

Department of Employee Trust Funds
Income Continuation Insurance Administration Manual-State

Chapter 5—Monthly Premium Report

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500 **Completing the [Monthly Premium Report Group Income Continuation Insurance \(ET-1611\)](#) for State Employee Plan**

The *Monthly Premium Report Group Income Continuation Insurance* form accompanies the monthly Income Continuation Insurance (ICI) premium remitted to the Department of Employee Trust Funds (ETF). This form provides a detailed breakdown of employee and employer premium contributions by program (standard ICI and supplemental ICI coverage) and premium category. (Refer to the sample form in subchapter 501.)

The *Monthly Premium Report Group Income Continuation Insurance* is available on ETF's Internet site at: etf.wi.gov. (Refer to subchapter 108 for alternative methods of obtaining copies of ICI forms.)

- 1. Complete the *Monthly Premium Report Group Income Continuation Insurance* form as described below:**
 - a. Department Name**
 - b. Employer ID No. 69-036**—Indicate the last seven digits of the number (XXXX-XXX) used for WRS reporting. (The Employer Identification Number (EIN) is a 12-digit number beginning with 69-036.)
 - c. Coverage Month/Year**—Indicate coverage month and year. Example: If the report is due on February 24, the coverage month is February for STAR agencies. For non-STAR agencies it should be January.

2. “Premiums—Employees in Pay Status”

This section is used to indicate premiums from or for employees in pay status who are eligible for State share of premiums.

Note: Employees in premium category 1 or 2 do not yet receive the State share, but are reported in this section.

- a. **Number of Employees**—Enter the number of employees participating in ICI coverage by premium category and the total number of employees.
- b. **Monthly Premium**—Enter the coverage month’s employee standard premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.
- c. **Adjustments**—Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. **Subtotal**—Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.
- e. **Subtotal A**—Enter the sum of the figures entered by premium category in the “Subtotal” column.
- f. **State Share**—Enter the state share totals for premium categories 3 – 5 based on the calculations listed on form. (The State share for premium category 6 is the entire premium.)
- g. **Adjustments**— Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- h. **Subtotal**— Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.
- i. **Total C State Share**—Enter the sum of the figures entered by premium category in the “State Share” column.

3. “Premiums—Employee Not in Pay Status”

This section is used to indicate premiums for employees who are paying the entire premium (employee and employer shares) due to being on unpaid leave.

- a. **Number of Employees**—Enter the number of employees not in pay status participating in ICI coverage by premium category and the total number of employees.
- b. **Monthly Premium**—Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.
- c. **Adjustments**—Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For

example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

- d. **Subtotal**—Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.
- e. **Subtotal B**—Enter the sum of the figures entered by premium category in the “Subtotal” column.

4. “Supplemental Premiums—Employees in Pay Status”

This section is used to indicate supplemental ICI premiums for employees in pay status.

- a. **Number of Employees**—Enter the number of employees participating in supplemental ICI coverage by premium category and the total number of employees.
- b. **Monthly Supplemental Premium**—Enter the coverage month’s employee premium contributions by premium category.
- c. **Supplemental Adjustments**—Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. **Subtotal**—Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.
- e. **Subtotal D**—Enter the sum of the figures entered by premium category in the “Subtotal” column.

5. “Supplemental—Employees *not* in Pay Status”

This section is used to indicate premiums for employees who are **not** in pay status.

- a. **Number of Employees**—Enter the number of employees not in pay status participating in supplemental ICI coverage by premium category and the total number of employees.
- b. **Monthly Supplemental Premium**—Enter the coverage month’s employee premium contributions by premium category.
- c. **Supplemental Adjustments**—Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. **Subtotal**—Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.
- e. **Subtotal E**—Enter the sum of the figures entered by premium category in the “Subtotal” column.

Return to page 1 of form.

6. This section is used to total employee and employer premium amounts into one grand total.
- a. **Total Employee-Paid Premium** (Subtotal A + Subtotal B)—Enter the sum of “Subtotal A” plus “Subtotal B.”
 - b. **Total Employee-Paid Supplemental Premium** (Subtotal D + Subtotal E from reverse)—Enter the sum of “Subtotal D” and “Subtotal E.”
 - c. **Total Amount Due**—Enter the sum of “Total C State Share” and the two totals in a. and b. directly above. This is the grand total of employee and employer premiums for this coverage month.

501 **Sample—**[Monthly Premium Report Group Income Continuation Insurance \(ET-1611\)](#)

Department Of Employee Trust Funds
Division of Trust Finance
P. O. Box 7931
Madison, WI 53707-7931
FAX: 608-266-0133

Monthly Premium Report
Group Income Continuation Insurance
(All State Employees except University of Wisconsin Faculty)
Wis. Stat. 40.05 (5) (a)

Please write or type your STAR AP voucher number in the space provided on reverse page.

