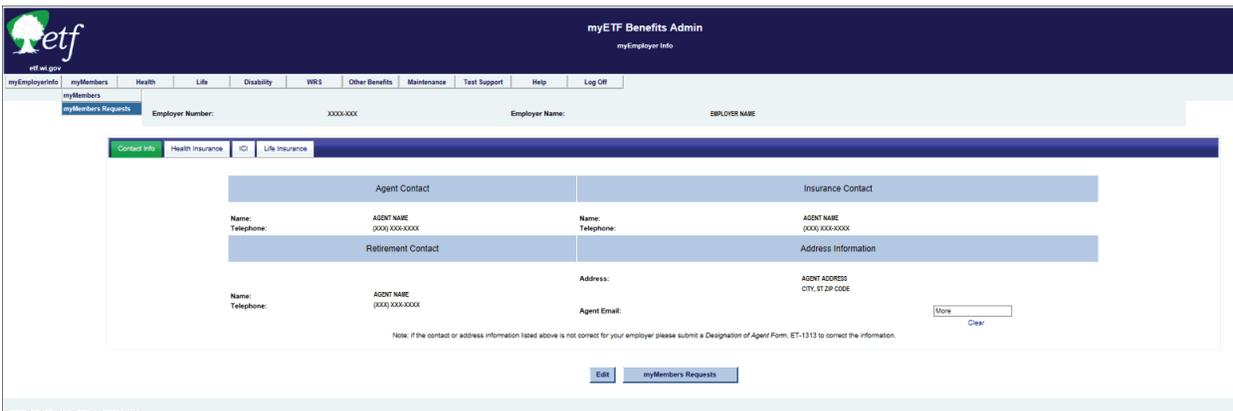
C-6. Termination of Coverage

Termination of health insurance coverage can occur for multiple reasons. Some reasons require a *Health Insurance Application/Change Form (ET-2301)*, such as Cancel Coverage or Cancel Due To Spouse-To-Spouse Transfer. The remaining reasons, Death of Subscriber, Disability Approval (Non-ICI), Retirement, and Termination of Employment, do not require an application. In order to process the termination of a member's health insurance, you will need to follow the procedure listed below (e.g., termination of employment, last day being 04/18/2014, employer received notice on 04/04/2014):

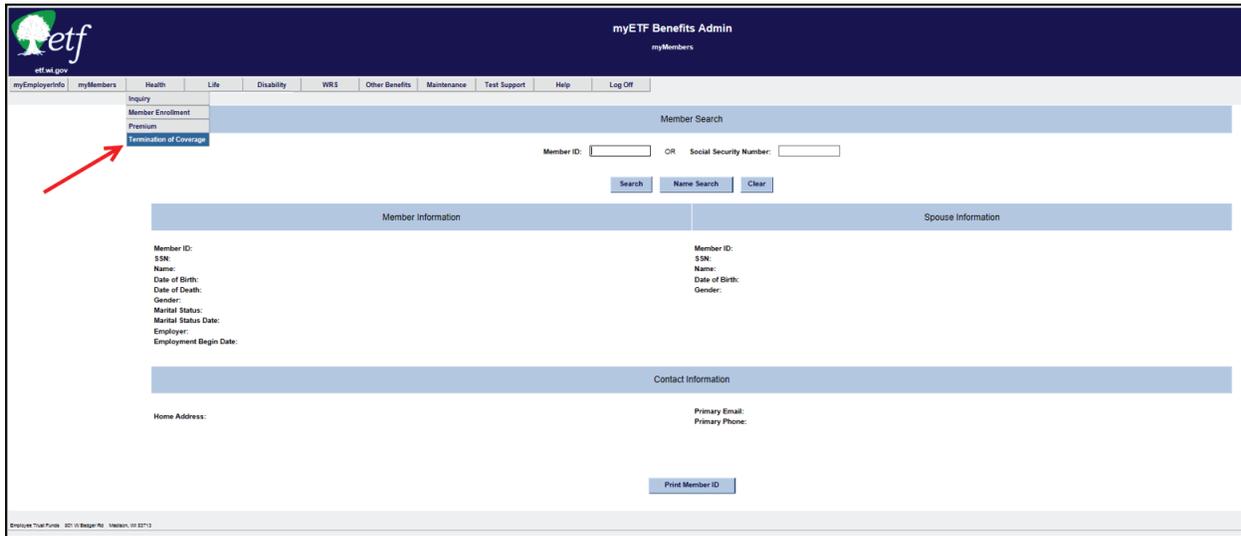
1. In myETF Benefits, highlight the Health tab and select Termination of Coverage from the drop-down list.



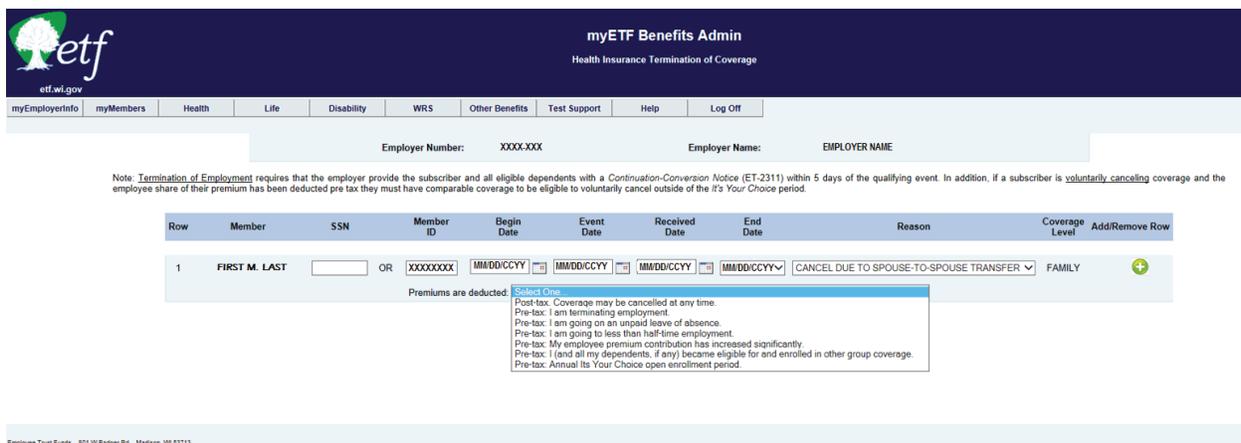
Note: If using Internet Explorer, you will need to highlight myMembers and select myMembers. Otherwise, you may not see the whole drop down menu under the Health Tab, part of it will be hidden behind the screen.



