

Life Events and Benefit Impacts

Life events affect employee benefit plans in differing ways. Review how your specific life event affects the benefit plan(s) you enrolled in by selecting the event from the following topics

[Marriage](#)
[Declaring Domestic Partnership](#)
[Birth/Adoption/Guardianship](#)
[Divorce](#)
[Termination of Domestic Partnership](#)
[Death of an Employee](#)
[Death of a Spouse/Dependent](#)
[Death of a Domestic Partner](#)

[Disability - Employee](#)
[Disability - Dependent Child](#)
[Move](#)
[Full-Time Student Status-Dependent Child](#)
[Retirement](#)
[Termination of Employment](#)
[Active Military Duty](#)

***Benefit forms noted in this document can be found on our website at:**
<http://www.bussvc.wisc.edu/ecbs/emp-forms-listing-page.pdf>

***Domestic Partnership forms can be found at:**
<http://www.bussvc.wisc.edu/ecbs/bng-domestic-partner-benefits-uw1107.pdf>

Marriage

<i>Plan</i>	<i>Action</i>
State Group Health Insurance	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Application (ET-2301 Classified/Unclassified or ET-2302 Grad). • Submit to Payroll and Benefits Coordinator within 30 days of the marriage. • Coverage is effective the date of marriage. <p>Add new spouse (and stepchildren) to existing Family Coverage:</p> <ul style="list-style-type: none"> • Complete a Information Change Form (ET-2329) • Submit to Payroll and Benefits Coordinator within 30 days of the marriage. • Coverage is effective the date of marriage. <p>If you do not enroll during the special 30-day enrollment opportunity, your coverage will be limited to the Standard Plan with a 180-day waiting period. You will be able to change plans during a Dual-Choice enrollment period if you are enrolled with coverage effective on or before October 1.</p> <p><i>A name/address change can be made using either of these forms.</i></p> <p>Forms</p>
State Group Life Insurance	<p>Add Spouse & Dependent Coverage, if not previously eligible:</p> <ul style="list-style-type: none"> • Complete a new Application (ET-2304) indicating the number of units of Spouse and Dependent coverage. • Submit to your Payroll and Benefits Coordinator within 30 days of the marriage. • Coverage is effective the first of the month following the receipt of the application. <p>Adding Spouse (and stepchildren) to existing Spouse & Dependent Coverage:</p> <ul style="list-style-type: none"> • No new application is necessary, coverage is automatic.

	<p>If you missed a previous eligibility period to add Spouse & Dependent Coverage or to Increase coverage on yourself:</p> <ul style="list-style-type: none"> • Complete an Application-Evidence of Insurability (ET-2305). • There is no enrollment deadline to apply through Evidence of Insurability. • Mail to the Department of Employee Trust Funds, whose address is listed on the application. <p><i>Two married State employees can both carry Spouse & Dependent coverage</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). • Submit form to ETF: address listed on form. <p>Forms</p>
<p>Individual & Family Group Life Insurance</p>	<p>Add Spouse (and child) Coverage:</p> <ul style="list-style-type: none"> • Complete an Individual & Family Group Life Insurance Application (03-30539). • Submit to Payroll and Benefits Coordinator within 30 days of the marriage. • Coverage is effective the first of the month following the receipt of the application. <p><i>Stepchildren are automatically covered if child coverage is in place at the time of the marriage.</i></p> <p><i>A Spouse who is an employee of the University may be insured as an employee or as a spouse, but not both. Only one employee-parent in a family may carry Child coverage.</i></p> <p><i>A name/address change can be made using this form.</i></p> <p>Increase coverage on yourself:</p> <ul style="list-style-type: none"> • Complete an Evidence of Insurability Application (03-30538). <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.53232). <p>Forms</p>
<p>U.W. Employees Inc. Life Insurance</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (GA-562) <p>Forms</p>
<p>University Insurance Association (UIA) Life Insurance</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.59786) <p>Forms</p>
<p>Accidental Death & Dismemberment Insurance</p>	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Enrollment/Change form (UWS-1245) indicating the coverage desired. • Submit the application to your Payroll and Benefits Coordinator. • There is no enrollment deadline to make changes for AD&D, however timely updates will ensure proper coverage. • Coverage is effective the date the application is received by your Payroll and Benefits Coordinator unless a later date is specified on the application. • <p><i>New spouse and stepchildren are automatically covered if Family plan</i></p>