Department Name				Employer Identification Number (EIN) 69-036-				Coverage Month/Year			
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Premiums – Employees in Pay Status										
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share	Adjustments	Subtotal
1					X	0%	=	- 0 -		
2					X	0%	=	- 0 -		
3					X	200%	=			
4					X	340%	=			
5					X	570%	=			
6		- 0 -	- 0 -	- 0 -						
Total Employees				Subtotal A						Total C State Share

Premiums – Employees Not in Pay Status						
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal		
1						
2						
3						
4						
5						
6						
Total Employees				Subtotal B		

Total Employee-Paid Premium (Subtotal A + Subtotal B) Plus (+)

Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse) Plus (+)

Equals (=) Equals (=)

Total Amount Due

Date (MM/DD/YYYY)	Prepared By:	Telephone No.
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ET-1611 (REV 3/4/2016)

Supplemental Premiums – Employees in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Total Employees			Subtotal D	

Supplemental Premiums – Employees Not in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Total Employees			Subtotal E	

Sample

STAR AP voucher numbers		

ET-1611 (REV 3/4/2016)

502 Premium Remittance

The grand total of employee and employer premiums for the coverage month is the amount you must remit to ETF. This amount is indicated on *Monthly Premium Report Group Income Continuation Insurance* in the “Total Amount Due” field on the ET-1611. Remittances may be made through Central Payroll through STAR. Voucher numbers must be included in the space provided on page 2 of the ET-1611 or may be attached as a list. *Do not send screen prints of vouchers.*

503 Online Payments

Employers can pay ICI premiums online. To pay ICI premiums online, employers must have a completed [Online Network for Employers Security Agreement \(ET-8928\)](#) on file with ETF.

For employers currently authorized to pay health insurance invoices online, you may also be authorized to submit ICI payments online. No additional form is needed. Employers not participating in the ETF administered Group Health Insurance Program must complete the *Online Network for Employers Security Agreement* and check the “ICI Premium Payment” box.

Note: Before submitting the ICI payment online, it is recommended that employers complete the Monthly Premium Report Group Income Continuation Insurance - Local (ET-1629) and retain it for their records.

To make your ICI premium payment:

1. Go to <http://etfonline.wi.gov/one.html>.
2. Scroll to the “Applications” category and select “myETF Benefits” and log in.
3. Follow the on-screen directions and your contact information will be displayed.
4. Move your cursor over to the Disability tab where there will be two drop-down options: “Disability” and “ICI.” Click on the “ICI” option.
5. The ICI payment process is similar to the Group Health Insurance payment process. The initial screen prompts you to complete the contract counts (i.e., the number of employees), total premium and employee-paid portions categorized by regular and supplemental ICI. (All boxes need to have a number in them. For zero, please enter “0,” not “0.00.”)

Note: During a premium holiday, only the contract counts need to be completed, for both regular ICI and supplemental ICI. Do not include dollar amounts.

6. After entering all of the above, click on the calculate button. The premium due amount will be calculated and displayed. Verify all figures on the screen for accuracy and correct as necessary.
7. Click on ‘Make Payment’ to be taken to the US Bank website where you will be prompted to enter your bank information and select the payment date.
8. You may continue to enter your bank information or opt to register by choosing a user ID and password specifically authorized for accessing the US Bank website. You will receive a confirmation number once completed.

Note: Following submission of the Online Network for Employers Security Agreement, it is critical that employers retain the information sent to them confirming their access to the Online Network for Employers (ONE) site. The confirmation includes a PIN, which must be presented when contacting ETF with access questions.

504 Due Date

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* form and voucher number(s) must be sent to ETF at the address shown on the report. Monthly premium reports and remittances are due in the ETF office on the 24th day of the calendar month of coverage*, or on the first working day after the 24th when the 24th falls on a day in which state offices are closed per Wis. Admin. Code ETF 10.63. Payments made through Central Payroll through STAR must be released to ETF on or before the due date.

Note: Entering the payment in STAR and sending the report does not meet the due date obligation—ETF must be able to electronically receive the amount on or before the due date.

*Applies to STAR agencies. (Non-STAR agencies’ reports and remittances are due on the 24th of the month *following* the month of coverage.)

505 Late Reporting Interest Charge

Interest is assessed at the rate of .04% of the total premium amount due **for each day** from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is \$3. Interest charges **cannot** be waived per Wis. Stat. § 40.06 (3).

506 Permanent Change in Percentage of Appointment

A permanent change in an ICI covered employee's percentage of appointment will result in the need for a premium adjustment.

Premiums are adjusted at the beginning of the month on or after the effective date of the permanent appointment change. If premiums have already been paid based on the earnings in effect prior to the change, an adjustment must be made on the [Monthly Premium Report Group Income Continuation Insurance form \(ET-1611\)](#) during the following payroll period to reflect the change in salary for the effective coverage month.

Example: The effective date of change of the new percentage of appointment is the first of February. The employee is in Premium Category 2.

1. Prior to February 1, employee earnings at 50% time = \$833.33 per month.
2. New appointment effective February 1, employee earnings at 100% time = \$1,666.67 per month.

ICI premiums for February coverage were paid in the month of February. Premiums paid in March for March coverage must reflect the increase between the old and the new premium, plus the new premium for March coverage as follows:

New premium for March coverage	\$10.42
Old premium	- 5.32
February Adjustment	\$ 5.10 Increase

February's premium adjustment of \$5.10 must appear in the "Premium Adjustment" section (along with any other employee premium adjustments for that month) of the *Monthly Premium Report Group Income Continuation Insurance* form for March due at ETF on March 24.