2. Highlight the Health tab and select Termination of Coverage.



3. Enter the SSN or ETF Member ID.
4. Leave the Begin Date field blank.
5. Enter the Event Date.
6. Enter the Received Date (date the employer received app or term notice).
7. Enter the End Date (last day of health insurance coverage).
8. Select the Reason from the drop-down menu.
 - a. If you select the reasons Cancel Coverage, or Cancel Due to Spouse to Spouse transfer, you will receive a secondary drop-down menu asking you to select whether or not the employee share of the premium is deducted "Post-Tax" or "Pre-Tax." If the premiums are deducted "Pre-Tax" then you select the appropriate qualifier.



Local Health Insurance Administration Manual

Appendix C — myETF Benefits

myETF Benefits Admin
Health Insurance Termination of Coverage

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation-Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the It's Your Choice period.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	FIRST M. LAST	XXXXXXXXXX OR XXXXXXXX		MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	CANCEL DUE TO SPOUSE-TO-SPOUSE TRANSFER	FAMILY	+

Premiums are deducted:
 Select One:
 Post-tax: Coverage may be cancelled at any time.
 Pre-tax: I am terminating employment.
 Pre-tax: I am going on an unpaid leave of absence.
 Pre-tax: I am going to less than half-time employment.
 Pre-tax: My employee premium contribution has increased significantly.
 Pre-tax: I (and all my dependents, if any) become eligible for and enrolled in other group coverage.
 Pre-tax: Annual Its Your Choice open enrollment period.

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- Hit tab or wait a few seconds, member information should populate, including the begin date of the current **Active** contract.

myETF Benefits Admin
Health Insurance Termination of Coverage

etf.wi.gov

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Maintenance Test Support Help Log Off

Employer Number: XXXX-XXXX Employer Name: EMPLOYER NAME

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a Continuation-Conversion Notice (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the It's Your Choice period.

PLEASE TAKE NOTE OF THIS REMINDER REGARDING COBRA CONTINUATION!

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	.	XXXXXXXXXX OR XXXXXXXX		MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	TERMINATION OF EMPLOYMENT		+

Submit Clear

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10. Click the 'Submit' button at the bottom of the screen.

***NOTE:** After hitting TAB or clicking on the white space on the page, the relevant personal information will appear, including the begin date of the current ACTIVE contract.

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	FIRST & LAST	XXXXXXXXXX OR XXXXXXXX			MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	TERMINATION OF EMPLOYMENT	FAMILY	

Buttons: Submit, Clear

11. Review/verify that the information is correct and click the 'Confirm' button. The system will automatically take you back to a blank termination screen.

SSN	Member ID	Member	Health Plan	Coverage Level	Begin Date	Event Date	Received Date	End Date	Reason
XXXXXXXXXX	XXXXXXXXXX	FIRST & LAST	HEALTH PLAN	FAMILY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	TERMINATION OF EMPLOYMENT

Please review the termination of coverage for each subscriber above to ensure accurate reporting and press confirm to process changes.

Buttons: Confirm, Edit

a. If you wish to review/verify the term processed highlight the Health tab and select Member Enrollment.

Navigation: myEmployeeInfo | myMembers | **Health** | Life | Disability | WRS | Other Benefits | Maintenance | Test Support | Help | Log Off

Sub-navigation: Inquiry | **Member Enrollment**

Employer Number: XXXX-XXXX | Employer Name: EMPLOYEE TRUST FUNDS, DEPT OF

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1		OR			05/06/2014	05/06/2014	05/31/2014	Select One		

Buttons: Submit, Clear

12. Enter the ETF Member ID or SSN and click the ‘Search’ button or hit ‘Enter.’

The screenshot shows the myETF Benefits Admin interface. At the top, there is a navigation bar with the myETF logo and the text "myETF Benefits Admin Health Insurance Enrollment Summary". Below the navigation bar, there are several tabs: myEmployerInfo, myMembers, Health, Life, Disability, WFO, CO, Benefits, Maintenance, Test Support, Help, and Log Off. A red circle highlights a message in the myMembers tab area: "Our records indicate that this member has a pending request for Cancel Coverage. This contract is not eligible for any additional changes at this time. Please see myMemberRequests for additional details. End dates in red are associated with Cancel Coverage requests that have been approved and will be processed tonight. This member has a pending request, see the myMembers Requests screen for more detail." Below this message is a "Member Search" section with input fields for Member ID and Social Security Number, and buttons for Search, Name Search, and Clear. Below the search section is a table with columns: Member ID, Health Plan, SSN, Coverage Level, Begin Date, End Date, Status, and Employer. The End Date column has two entries, both of which are circled in red. The first entry is "8/30/2011" and the second is "8/30/2011". The Status column for both entries is "ENDED". The Employer column for both entries is "EMPLOYER NAME - POSO - PREBUIR".

C-7. Pending Transactions

myMembers Requests is the home of several processing queues where all transactions / changes made on myETF Benefits will go while pending approval or if already approved, waiting for the overnight batch process. There are a total of nine queues.

1. **Approved:** These are all the approved transactions that have been processed completely.
2. **Approved – Not Applied:** These are the transactions that have been entered that day that do not require ETF approval, or that ETF has approved, but are awaiting the nightly batch processing run.
3. **Approved – Processing Error:** The transactions that end up here, are here because some part of the data entry failed in the batch and may need to be re-entered.
4. **Cancelled:** These are transactions that either the employer or ETF cancelled prior to the nightly batch run. There could be several reasons why they were cancelled.
5. **Denied:** These are transactions that failed to meet eligibility requirements or the documentation supplied was insufficient/incorrect.
6. **Pending:** If a member (employee) requested a log-in and password and went in and keyed their own changes, then the transaction would go into the “**Pending**” queue. The Pending queue is the only queue in which the employer can approve a transaction.
7. **Waiting for ETF Approval – Disabled:** This queue is where a transaction will go when a member is trying to add an adult dependent older than age 26 who is disabled. The transaction will stay in this queue until the disability verification process has been completed and ETF has received a copy of the health plan disability approval letter for that dependent.
8. **Waiting for ETF Approval:** This is the queue for all of the other transactions that require additional documentation prior to approval. If you had to check two boxes on the confirmation screen, it means that the transaction will go here until ETF receives and approves the relevant documentation and thus approves the transaction.

