



New Employee Benefit Checklist

Wisconsin Department
of Employee Trust Funds
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Fax 608-267-4549
etf.wi.gov

Employee name:	Employee ETF ID:
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Use this form to determine eligibility, distribute forms, and provide due dates to a new employee for all ETF-administered benefits. Keep this completed copy for your records. ETF does not need a copy.

Step 1: Determine WRS Eligibility

Use Chapter 3 of the [WRS Administration Manual \(ET-1127\)](#) and the *Previous Service and Benefit Inquiry* application on the [ETF Web Applications for Employers](#) to determine WRS eligibility.

Criteria	Yes	No	Additional Information
Does the employee have previous WRS service?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the employee a WRS annuitant? Did the annuitant meet a 75-day break in service? If yes, is the employee's last termination date <i>on or after July 2, 2013</i> ? Complete the <i>Employer</i> section of the Rehired Annuitant Form (ET-2319)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If a rehired annuitant with a termination date on or after July 2, 2013 meets eligibility under new eligibility rules, they must be enrolled. Complete the ET-2319 for all rehired annuitants, regardless of eligibility. See the <i>Employment of Annuitants</i> information in Chapter 15 of the WRS Administration Manual (ET-1127) .
Does the new employee have any WRS-participating employment before July 1, 2011? If yes, did the new employee take a lump-sum benefit?	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	If yes, evaluate employee under old eligibility rules. If no, use new rules. If yes, evaluate employee under new eligibility rules.
Is the employee WRS eligible?	<input type="checkbox"/>	<input type="checkbox"/>	

Step 2: Eligible Employee Only — Provide WRS Benefit Information and Submit Enrollment

Employers may either print or provide links to the forms [online](#) or order hard copies [here](#).

WRS Information	Additional Information
Your Benefit Handbook (ET-2119) brochure	<input type="checkbox"/>
Election to Participation in the Variable Trust Fund (ET-2356) form	<input type="checkbox"/> If electing participation, employee sends directly to ETF.
Additional Contributions (ET-2123) brochure	<input type="checkbox"/>
Beneficiary Designation (ET-2320) form	<input type="checkbox"/> Employee sends directly to ETF.
Rehired Annuitant Form (ET-2319) form* * <i>Rehired annuitants only</i>	<input type="checkbox"/> Have the employee complete and sign the Employee section and return to the employer. The employer will send to ETF.
<input type="checkbox"/> Employer: Use the ETF Web Applications for Employers : <i>WRS Account Update</i> to enroll the employee using transaction code P060 – WRS Enrollment .	

Step 3: Eligible Employee Only — Provide ETF-Administered Insurance and Optional Benefit Information

If the employer participates in the ETF-administered benefit program(s), track dates and materials to distribute below. Employers may either print or provide links to the forms online at etf.wi.gov or order hard copies [here](#).

The employee must submit all applications to employer within 30 days of hire date.

Check here if the employer does not participate in any ETF-administered insurance benefits

Benefit Program	Date Provided to Employee	Application Due Date
<p>Wisconsin Public Employers (WPE) Group Life Insurance</p> <ul style="list-style-type: none"> • Life Insurance Application (ET-2304) form • The Wisconsin Public Employers Group Life Insurance Program (ET-2101) brochure <p><input type="checkbox"/> Employer: Complete <i>Employer</i> section and return to ETF when complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p>Group Health Insurance</p> <ul style="list-style-type: none"> • Group Health Insurance Application/Change (ET-2301) form or online enrollment information • It's Your Choice Decision Guide (select correct program option) <p><input type="checkbox"/> Employer: Verify enrollment is complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p>Income Continuation Insurance</p> <p>State: Enrollment/Application — State (ET-2307) form Income Continuation Insurance—State (ET-2106) brochure</p> <p>Local: Enrollment/Application — Local (ET-2366) Income Continuation Insurance — Local (ET-2129) brochure</p> <p><input type="checkbox"/> Employer: Complete <i>Employer</i> section and return to ETF when complete.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p>Supplemental Insurance Benefit Plans</p> <p>See It's Your Choice information, available online at etf.wi.gov for more information on Supplemental Benefits (such as long-term care, dental and vision) that you may need to provide for your employees.</p>	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p>Wisconsin Deferred Compensation</p> <ul style="list-style-type: none"> • Information available at http://www.wdc457.org or 1-877-457-9327 • Enrollment information (Your employees will need a Plan Enrollment Code to enroll online. Download a Plan Enrollment Code flier to share with your employees by logging in here, clicking <i>Participants</i> on the left hand side and selecting <i>Employee forms</i>.) 	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>
<p>State Agencies Only: Employee Reimbursement Accounts</p> <ul style="list-style-type: none"> • Benefits information • Enrollment information 	Date or N/A <input type="checkbox"/>	Date or N/A <input type="checkbox"/>

Signature of Acknowledgement	
The employer representative signature confirms information and forms were supplied and due dates were identified for all ETF-administered benefits offered by the employer.	
Employer representative signature	Date (MM/DD/YYYY)
The employee acknowledgment signature confirms receipt of materials and recognition of due dates.	
Employee acknowledgment signature	Date (MM/DD/YYYY)