

**Department Of Employee Trust Funds**  
**Income Continuation Insurance Administration Manual-State**

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**Chapter 3—Enrollment and Application**

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**300 Applying for Income Continuation Insurance—New Employee**

The Income Continuation Insurance (ICI) Program is available to all eligible state employees. On an employee's first day of WRS-covered employment, the employer must provide them with an [Income Continuation Insurance \(ET-2106\) brochure](#), which explains the ICI Program, along with an [Income Continuation Insurance Application \(ET-2307\)](#). The employee **must** complete the employee information area of the application and return it to the employer regardless of whether electing or declining coverage. The employer must complete the relevant employer information on all applications and submit the completed applications to the Department of Employee Trust Funds. (Refer to the application for address information.)

**301 Two Levels of Coverage**

The ICI Program is available to all eligible state employees and provides replacement income during periods of short-term disability as well as those lasting for extended periods. The ICI Program has two levels of coverage:

Standard ICI coverage:

- is available to all eligible state employees.
- provides coverage on the employee's annual earnings up to \$64,000.
- has a maximum monthly benefit of \$4,000.
- provides state contribution toward premium for state employees with specified sick leave balances.
- provides state contribution toward premium for UW faculty and academic staff after 12 months state service.

Supplemental ICI coverage:

- is available to all employees who have annual earnings greater than \$64,000.
- requires enrollment in standard ICI.
- provides coverage on the employee's annual earnings up to \$120,000.
- has a maximum monthly benefit of \$7,500, in conjunction with standard coverage.
- requires the employee to pay the entire premium.
- permits enrollment annually without providing evidence of insurability.

**Note:** Earnings for the determination of premium amounts is discussed in Chapter 4.

### 302 Three Enrollment Opportunities

There are three opportunities for an eligible state employee to enroll in the ICI Program:

#### 1. Initial Enrollment Period

An eligible state employee as defined in Chapter 2, may enroll in standard and supplemental ICI without evidence of insurability by submitting a completed [Income Continuation Insurance Application \(ET-2307\)](#) to the employing state agency within 30 days of the date the employee's WRS participation began (normally the same as the employee's hire date).

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

An eligible employee with more than one employer, or one who falls under different ICI plans with different elimination periods, must file a separate application for each position held. (Refer to chart in subchapter 201.)

#### 2. Deferred Coverage

Each year, beginning in January, there is a "deferred coverage" enrollment period. At this time, eligible employees who declined to enroll during their initial enrollment period have the opportunity to apply for ICI coverage without submitting evidence of insurability. Eligibility requirements for deferred coverage are described below:

**State Employees**—eligible for deferred coverage any time they become eligible for state premium contribution, or an increase in state premium contribution, by accumulating specified levels of sick leave **for the first time**. State contribution toward the premium is first available when an employee's accumulated sick leave falls within premium category 3. As the employee accumulates additional sick leave, they become eligible for an increase in state share in categories 4, 5 and 6. (Refer to Chapter 4 for information on premium categories.)

The employee's sick leave accumulation at the end of the last complete payroll period in any calendar year must be such that it is the **first time** their sick leave balance is high enough to make them eligible for a specific premium category. The only exception to this is when a state employee accumulates sick leave in excess of 1040 hours at the end of **any** calendar year; they qualify for deferred enrollment. An employee who becomes eligible for deferred coverage must complete an *Income Continuation Insurance Application*. The application must be received, signed and dated by the state agency on or before March 1\*, with coverage effective April 1. (Refer to subchapter 404 for additional information on deferred enrollment during the annual review period.)

**UW Faculty/Academic Staff**—eligible for deferred coverage at the time they become eligible for state premium contributions, or when their accumulated sick leave exceeds 1040 hours at the end of **any** calendar year.

The state premium contribution for UW faculty and academic staff is effective following completion of one year of state WRS creditable service.