Transactions that are in *Pending, Approved-Not Applied, Waiting for ETF Approval – Disabled* and *Waiting for ETF Approval* can be edited, if necessary. They take you back to the entry screen and you follow the same submission procedures as before.

Access to the myMembers Requests screens can be accessed by the following steps:

1. In myETF Benefits, highlight the myMembers tab and select myMembers Requests.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there's a navigation bar with the 'myMembers' tab selected. Below this, there's a sub-menu with 'myMembers Requests' highlighted. The main content area is divided into several sections: 'Agent Contact', 'Insurance Contact', 'Retirement Contact', and 'Address Information'. Each section contains fields for 'Name' and 'Telephone'. The 'Address Information' section includes a 'More' button and a 'Clear' button. At the bottom, there's an 'Edit' button and a 'myMembers Requests' button. A note at the bottom of the form states: 'Note: if the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.'

2. Select a “status” from the drop down menu. Define your search. The most common search is the default set up, however you can narrow the search by the following means:
 - a. Reason (the reason for the application).
 - b. Employer contact.
 - c. Benefit Program.
 - d. Request Type (Add Coverage, Add Dependent, Remove Dependent, etc.).
 - e. Max Rows (max number of rows to show).
 - f. Request Date.
 - g. Employer Action Date (date entered).
 - h. Member ID.
 - i. Range – Request From Date and Request To Date.
3. Click the ‘Search’ button. If there are more than 10 lines, you may need to select the number of lines to show from the drop down on the left, just above the displayed range of data.
4. Click the ‘Select’ button next to the transaction you want to view/approve.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME [New EIN](#)

Request Status: **PENDING** Benefit Program: ALL Request: ALL Request Date: (mm/yyyy)

Reason: ALL Max Rows: 50 Employer Action Date: (mm/yyyy)

Employer Contact: Request From Date: (mm/yyyy) Request To Date: (mm/yyyy) Member ID:

Member ID	Member	Request Date	Benefit Program	Request	Reason for Request	Employer Contact	Employer Action Date
<input type="button" value="Select"/> XXXX.XXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE		
<input type="button" value="Select"/> XXXX.XXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER MYINFO ADDRESS CHANGE		
<input type="button" value="Select"/> XXXX.XXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE		
<input type="button" value="Select"/> XXXX.XXXX	FIRST M. LAST	MM/DD/CCYY	HEALTH	UPDATE PERSONAL DATA	MEMBER HEALTH PERSONAL DATA CHANGE		

Showing 1 to 4 of 4 entries

- a. Review/verify that the information entered is correct. If the transaction is in the Pending queue, and all information is correct:
- Click the 'Approved' button and it will automatically take you back out to the queue.
 - Click on "Return to myMember Requests", if you are not ready to approve.

myETF Benefits Admin
myMember Request Detail

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Member ID: XXXX.XXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY

Benefit Program: HEALTH Request: ADD DEPENDENT Event Date: MM/DD/CCYY

Request Status: PENDING Reason for Request: BIRTH Effective On: MM/DD/CCYY

Health Plan: UNITY UW HEALTH

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	ADDED A DEPENDENT		

- b. If the transaction is in the Pending queue, and all the information is not correct:
- Click the 'Edit' button to update any information.
 - Click the 'Cancel' button to cancel the transaction, in which case it will need to be re-entered by the member (employee).
 - Enter a reason for the cancellation in the Comments box.
 - Check the box next to "I would like to cancel this request."
 - Click the 'Confirm' button.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Comments:

I would like to cancel this request

Member ID: XXXX.XXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY

Benefit Program: HEALTH Request: UPDATE PERSONAL DATA Event Date: MM/DD/CCYY

Request Status: PENDING Reason for Request: MEMBER HEALTH PERSONAL DATA CHANGE Effective On: MM/DD/CCYY

Health Plan:

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	OTHER INSURANCE INDICATOR		N

- c. If the transaction is in the Pending queue, and after the review of information the member is not eligible to make the requested change.
- Click the 'Deny' button.
 - Enter a reason for the denial in the Comments box.
 - Check the box next to "I would like to deny this request."
 - Click the 'Confirm' button.

Employer Number: XXXXXXXX Employer Name: EMPLOYER NAME

Comments:

I would like to deny this request

Member ID: XXXXXXXX Member: FIRST M. LAST Request Date: MM/DD/CCYY
 Benefit Program: HEALTH Request: UPDATE PERSONAL DATA Event Date: MM/DD/CCYY
 Request Status: PENDING Reason for Request: MEMBER HEALTH PERSONAL DATA CHANGE Effective On: MM/DD/CCYY
 Health Plan:

Person	SSN	Marital Status	BirthDate	Gender	Relationship	What Changed	Old Value	New Value
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	MEDICARE INDICATOR		N
FIRST M. LAST	XXX-XX-XXXX	SINGLE	MM/DD/CCYY	M	CHILD	OTHER INSURANCE INDICATOR		N

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- d. If the employer has approved the transaction, it will move into the Approved-Not Applied queue to be processed in the nightly batch run.

You can go in the following day to verify the transaction processed correctly by reviewing the members information/contract in myETF Benefits.

C-8 Enrollment Inquiry

The Enrollment Inquiry is a function of myETF Benefits where an employer can go to view a summary of all of their employees (subscribers) that have been enrolled in the State Group Health Insurance Program and entered in myETF Benefits. This is a monthly report based on available invoices. This query can either be very broad or broken down by a specific health plan and/or coverage type. To use this inquiry function, you will follow the procedures listed below.

