



# New Employee Benefit Checklist

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

Employee name:	Employee ETF ID:
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### Determine Wisconsin Retirement System Eligibility for New Employee

1. Perform a previous service check or contact ETF.

WRS service:

Local: \_\_\_\_\_ years \_\_\_\_\_ months

State: \_\_\_\_\_ years \_\_\_\_\_ months

2. Is the employee a rehired annuitant?  Yes  No

If yes, you must complete a Rehired Annuitant Form (ET-2319).  Completed

See the Employment of Annuitants information in *WRS Administration Manual* (ET-1127)

3. Does the new employee have any WRS-participating employment before July 1, 2011?  Yes  No

If no, evaluate employee under new eligibility rules.

If yes, did the new employee previously take a separation benefit?  Yes  No

If yes, evaluate employee under new eligibility rules.

If no, evaluate employee under old eligibility rules.

See WRS eligibility determination information in *WRS Administration Manual* (ET-1127).

4. Is the new employee WRS eligible?  Yes  No

Eligibility determination worksheet for new employees available in *WRS Administration Manual* (ET-1127).

If employee is WRS eligible, provide employee with benefits application information.

5. Use myETF Employer Online Services to report new hires and employment category, as required. Completed on: \_\_\_\_\_

Provide myETF Member Online Services access information. Completed on: \_\_\_\_\_

Provide WRS information to the new employee (available from ETF or online at [etf.wi.gov](http://etf.wi.gov)).

Your Benefit Handbook (ET-2119) brochure

Election to Participation in the Variable Trust Fund (ET-2356) form

Additional Contributions (ET-2123) brochure

Select the benefit program(s) below, and on the next page, that you currently offer:

1. Wisconsin Public Employers Group Life Insurance (Employee must submit application to employer within 30 days of hire date)

WPE Group Life Insurance information

WPE Group Life Insurance online enrollment information

Date provided to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

2. Group Health Insurance (Employee must submit application to employer within 30 days of hire date)

Provide It's Your Choice information ([etf.wi.gov](http://etf.wi.gov))

Provide online enrollment information (or Health Insurance Change/Application (ET-2301))

Date provided application to employee \_\_\_\_\_

Application due date \_\_\_\_\_  Informed employee of due date

**3. Income Continuation Insurance** (Employee must submit application to employer within 30 days of hire date)

- Income Continuation Insurance - Local (ET-2129) brochure
- Income Continuation Insurance - State (ET-2106) brochure
- Enrollment/Application – State (ET-2307)  
Date provided application to employee \_\_\_\_\_  
Application due date \_\_\_\_\_  Informed employee of due date
- Enrollment/Application – Local (ET-2366)  
Date provided application to employee \_\_\_\_\_  
Application due date \_\_\_\_\_  Informed employee of due date

**4. Wisconsin Deferred Compensation** (1-877-457-9327) - www.wdc457.org

- Information available at www.wdc457.org
- Enrollment information  
Provided \_\_\_\_\_ Returned \_\_\_\_\_

**5. Employee Reimbursement Accounts** (State Only)

- Benefits information
- Enrollment information  
Date provided application to employee \_\_\_\_\_  
Application due date \_\_\_\_\_  Informed employee of due date

**6. Additional Optional Insurance Plans**

See It's Your Choice information, available online at [etf.wi.gov](http://etf.wi.gov) for more optional insurance plans (such as long-term care, dental and vision) that you may need to provide for your employees.

**Signature of Acknowledgement**

The payroll representative signature represents confirmation that information was presented, due dates identified and appropriate information and forms supplied for all ETF-administered benefits offered by the employer.

Keep this completed copy for your records.

Payroll representative signature	Date (MM/DD/CCYY)
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The employee acknowledgment signature represents receipt of materials and recognition of due dates.

Employee acknowledgment signature	Date (MM/DD/CCYY)
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