For UW faculty and academic staff applying upon eligibility for state share of premium, an *Income Continuation Insurance Application* must be signed and dated, and returned to the UW payroll/personnel office within 60 days from the date the employee completed the one year state WRS service requirement. Coverage is effective the first of the month that first occurs during the 60-day elimination period.

**Example:** A UW faculty employee with no previous state service, who is hired September 1, must submit an application within 60 days after August 31 of the following year.

It is recommended, if applying through the one year state service deferred coverage provision, that UW faculty and academic staff complete the *Income Continuation Insurance Application* at the onset of UW employment and indicate on the application that they desire coverage to be effective when the state contributes toward the premium.

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

\* Plan language states that “deferred coverage” applications are due within 60 days of becoming eligible, which is March 1, except during leap years. However, for the sake of consistency, March 1 will also be the due date in leap years.

### 3. Evidence of Insurability

An eligible employee who fails to apply for ICI coverage during their initial enrollment period or during a deferred enrollment period, may apply for coverage by completing the [Evidence of Insurability Application \(ET-2308\)](#). The *Evidence of Insurability Application* is also required for insured UW faculty and academic staff wishing to select a shorter elimination period.

Eligible employees (actively employed and not on leave of absence or layoff) may apply at any time prior to age 70 by completing the application and forwarding it directly to ETF. An application received by ETF more than 30 days after its completion date (i.e., the date the application is signed) will be rejected and the employee will be required to complete a new application.

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

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

Employers receive notice from the third party administrator of the approval or denial of the *Evidence of Insurability Application*, which should be retained for their records.

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

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

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

- The employee **must** complete the *Income Continuation Insurance Application* and return the application to the employer no later than 30 days following their initial eligibility date. A completed application from the employee is required whether enrolling in coverage or declining coverage.
- An employee who is employed with more than one state employer must file a separate ICI application with each employer if the employers have different payroll centers.
- Employees will be required to complete and file a new application if coverage was denied due to employer error. (Refer to Chapter 10 for information on employer error).

#### Employee Section 1—Standard ICI Coverage

- a. Check the box indicating the election of standard ICI coverage, the choice not to elect coverage, or the desire to cancel coverage.
- b. Employees electing standard ICI coverage whose annual earnings exceed \$64,000 should proceed to section 2. Employees with earnings of \$64,000 or less should proceed to section 3.

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

#### **Employee Section 2—Supplemental ICI Coverage**

- a. Available to employees whose annual earnings exceed \$64,000 and who are enrolled in, or initially applying for, standard ICI coverage.
- b. Check the appropriate box indicating the election of, the choice not to elect, or the desire to cancel supplemental ICI coverage.  
**Note:** Checking the box indicating a cancellation of supplemental coverage is appropriate for those employees wishing to cancel supplemental ICI coverage but maintain standard ICI coverage for their earnings up to \$64,000.
- c. Employees electing supplemental ICI coverage as part of their initial enrollment in ICI coverage should proceed to section 3. Employees electing supplemental ICI coverage who already have standard ICI coverage should proceed to section 4.
- d. Employees not electing supplemental ICI coverage or canceling coverage should proceed to section 4.

#### **Employee Section 3—Questions applicable to employment status**

- a. *State Employees and UW Faculty/Academic Staff.*  
Indicate the most recent previous state agency at which the applicant was employed, if any, and the dates of employment. If none, indicate NA.
- b. *UW Faculty/Academic Staff only.*  
Select an elimination period and indicate when coverage should become effective (i.e., as soon as possible, or when state contributes toward premium).  
**Note** to UW Faculty/Academic Staff—Select an elimination period when:
  - Initially applying for ICI coverage.
  - Applying for a longer elimination period than previously selected.  
(Evidence of Insurability is required to change to a shorter elimination period.)

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

#### **Employee Section 4—Employee Signature**

- a. Employee signature. (If missing, the application is invalid and will be returned for signature.)
- b. Date of signature.
- c. Employee’s daytime telephone number.
- d. Employee returns application to employer.