1. In myETF Benefits, highlight the 'Health' tab.

myETF Benefits Admin
myEmployer Info

myEmployerInfo myMembers **Health** Life Disability WRS Other Benefits Test Support Help Log Off

Inquiry
Member Enrollment XXXX-XXX Employer Name: EMPLOYER NAME
Premium
Termination of Coverage

Contact Info Health Insurance ICI Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME (xxx) xxx.xxxxx	Name:	AGENT NAME (xxx) xxx.xxxxx
Telephone:		Telephone:	
Retirement Contact		Address Information	
Name:	AGENT NAME (xxx) xxx.xxxxx	Address:	AGENT ADDRESS CITY, ST ZIP CODE
Telephone:		Agent Email:	<input type="text"/> <input type="button" value="More"/> <input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

 myMembers Requests Employer Locations

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2. Highlight Inquiry.

myETF Benefits Admin
myEmployer Info

myEmployerInfo | myMembers | **Health** | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

Inquiry | Enrollment Reports | Premium Reports | Employer Name: EMPLOYER NAME

Member Enrollment | Premium | Termination of Coverage

Contact Info | Health Insurance | ICI | Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME	Name:	AGENT NAME
Telephone:	(XXX) XXX-XXXX	Telephone:	(XXX) XXX-XXXX
Retirement Contact		Address Information	
Name:	AGENT NAME	Address:	AGENT ADDRESS
Telephone:	(XXX) XXX-XXXX	Agent Email:	CITY, ST ZIP CODE
			<input type="text" value="More"/> <input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

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3. Highlight Enrollment Reports.

myETF Benefits Admin
myEmployer Info

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Test Support | Help | Log Off

Inquiry | **Enrollment Reports** | Premium Reports | Employer Name: EMPLOYER NAME

Member Enrollment | Premium | Termination of Coverage

Contact Info | Health Insurance | ICI | Life Insurance

Agent Contact		Insurance Contact	
Name:	AGENT NAME	Name:	AGENT NAME
Telephone:	(XXX) XXX-XXXX	Telephone:	(XXX) XXX-XXXX
Retirement Contact		Address Information	
Name:	AGENT NAME	Address:	AGENT ADDRESS
Telephone:	(XXX) XXX-XXXX	Agent Email:	CITY, ST ZIP CODE
			<input type="text" value="More"/> <input type="button" value="Clear"/>

Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.

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4. Select Enrollment Inquiry.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin myEmployer Info'. Below this is a menu with options: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The 'Health' menu is expanded, showing sub-options: Inquiry, Enrollment Reports, Enrollment Inquiry, Member Enrollment, Premium Reports, Dependent Inquiry, Premium, and Address Inquiry. The 'Enrollment Inquiry' option is selected. Below the menu, there is a form with the following fields: 'Employer Name:' followed by a text box containing 'EMPLOYER NAME'. Below this is a section titled 'Termination of Coverage' with sub-sections: Contact Info, Health Insurance, ICI, and Life Insurance. The 'Contact Info' sub-section is active and contains four main areas: 'Agent Contact', 'Insurance Contact', 'Retirement Contact', and 'Address Information'. Each area has fields for Name, Telephone, and Address. The 'Agent Contact' section has fields for Name (AGENT NAME) and Telephone ((000) xxx-xxxx). The 'Insurance Contact' section has fields for Name (AGENT NAME) and Telephone ((000) xxx-xxxx). The 'Retirement Contact' section has fields for Name (AGENT NAME) and Telephone ((000) xxx-xxxx). The 'Address Information' section has fields for Address (AGENT ADDRESS) and City, ST, ZIP CODE. There is also a 'More' button and a 'Clear' button. At the bottom of the form, there is a note: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.' Below the note are three buttons: 'Edit', 'myMembers Requests', and 'Employer Locations'. At the very bottom of the page, there is a footer: 'Employee Trust Funds 801 W Badger Rd Madison, WI 53713'.

5. Select the Coverage Month.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Enrollment Inquiry'. Below this is a menu with options: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The 'Health' menu is expanded, showing sub-options: Inquiry, Enrollment Reports, Enrollment Inquiry, Member Enrollment, Premium Reports, Dependent Inquiry, Premium, and Address Inquiry. The 'Enrollment Inquiry' option is selected. Below the menu, there is a form with the following fields: 'Employer Number:' followed by a text box containing 'XXXX-XXXX'. Below this is a dropdown menu for 'Employer Group:' containing 'XXXXX-EMPLOYER NAME'. Below that is a dropdown menu for 'Coverage Month:' containing 'July'. To the right of the 'Coverage Month' dropdown is a dropdown menu for 'Year:' containing '2014'. Below these is a dropdown menu for 'Health Plan:' containing 'January', 'February', 'March', 'April', 'May', 'June', 'July', 'August', 'September', 'October', 'November', and 'December'. Below the 'Health Plan' dropdown is a dropdown menu for 'Coverage Type:'. At the bottom of the form, there are two buttons: 'Clear' and 'Save As'. At the very bottom of the page, there is a footer: 'Employee Trust Funds 801 W Badger Rd Madison, WI 53713'.

6. Select the Coverage Year.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the logo and the text 'myETF Benefits Admin Health Insurance Enrollment Inquiry'. Below this is a menu bar with options: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main content area contains a form with the following fields: Employer Number (XXXX-XXX), Employer Group (XXXXX - EMPLOYER NAME), Coverage Month (May), Year (2013), Health Plan (ALL), and Coverage Type. Below the form are three buttons: Clear, Display, and Save As. At the bottom left, there is a footer: Employee Trust Funds 801 W Badger Rd Madison, WI 53713.