	<p><i>already in place.</i></p> <p><i>If both spouses are employees of the University of Wisconsin and enroll in the plan, a spouse will not be insured as a covered spouse under a partner's Family Coverage. Only one spouse may select the Family Plan.</i></p> <p><i>A name change can be made using this form. Address changes are only necessary for former employees.</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete the Beneficiary Designation portion of the Enrollment/Change Form (UWS-1245). • Submit the application to your Payroll and Benefits Coordinator. <p>Forms</p>
<p>Dental and Excess Medical Insurance (EPIC)</p>	<p>Change from Single to Limited Family (2 person) or Family Coverage (or Limited Family to Family):</p> <ul style="list-style-type: none"> • Complete a new Dental and Excess Medical (EPIC) Application (E11444) indicating "Adding Dependent", including the appropriate information. (<i>Always list <u>all</u> family members that are to have coverage anytime an application is completed, not just the person you are adding</i>) • Submit to your Payroll and Benefits Coordinator within 31 days of the marriage. • Coverage is effective the date of marriage. <p><i>A name/address change can be made using this form.</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation form. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<p>Change from Employee to Employee Plus 1, or Employee Plus 2 or more (or Employee Plus 1 to Employee Plus 2 or more):</p> <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating "Change", including the appropriate information. • Submit to your Payroll and Benefits Coordinator within 31 days of the marriage. • Coverage is effective the date of marriage. <p><i>A name/address change can be made using this form.</i></p> <p>Forms</p>
<p>Union Sponsored Dental Program (Represented employees only)</p>	<p>Contact Union.</p>
<p>Employee Reimbursement Account (ERA) Medical</p>	<p>Change election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to the local Plan Administrator within 30 days <u>after</u> the marriage. (address on form) • Coverage will be effective the first of the month following receipt of Change in Status form. <p>Forms</p>
<p>Employee Reimbursement Account (ERA) Dependent Care</p>	<p>Add a new Dependent Care Account or change current election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to the local Plan Administrator within 30 days <u>after</u> the marriage. (address on form) • Coverage will be effective the first of the month following receipt of

	<p>Change in Status form.</p> <p>Forms</p>
Wisconsin Retirement System (WRS)	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). • Submit to ETF: address listed on form. <p><i>An address change can be made in your WRS account using this form. A name change must be processed through the Office of Human Resources.</i></p> <p>Forms</p>
Tax Sheltered Annuities (TSA)	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf
Wisconsin Deferred Compensation Program	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete Wisconsin Deferred Compensation Program Beneficiary Designation Form (NDC-0191). <p><i>A name/address change can be made using this form.</i></p> <p>Forms</p>
Tax Filing Status	<p>Update Tax Withholding Status:</p> <ul style="list-style-type: none"> • Complete a new Employee's Withholding Allowance Certificate (W-4) form. • Submit to your Payroll and Benefits Coordinator. <p><i>A name/address change can be made in the UW Madison payroll system, using this form.</i></p> <p>Forms</p>
Long Term Care	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

[Top](#)

Declaring Domestic Partnership

For the definition, specific criteria, forms and other additional information go to:
<http://www.bussvc.wisc.edu/ecbs/bng-domestic-partner-benefits-uw1107.pdf>

<i>Plan</i>	<i>Action</i>
University of Wisconsin System Administration	<p>Attesting to the Relationship:</p> <ul style="list-style-type: none"> • Complete the Affidavit of Domestic Partnership (UWS-50) • Submit original Affidavit to your Department's Personnel area for filing. • Submit a copy of the Affidavit with any applicable applications to your Payroll and Benefits Coordinator. <p><i>Only 1 Affidavit for Domestic Partnership needs to be filed for the current relationship with employing department.</i></p>
Individual & Family Group Life Insurance	<p>Add Domestic Partner (and child) Coverage:</p> <ul style="list-style-type: none"> • Complete an Individual & Family Group Life Insurance Application (03-30539), including a photocopy of the Affidavit (UWS-50). • Submit to your Payroll and Benefits Coordinator within 30 days of meeting the criteria for a domestic partnership and the completion of the Affidavit for Domestic Partnership (UWS-50). • Coverage is effective the first of the month following the receipt of the application.