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

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

- **Date application provided to employee**—The date the employer gave the application to the employee.
- **Date received by employee (mm/dd/ccyy)**—The date the employer received the employee's completed application.
- **Indicate the reason** for submitting the application by checking the appropriate box and indicating the occurrence date.
  - Began WRS participation with current employer on:** Check this box for employees who are new employees. Indicate the occurrence date.
  - Reinstating coverage upon return from layoff or leave of absence.**  
Date temporary layoff/LOA began: \_\_\_\_\_  
Date employee returned: \_\_\_\_\_  
Check this box if an employee who previously had ICI coverage takes a leave of absence, allows coverage to lapse and then returns to eligible employment. Insert the date the leave began and the date the employee returned from leave.
  - Transferred from another state agency on:** Check this box for employees transferring from another state agency and indicate the transfer date.
  - Eligible through deferred coverage on:** Check this box for employees eligible through deferred coverage and indicate the coverage begin date.
  - Other (specify):** Check this box for a situation that does not fit one of the other categories listed above and list the effective date of coverage. For example:
    - Applying for supplemental ICI coverage during annual supplemental coverage open enrollment period.
    - Canceling supplemental ICI coverage only.
    - Reinstatement due to grievance/arbitration.
    - Return from military leave.
  - (UW Faculty/Academic Staff only) Changed to a longer elimination period effective on:** Check this box if the employee wants to elect a longer elimination period. An employee may change to a longer elimination period at any time. However, if an employee wants to change to a shorter elimination period, the employee must apply through evidence of insurability.
- **Previous service**—Indicate if the employee participated under WRS prior to being hired by you, whether you have completed a previous service check and the source of the check. **A previous service check must be completed for all UW Faculty/Academic Staff employees.**

- **Earnings**—Use the employee’s WRS earnings as reported in the preceding calendar year, rounded up to the next higher thousand, or, if applicable, the employee’s projected earnings for the ensuing 12 months, rounded up to the next higher thousand. (Refer to subchapter 400 for information on determining earnings for premium purposes.) Indicate whether the earnings are monthly or biweekly.
- **Basis of employment**—Check whether the employee’s basis of employment is full-time, part-time, limited term, seasonal, project, or academic year. If part-time, indicate the percentage of full-time employment.
- **ICI monthly premium**—Indicate the appropriate employee and employer premium share. (Refer to subchapters 401 and 402.)
- **Supplemental ICI Monthly Premium**—Indicate the premium. (The employee pays the entire premium for supplemental ICI coverage.) (Refer to subchapters 401 and 402.)
- **Sick Leave Information for Deferred Coverage or Reinstated/Rehired Employees**—Indicate the total accumulation of sick leave credits for the previous 2 calendar years.
- **Employer name**—Use the same name used for Social Security reporting.
- **Employer Number 69-036**—The Employer Identification Number (EIN) is a 12-digit number beginning with 69-036. Indicate the last seven digits of this number (XXXX-XXX).
- **Employer Agent Signature**—The WRS agent or designated representative must certify that the information on the application is true and correct.
- **Daytime Telephone Number**—The telephone number of the employer contact person/preparer.
- **Effective Date (MM/DD/CCYY)** —Indicate the coverage effective date, which is the first of the month that first occurs during the 30-day enrollment period. (For employees applying during the deferred coverage enrollment and supplemental coverage open enrollment periods, coverage is effective April 1st.)

For example, coverage is effective on the:

- 1<sup>st</sup> of the month for employees whose enrollment period begins on the 1<sup>st</sup> of the month.
- 1<sup>st</sup> of the *following* month for employees whose enrollment period begins on the 2<sup>nd</sup> through the 31<sup>st</sup> of the month.