7. Select the Health Plan option of your choice (default is ALL).

The screenshot shows the 'myETF Benefits Admin' interface with the 'Health Plan' dropdown menu open. The form fields are the same as in the previous screenshot, but the 'Health Plan' field is now expanded to show a list of options. The options are: ALL, 01 - STANDARD PLAN, 05 - SMP, 11 - ANTHEM BCBS SOUTHEAST, 13 - ANTHEM BCBS NORTHWEST, 14 - ANTHEM BCBS NORTHWEST, 15 - DEAN HEALTH PLAN, 17 - DEAN PREVEA360, 21 - HUMANA EASTERN, 22 - HUMANA WESTERN, 30 - GHC EAU CLAIRE, 35 - GHC-SCW, 37 - GUNDERSEN HEALTH PLAN, 40 - UNITY COMMUNITY, 47 - ARISE HEALTH PLAN, 55 - HEALTH TRADITION, 63 - MEDICAL ASSOCIATES HEALTH PLAN, 64 - MERCYCARE HEALTH PLAN, 70 - NETWORK HEALTH, 71 - SECURITY HEALTH PLAN, 74 - PHYSICIANS PLUS, 84 - WPS METRO CHOICE SOUTHEAST, 85 - HEALTHPARTNERS, 86 - WEA TRUST PPO EAST, 87 - WEA TRUST PPO NORTHWEST, 88 - WPS METRO CHOICE NORTHWEST, 89 - WEA TRUST PPO SOUTHCENTRAL, 92 - UNITY UW HEALTH, and 94 - UNITEDHEALTHCARE. A 'Clear' button is visible next to the dropdown list. The footer at the bottom left remains the same: Employee Trust Funds 801 W Badger Rd Madison, WI 53713.

8. Select the Coverage Type option of your choice (default is ALL).

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Enrollment Inquiry'. Below this is a menu with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains search criteria fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX-EMPLOYER NAME', 'Coverage Month: MONTH', 'Year: CCYY', and 'Health Plan: XX-HEALTH PLAN'. The 'Coverage Type' dropdown is open, showing a list of options: 'ALL', '01 - SINGLE', '02 - FAMILY', '03 - GRAD ASSISTANTS - SINGLE', '04 - GRAD ASSISTANTS - FAMILY', '05 - MEDICARE - SINGLE', '06 - MEDICARE - FAMILY 1', and '07 - MEDICARE - FAMILY 2'. A 'Clear' button is visible next to the dropdown. At the bottom left, there is a footer: 'Employee Trust Funds 821 W. Badger Rd. Madison, WI 53713'.

9. Click the 'Display' button to display the results of your query.

This screenshot is similar to the previous one, but the 'Coverage Type' dropdown is now set to '01 - SINGLE'. Below the search criteria fields, there are three buttons: 'Clear', 'Display', and 'Save As'. A red arrow points directly to the 'Display' button. The rest of the interface, including the navigation bar and footer, remains the same.

- a. You can select the number of entries to show at one time.
- b. You can Search for specific information (example: Employee Type, MID#, SSN, Last Name etc.)
- c. You can skip to a certain page, next page, or last page.
- d. You can sort by a specific column (small arrows).

Local Health Insurance Administration Manual

Appendix C — myETF Benefits

myETF Benefits Admin
Health Insurance Enrollment Inquiry

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
Employer Group: XXXX - EMPLOYER NAME
Coverage Month: MONTH Year: CCYY
Health Plan: XX - HEALTH PLAN
Coverage Type: 01 - SINGLE

Clear Display Save As

Show 10 entries

n	Employee Type Code	Member ID	SSN	Last Name	First Name	Birthdate	Gender	Coverage Effective Date	Coverage Expiration Date
1	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
2	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
3	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
4	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
5	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
6	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
7	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
8	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
9	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
10	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	

Showing 1 to 10 of 1,302 entries

Page 2 of 134 | 2 | 3 | 4 | 5 | Next | Last

10. Click the 'Save As' button to export the results to a Microsoft Excel spreadsheet.

myETF Benefits Admin
Health Insurance Enrollment Inquiry

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Test Support Help Log Off

Employer Number: XXXX-XXX
Employer Group: XXXX - EMPLOYER NAME
Coverage Month: MONTH Year: CCYY
Health Plan: XX - HEALTH PLAN
Coverage Type: 01 - SINGLE

Clear Display Save As

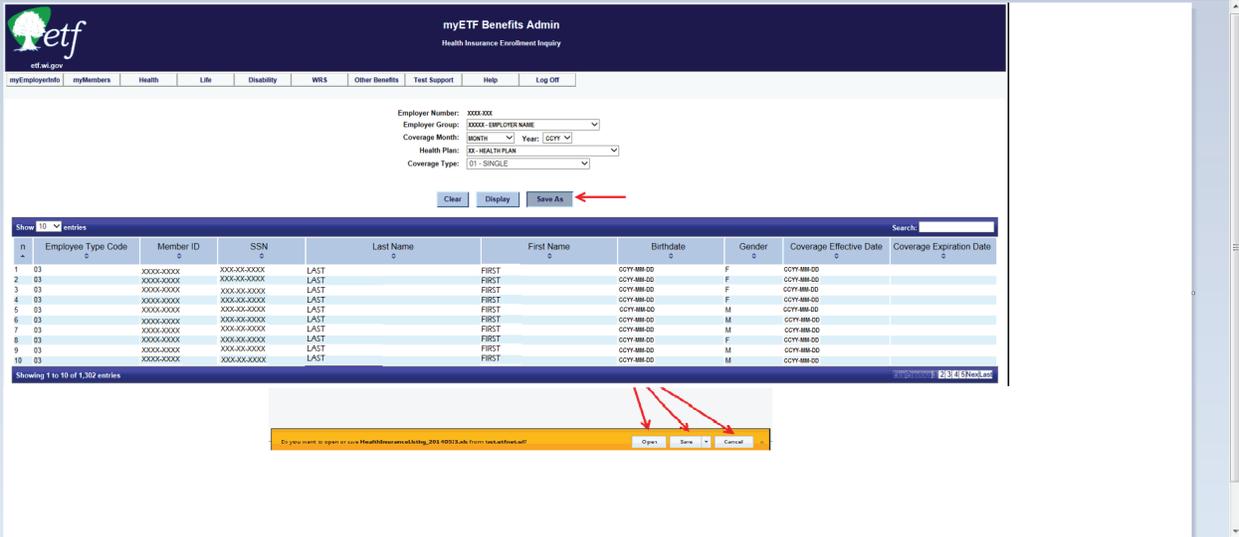
Show 10 entries

n	Employee Type Code	Member ID	SSN	Last Name	First Name	Birthdate	Gender	Coverage Effective Date	Coverage Expiration Date
1	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
2	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
3	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
4	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
5	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
6	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
7	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
8	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	F	CCYY-MM-DD	
9	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	
10	03	XXXX-XXXX	XXX-XX-XXXX	LAST	FIRST	CCYY-MM-DD	M	CCYY-MM-DD	

Showing 1 to 10 of 1,302 entries

Page 2 of 134 | 2 | 3 | 4 | 5 | Next | Last

- a. You will be given the option to Open or Save the Excel spreadsheet or Cancel the export.



- b. Upon choosing to Open the spreadsheet, it will export the query to Excel and show it in the following format.

	A	B	C	D	E	F	G	H	I	J	K
	XXXXX - EMPLOYER NAME										
	MONTH - YEAR										
1											
2	Employee Type Code	Member ID	SSN	Last Name	First Name	Birth Date	Gender	Coverage Effective Date	Coverage Expiration Date	Health Plan	Coverage Type Code
3	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
4	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
5	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
6	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
7	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
8	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01
9	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	M	CCYY-MM-DD		XX	01
10	XX	XXXXXXXXXX	XXXXXXXXXX	Last Name	First Name	CCYY-MM-DD	F	CCYY-MM-DD		XX	01

You can then choose to save the query or exit from Excel. It will not change your query in myETF Benefits.

C-9. Dependent Inquiry

The Dependent Inquiry is a function of myETF Benefits where an employer can go to view a summary of all of their employees (subscribers) and their dependents that are, or have been enrolled in the State Group Health Insurance Program and entered in myETF Benefits. This is a monthly report based on available invoices. This query can either be very broad or broken down by a specific health plan, coverage type, relationship, and/or tax dependency status. To use this inquiry function, you will follow the procedures listed below.

1. In myETF Benefits, highlight the 'Health' tab.

The screenshot shows the myETF Benefits Admin interface. The top navigation bar includes 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The 'Health' tab is selected. A dropdown menu for 'Inquiry' is open, showing options: 'Inquiry', 'Member Enrollment', 'Premium', and 'Termination of Coverage'. The 'Contact info' sub-tab is active. The form displays contact information for an agent, including name, telephone, retirement contact, insurance contact, address, and email. There are 'More' and 'Clear' buttons for the email field. A note at the bottom states: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.' At the bottom of the form are buttons for 'Edit', 'myMembers Requests', and 'Employer Locations'.

2. Highlight Inquiry.

This screenshot is identical to the one above, but the 'Inquiry' dropdown menu is highlighted. The 'Contact info' sub-tab is active. The form displays contact information for an agent, including name, telephone, retirement contact, insurance contact, address, and email. There are 'More' and 'Clear' buttons for the email field. A note at the bottom states: 'Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information.' At the bottom of the form are buttons for 'Edit', 'myMembers Requests', and 'Employer Locations'.

3. Highlight Enrollment Reports.

The screenshot shows the myETF Benefits Admin interface. The top navigation bar includes the myETF logo and the text "myETF Benefits Admin" and "myEmployer Info". Below this is a horizontal menu with tabs for "myEmployerInfo", "myMembers", "Health", "Life", "Disability", "WRS", "Other Benefits", "Test Support", "Help", and "Log Off". Under the "Health" tab, there is a sub-menu with "Inquiry", "Enrollment Reports", "Enrollment Inquiry", "Member Enrollment", "Premium Reports", "Dependent Inquiry", "Premium", and "Address Inquiry". The "Enrollment Reports" option is highlighted. Below the sub-menu is a text field for "Employer Name:" with the placeholder "EMPLOYER NAME".

Below the navigation is a section titled "Contact Info" with sub-tabs for "Health Insurance", "ICI", and "Life Insurance". The "Health Insurance" sub-tab is active. This section contains four contact information boxes: "Agent Contact", "Insurance Contact", "Retirement Contact", and "Address Information". Each box has fields for "Name:" (AGENT NAME) and "Telephone:" ((XXX) XXX-XXXX). The "Address Information" box has fields for "Address:" (AGENT ADDRESS) and "City, ST ZIP CODE". There is also an "Agent Email:" field with a "More" dropdown and a "Clear" button. A note at the bottom states: "Note: If the contact or address information listed above is not correct for your employer please submit a Designation of Agent Form, ET-1313 to correct the information." At the bottom of the section are buttons for "Edit", "myMembers Requests", and "Employer Locations".

At the very bottom of the page, it says "Employee Trust Funds 801 W Badger Rd Madison, WI 53713".

4. Select Dependent Inquiry.

This screenshot is identical to the one above, showing the myETF Benefits Admin interface. However, in the sub-menu under the "Health" tab, the "Dependent Inquiry" option is highlighted instead of "Enrollment Reports".

5. Select the Coverage Month.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'etf.wi.gov'. Below this is a menu with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX - EMPLOYER NAME', 'Coverage Month: 1 (dropdown menu is open showing months from January to December)', 'Year: (dropdown menu)', 'Health Plan: (dropdown menu)', 'Relationship: (dropdown menu)', 'Coverage Type: (dropdown menu)', and 'Tax Dependent: ALL (dropdown menu)'. At the bottom of the form are three buttons: 'Clear', 'Display', and 'Save As'. The footer of the page reads 'Employee Trust Funds 821 W. Budge Rd. Madison, WI 53713'.

6. Select the Coverage Year.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'etf.wi.gov'. Below this is a menu with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX - EMPLOYER NAME', 'Coverage Month: MONTH (dropdown menu)', 'Year: 2014 (dropdown menu is open showing years from 2011 to 2015)', 'Health Plan: (dropdown menu)', 'Relationship: (dropdown menu)', 'Coverage Type: (dropdown menu)', and 'Tax Dependent: ALL (dropdown menu)'. At the bottom of the form are three buttons: 'Clear', 'Display', and 'Save As'. The footer of the page reads 'Employee Trust Funds 821 W. Budge Rd. Madison, WI 53713'.