**Sample—Income Continuation Insurance Application (ET-2307)**

		<b>Income Continuation Insurance Application</b> State Employee Wis. Stat. § 40.61		Wisconsin Department of Employee Trust Funds 801 W. Eastger Road PO Box 7031 Madison WI 53707-7031 1-877-533-5020 (toll free) Fax 608-267-4549 etf.wis.gov
<b>Employee Information</b> Type or print in ink. Sign and return to employer. Employer: complete page 2.				
Name (first, middle, last, former/maiden)				
Birth date (MM/DD/CCYY)		Member ID		Social Security number
Address (street)				
City		State	ZIP code	Country and Mail Code (if not USA) <span style="float:right">Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</span>
1. Income Continuation Insurance (ICI) coverage. Check one: <input type="checkbox"/> I elect ICI coverage and authorize payroll deductions for premiums. If your annual earnings exceed \$64,000.00, go to Question 2. If not, proceed to Question 3. <input type="checkbox"/> I do not elect ICI coverage. Sign below. <input type="checkbox"/> I wish to cancel my ICI coverage. (Checking this box also cancels Supplemental ICI coverage, if in effect.) Sign below.				
2. Supplemental ICI Coverage: Only available to employees whose annual earnings exceed \$64,000.00 and who are currently enrolled in state applying for ICI coverage. Check One: <input type="checkbox"/> I elect Supplemental ICI coverage. I understand that Supplemental ICI premiums are paid by the employee with no employer contribution. I authorize payroll deductions for Supplemental ICI premiums. (UW Faculty/Academic Staff: If already enrolled in ICI coverage, I understand that the elimination period previously selected will be applied to Supplemental ICI coverage.) If you elect Supplemental ICI coverage in Question 1 above, go to Question 3. If you already have ICI coverage, sign below. <input type="checkbox"/> I do not elect Supplemental ICI coverage. If you elect ICI coverage in Question 1, go to Question 3. If not, sign below. <input type="checkbox"/> I wish to cancel my Supplemental ICI coverage only. Sign below.				
3. I was most recently employed by the following state agency: _____ From (MM/DD/CCYY) _____ to (MM/DD/CCYY) _____				
<b>UW faculty/academic staff only:</b> Elect calendar day elimination period for ICI coverage (and Supplemental ICI coverage, if applicable): <input type="checkbox"/> 30-day <input type="checkbox"/> 90-day <input type="checkbox"/> 125-day <input type="checkbox"/> 180-day				
I want my coverage to be effective: <input type="checkbox"/> As soon as possible <input type="checkbox"/> When the state contributes toward premium (defer coverage for 12 months)				
<b>Sign and return to employer</b> I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I authorize the monthly employee share premium deduction (indicated below) from my earnings to provide ICI and Supplemental ICI coverage (if selected). I understand that if premiums are not deducted, I do not have ICI coverage.				
Employee signature		Date	Telephone ( )	



<b>Application Information (To be completed by Employer)</b>				
Date application provided to employee: _____				
Date received from employee: _____				
Reason to submit application—check one box and list date event occurred:				
<input type="checkbox"/> Began WRS participation with current employer on: _____ <input type="checkbox"/> Reinstating coverage upon return from temporary layoff or leave of absence. Date temporary layoff or leave of absence began: _____ Date employee returned: _____ <input type="checkbox"/> Transferred from another state agency on: _____ <input type="checkbox"/> Eligible through deferred coverage on: _____ <input type="checkbox"/> Other (specify): _____				
<b>UW Faculty/Academic Staff only:</b> <input type="checkbox"/> Changed to a longer elimination period effective on: _____ (Evidence of insurability is required to change to a shorter elimination period.)				
<b>UW Faculty/Academic Staff only:</b> 1. Did employee participate under WRS prior to being hired by you? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Previous service check, completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Source of previous service? <input type="checkbox"/> ONE Site <input type="checkbox"/> ETF				
<b>Earnings</b> \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly Basis of employment: <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal <input type="checkbox"/> Project <input type="checkbox"/> Part-time % <input type="checkbox"/> Academic <input type="checkbox"/> LTE				
ICI monthly premium				
Employer share: \$		Employee share: \$		
Supplemental ICI monthly premium				
Employee share: \$				
<b>Sick Leave Information for Deferred Coverage or Reinstated or Rehired Employees</b> Total accumulation of sick leave credits for the preceding two calendar years:				
Year	Beginning balance	Sick leave earned	Sick leave used	Ending balance
<b>Employer Information</b> Employer name <span style="float:right">EIN 69-036-</span> Employer agent signature <span style="float:right">Telephone ( )</span> <span style="float:right">Effective date</span>				
Copy and distribute: <input type="checkbox"/> ETF <input type="checkbox"/> Employee <input type="checkbox"/> Employer				