7. Select the Health Plan option of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface. At the top, there is a navigation bar with the logo and the text "myETF Benefits Admin Health Insurance Dependent Inquiry". Below this is a menu bar with options: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main content area contains a form with the following fields: Employer Number (XXXX-XXX), Employer Group (XXXXX-EMPLOYER NAME), Coverage Month (MONTH) and Year (CCYY), Health Plan (dropdown menu), Relationship (dropdown menu), Coverage Type (dropdown menu), and Tax Dependent (dropdown menu). A "Save As" button is located below the form. The Health Plan dropdown menu is open, showing a list of options: ALL, 01 - STANDARD PLAN, 05 - SMP, 11 - ANTHEM BCBS SOUTHEAST, 13 - ANTHEM BCBS NORTHWEST, 14 - ANTHEM BCBS NORTHWEST, 15 - DEAN HEALTH PLAN, 17 - DEAN PREVEA360, 21 - HUMANA EASTERN, 22 - HUMANA WESTERN, 30 - GHC EAU CLAIRE, 35 - GHC SCW, 37 - GUNDESEN HEALTH PLAN, 40 - UNITY COMMUNITY, 47 - ARISE HEALTH PLAN, 55 - HEALTH TRADITION, 63 - MEDICAL ASSOCIATES HEALTH PLAN, 64 - MERCYCARE HEALTH PLAN, 70 - NETWORK HEALTH, 71 - SECURITY HEALTH PLAN, 74 - PHYSICIANS PLUS, 84 - WPS METRO CHOICE SOUTHEAST, 85 - HEALTHPARTNERS, 86 - WEA TRUST PPO EAST, 87 - WEA TRUST PPO NORTHWEST, 88 - WPS METRO CHOICE NORTHWEST, 89 - WEA TRUST PPO SOUTHCENTRAL, 92 - UNITY UW HEALTH, and 94 - UNITEDHEALTHCARE. The "ALL" option is highlighted. At the bottom left, there is a footer: "Employee Trust Funds 801 W Badger Rd Madison, WI 53713".

8. Select the Coverage Type option of your choice (default is **All**).

The screenshot shows the myETF Benefits Admin interface. At the top, there is a navigation bar with the logo and the text "myETF Benefits Admin Health Insurance Dependent Inquiry". Below this is a menu bar with options: myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Test Support, Help, and Log Off. The main content area contains a form with the following fields: Employer Number (XXXX-XXX), Employer Group (XXXXX-EMPLOYER NAME), Coverage Month (MONTH) and Year (CCYY), Health Plan (dropdown menu), Relationship (dropdown menu), Coverage Type (dropdown menu), and Tax Dependent (dropdown menu). A "Clear", "Display", and "Save As" button are located below the form. The Coverage Type dropdown menu is open, showing a list of options: ALL, 01 - SINGLE, and 02 - FAMILY. The "ALL" option is highlighted. At the bottom left, there is a footer: "Employee Trust Funds 801 W Badger Rd Madison, WI 53713".

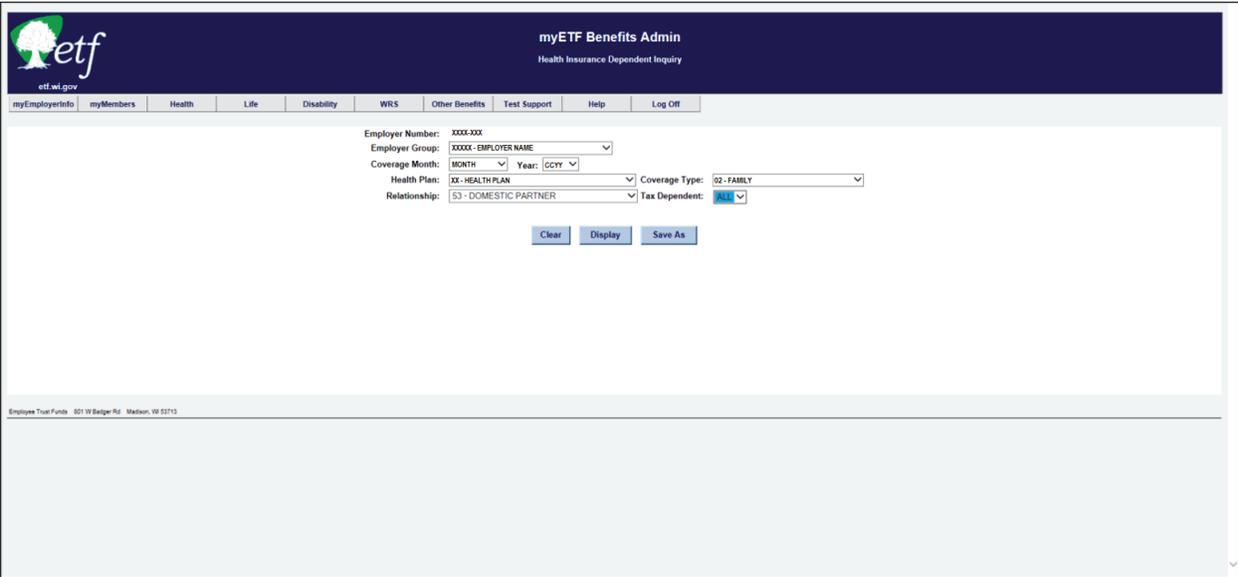
9. Select the Relationship option of your choice (default is **All**).

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Dependent Inquiry'. Below this is a menu bar with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX-EMPLOYER NAME', 'Coverage Month: MONTH', 'Year: CCYY', 'Health Plan: XX-HEALTH PLAN', 'Coverage Type: G2-FAMILY', and 'Tax Dependent: ALL'. A dropdown menu for 'Relationship' is open, showing a list of options: 'ALL', '01 - SPOUSE', '03 - PARENT OF MINOR DEPENDENT', '15 - LEGAL WARD', '17 - STEPCHILD', '19 - CHILD', '24 - DEPENDENT OF MINOR DEPENDENT', '35 - DEPENDENT OF DOMESTIC PARTNER', and '53 - DOMESTIC PARTNER'. A 'Save As' button is located to the right of the dropdown menu. At the bottom left of the page, there is a footer: 'Employee Trust Funds 801 W Balguy Rd Madison, WI 53713'.