### 305 Application Due Date and Effective Date of Coverage (Table)

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

	Employment Situation	Application Type	Application Due Date	Coverage Effective Date
New	New state employee – no previous service.	<i>ICI Application</i> (ET-2307)	30 days following the date their WRS participation began.	First day of the month that first occurs during the 30-day enrollment period.
	Rehired, previously insured employee following 30 day break in employment with no WRS benefit taken.	<i>ICI Application</i> (ET-2307)	30 days from rehire.	First day of the month that first occurs during the 30-day enrollment period.
Rehires	Rehired WRS annuitant electing WRS coverage by submitting completed ET-2319.	<i>ICI Application</i> (ET-2307)	30 days from WRS begin date at current employer.	First day of the month that first occurs during the 30-day enrollment period.
	Previously insured employee returning from military leave during which coverage lapsed.	<i>ICI Application</i> (ET-2307)	Within 30 days of return to work from military leave.	First day of the month that first occurs during the 30-day enrollment period.
Leaves	Previously insured employee returning from LOA during which coverage lapsed.	<i>ICI Application</i> (ET-2307)	Within 30 days of return to work from LOA.	First day of the month that first occurs during the 30-day enrollment period.
	Previously uninsured employee returning from LOA.	<i>Evidence of Insurability</i> (ET-2308)	Any time but not within one year of a previous <i>Evidence of Insurability</i> application's denial.	1 <sup>st</sup> of month on or following the date the <i>Evidence of Insurability</i> application is approved.
	Insured state employee transferring to another state agency within 30 days*. <i>New application required if transferring to a position under a different payroll center. A new estimate of earnings should be used for premium purposes. (See subch. 400.)</i>	<i>ICI Application</i> (ET-2307)	Within 30 days of transfer if the new agency has a different payroll center than the employee's previous agency. (If no change in payroll centers, no new application is required.)	First day of the month that first occurs during the 30-day enrollment period. Coordinate premium payment with prior agency/payroll center to ensure continuous coverage.
Transfers	Insured UW Faculty/Academic Staff transferring to state (any non-Faculty/Academic Staff) employment*.	<i>ICI Application</i> (ET-2307)	Within 30 days of transfer.	First day of the month that first occurs during the 30-day enrollment period. Coordinate premium payment with UW to ensure continuous coverage.

	Employment Situation	Application Type	Application Due Date	Coverage Effective Date
<b>Transfers</b>	Insured state employee transferring to UW Faculty/Academic Staff*.  <i>(See Subch. 204 for information on eligibility for UNINSURED state employees moving to a UW Faculty/Acad Staff position.)</i>	<i>ICI Application</i> (ET-2307)	Within 30 days of transfer.	First day of the month that first occurs during the 30-day enrollment period. Coordinate premium payment with prior agency/payroll center to ensure continuous coverage.
<b>UW Faculty</b>	New UW Faculty/Academic Staff, with no previous service – no employer contribution.	<i>ICI Application</i> (ET-2307)	Within 30 days of hire.	First day of the month that first occurs during the 30-day enrollment period.
	New UW Faculty/Academic Staff completes one year state service – eligible for employer contribution.	<i>ICI Application</i> (ET-2307)	30 days following completion of one year state service.	1 <sup>st</sup> of month which occurs on or following the employee's completion of one year of state service.
	Deferred Coverage – UW Faculty/Academic Staff accumulates 1040 hours of sick leave.	<i>ICI Application</i> (ET-2307)	On or before March 1.	April 1.
<b>Miscellaneous</b>	Previously insured employee reinstated due to arbitration.	<i>ICI Application</i> (ET-2307)	Within 30 days of reinstatement.	First day of the month that first occurs during the 30-day enrollment period.
	Deferred Coverage – state (non-Faculty) employee becomes eligible for premium category 3 – 5 for first time, or in any year the employee has 1040 hours of accumulated sick leave.	<i>ICI Application</i> (ET-2307)	On or before March 1.	April 1.
	Eligible employee who missed other enrollment opportunities.	<i>Evidence of Insurability</i> (ET-2308)	Any time but not within one year of a previous <i>Evidence of Insurability</i> application's denial.	1 <sup>st</sup> of month which occurs on or following approval of <i>Evidence of Insurability</i> application.
	Currently insured, eligible employee electing Supplemental coverage.	<i>ICI Application</i> (ET-2307)	On or before March 1.	April 1.

\* If there is a break in service of 30 or more days when transferring positions, the employee is treated as a new employee.

### 306 Distribution of Copies

The following requirements pertain to the distribution of ICI application copies:

- Once the “Employer Section” is completed, make two photocopies of the application. Employers must retain one copy for verification purposes.
- Forward the original application to ETF, regardless of whether the employee declines, cancels or elects coverage.
- Provide the employee with the second copy for his or her records.

### 307 Instructions for Completing the *Evidence of Insurability Application* (ET-2308)

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

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

**Note:** Eligible applicants with standard ICI coverage may apply for supplemental ICI coverage annually under the deferred coverage provision. (Refer to subchapter 302.)

#### Employer Responsibilities:

1. Review the eligibility criteria outlined in subchapter 200 to determine if the employee is eligible to apply for ICI coverage.  
Provide the eligible employee with a copy of the [Income Continuation Insurance \(ET-2106\) brochure](#), explaining the ICI Program.  
On the *Evidence of Insurability Application*—complete the employee’s Social Security number, current employing state agency, employer number 69-036-(XXXX-XXX), occupation and the date eligible for WRS. Give the application to the employee to complete.
2. Instruct the employee to read the instructions on the first page of the *Evidence of Insurability Application*. Incomplete applications will be returned to the employee and will delay application processing.

#### Employee Responsibilities:

1. Read the instruction page of the *Evidence of Insurability Application* and follow the directions. Complete the form in its entirety, including all pertinent information, then sign and date the form. Unanswered questions, incomplete answers to questions, lack of signature and/or date will result in the application being returned.
2. Submit the application to ETF no later than 30 days after the date of completion to ensure current medical information. Applications received more than 30 days after the employee signs and dates the application will be rejected. The employee will then be required to complete and submit a new *Evidence of Insurability Application*.

**Approval/Denial:**

1. The third party administrator will notify both employee and employer of the approval/denial and the effective date of coverage, if applicable, approximately 60 to 90 days from ETF's receipt of the *Evidence of Insurability Application*.
2. For approved applications, the effective date of coverage will be the first of the month following the date the evidence is approved. Premiums are due from that day forward.

**For denied applications:**

1. Retain the employer's copy of the denial form for future reference. Additional action by the employer is not necessary.
2. The employee has the right to request reconsideration of the initial denial by submitting a written request to the third party administrator within 90 days of the date of the initial denial.
3. The employee has the right to request a subsequent review of the reconsideration's denial by requesting a Departmental Determination within 90 days of that denial.
4. A new application will not be considered until one-year elapses from the date of denial.