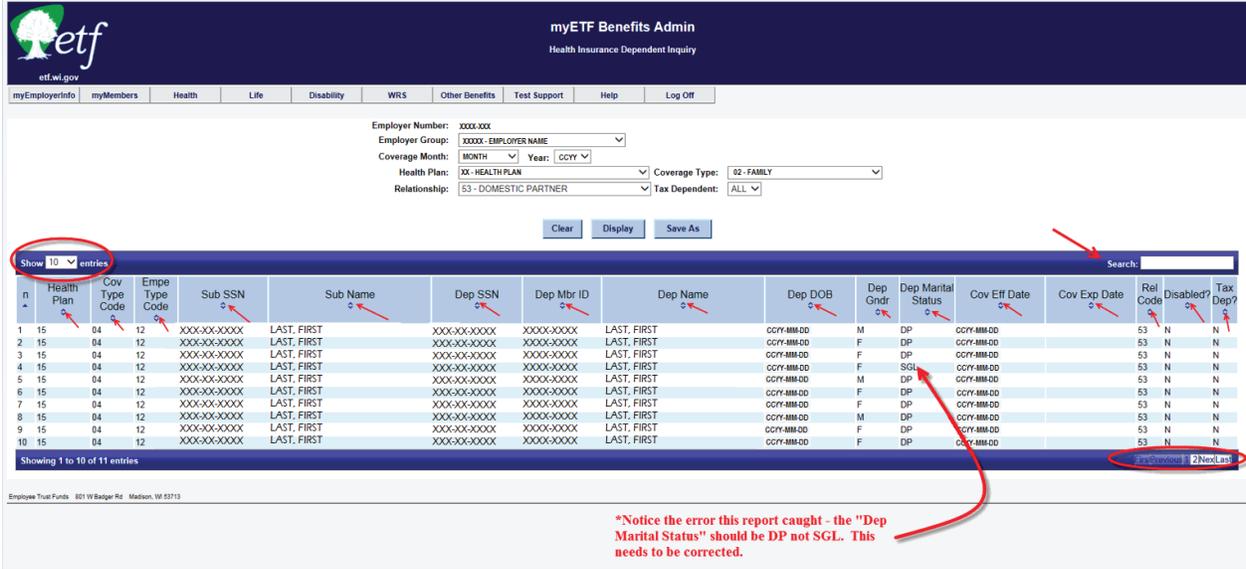
10. Select the Tax Dependent Status of your choice (default is **All**).

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there is a navigation bar with the 'etf' logo and the text 'myETF Benefits Admin Health Insurance Dependent Inquiry'. Below this is a menu bar with options: 'myEmployerInfo', 'myMembers', 'Health', 'Life', 'Disability', 'WRS', 'Other Benefits', 'Test Support', 'Help', and 'Log Off'. The main content area contains a form with the following fields: 'Employer Number: XXXX-XXX', 'Employer Group: XXXX-EMPLOYER NAME', 'Coverage Month: MONTH', 'Year: CCYY', 'Health Plan: XX-HEALTH PLAN', 'Coverage Type: G2-FAMILY', and 'Relationship: 53 - DOMESTIC PARTNER'. A dropdown menu for 'Tax Dependent' is open, showing a list of options: 'ALL', 'All', 'Yes', and 'No'. 'Clear', 'Display', and 'Save As' buttons are located below the dropdown menu. At the bottom left of the page, there is a footer: 'Employee Trust Funds 801 W Balguy Rd Madison, WI 53713'.

11. Click the 'Display' button to display the results of your query.



- a. You can select the number of entries to show at one time.
- b. You can Search for specific information (example: Health Plan, Coverage Type, Employee Type, Subscriber SSN, Dependent SSN, Dependent MID#, etc.)
- c. You can skip to a certain page, next page, or last page.
- d. You can sort by a specific column (small arrows).



12. Click the 'Save As' button to export the results to a Microsoft Excel spreadsheet.

The screenshot shows the 'myETF Benefits Admin' interface. At the top, there are navigation tabs: EmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Help, and Log Off. Below the tabs are search filters: Employer Number, Employer Group, Coverage Month, Year, Health Plan, Coverage Type (set to 02 - FAMILY), Relationship (set to -ALL), and Tax Dependent (set to ALL). Below the filters are buttons: Clear, Display, New EIN, and Save As. A red arrow points to the 'Save As' button. Below the buttons is a table with 17 columns: n, Health Plan, Cov Type Code, Empe Type Code, Sub SSN, Sub Name, Dep SSN, Dep Mbr ID, Dep Name, Dep DOB, Dep Gndr, Dep Marital Status, Cov Eff Date, Cov Exp Date, Rel Code, Disabled?, and Tax Dep?. The table contains 10 rows of data. At the bottom right of the table, there are buttons: First, Previous, 2 | 3 | 4 | 5, Next, Last. Below the table, it says 'Showing 1 to 10 of 77 entries'.

a. You will be given the option to Open or Save the Excel spreadsheet or Cancel the export.

This screenshot is identical to the one above, showing the search filters and the table of dependent information. A red arrow points to the 'Save As' button. Below the table, a dialog box is open with the text: 'Do you want to open or save EmployerDependentInquiryListing_001W522463.htm: test.etf.wa?'. The dialog box has three buttons: Open, Save, and Cancel. A red arrow points to the 'Save' button.

- b. Upon choosing to Open the spreadsheet, it will export the query to Excel and show it in the following format.

XXXXX - EMPLOYER NAME																
MONTH YEAR																
HEALTH PLAN = HEALTH PLAN, COVERAGE TYPE = FAMILY,																
RELATIONSHIP = ALL, TAX DEPENDENT STATUS = ALL																
1	Health	Coverage	Employee Type	Sub SSN	Sub Name	Dep SSN	Dep	Dep Name	Dep DOB	Dep Gender	Dep Marital Status	Cov Eff Date	Cov Exp Date	Rel Code	Disabled?	Tax Depe
2	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
3	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
4	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
5	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		01	N	Y
6	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y
7	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	SGL	CCYY-MM-DD		01	N	Y
8	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	F	MAR	CCYY-MM-DD		19	N	Y
9	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	MAR	CCYY-MM-DD		01	N	Y
10	XX	XX	XX	XXXXXXXX	LAST, FIRST	XXXXXXXX	XXXXXXXX	LAST, FIRST	CCYY-MM-DD	M	SGL	CCYY-MM-DD		19	N	Y
11																

You can then choose to Save the query or Exit from Excel. It will not change your query in myETF Benefits.

C-10. Address Inquiry

The Address Inquiry function within myETF Benefits is currently under construction and will be available some time in the future.