	<p><i>Children of your domestic partner are automatically covered if child coverage is in place at the time when the Affidavit for Domestic Partnership is filed.</i></p> <p><i>A domestic partner who is also an eligible employee may be insured as an employee or as a partner but not both. Only one partner can carry coverage for dependent children.</i></p> <p>Increase coverage on yourself:</p> <ul style="list-style-type: none"> • Complete an Evidence of Insurability Application (03-30538). • There is no enrollment deadline to apply through Evidence of Insurability. <p><i>An address change can be made using this form.</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.53232). <p>Forms</p>
<p>U.W. Employees Inc. Life Insurance</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (GA-562) <p>Forms</p>
<p>University Insurance Association (UIA)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.59786) <p>Forms</p>
<p>Accidental Death & Dismemberment</p>	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Enrollment/Change form (UWS-1245) indicating the coverage desired. • Submit the application to your Payroll and Benefits Coordinator, including a photocopy of the Affidavit (UWS-50). • There is no enrollment deadline to make changes for AD&D, however timely updates will ensure proper coverage if needed. • Coverage is effective the date the application is received by the Payroll and Benefits Coordinator unless a later date is specified on the application. <p><i>Domestic partner and children are automatically covered if Family plan already in place.</i></p> <p><i>If both partners are employees of the University of Wisconsin and enroll in the plan, a partner will not be insured as a covered spouse/partner under a partner's Family Coverage. Only one partner may select the Family Plan.</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete the Beneficiary Designation portion of the Enrollment/Change Form (UWS-1245). • Submit the application to your Payroll and Benefits Coordinator. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<p>Change from Employee to Employee Plus 1, or Employee Plus 2 or more (or Employee Plus 1 to Employee Plus 2 or more):</p> <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating “Change”, including the appropriate information and a photocopy of the Affidavit (UWS-50). • Submit to your Payroll and Benefits Coordinator within 31 days of meeting the criteria for a domestic partnership and the completion of the Affidavit for Domestic Partnership (UWS-50).

	<ul style="list-style-type: none"> Coverage is effective the date certified as the date the Domestic Partnership began. <p><i>An address change can be made using this form.</i></p> <p>Forms</p>
Union Sponsored Dental Program (Represented employees only)	Contact union.
Wisconsin Retirement System (WRS)	Update Beneficiary Designation: <ul style="list-style-type: none"> Complete a Beneficiary Designation Form (ET-2347). <p>Forms</p>
Tax Sheltered Annuities (TSA)	Update Beneficiary Designation: <ul style="list-style-type: none"> Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf
Wisconsin Deferred Compensation Program	Update Beneficiary Designation: <ul style="list-style-type: none"> Complete the Wisconsin Deferred Compensation Program Beneficiary Designation Form (NDC-0191). <p>Forms</p>
Long Term Care	Update Beneficiary Designation: <ul style="list-style-type: none"> Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

[Top](#)

Birth/Adoption/Guardianship

<i>Plan</i>	<i>Action</i>
State Group Health Insurance	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> Complete a new Health Insurance Application (ET-2301 or ET-2302 Grad) Submit to your Payroll and Benefits Coordinator within 60 days of the birth or adoption and 30 days for legal guardianship. Coverage effective as of the date of birth/adoption/legal guardianship. <p>Add new dependent to existing Family Coverage:</p> <ul style="list-style-type: none"> Complete a Health Information Change Form (ET-2329) Submit to your Payroll and Benefits Coordinator within 60 days of the birth or adoption, and 30 days for legal guardianship. Coverage is effective the date of birth/adoption/legal guardianship. <p><i>Timely reporting is recommended so that coverage and benefits will not be delayed.</i></p> <p>Forms</p>
State Group Life Insurance	<p>Add Spouse and Dependent Coverage, if not previously eligible:</p> <ul style="list-style-type: none"> Complete a new Life Insurance Application (ET-2304) indicating the number of units of Spouse and Dependent coverage. Submit to your Payroll and Benefits Coordinator within 30 days of the birth/adoption/legal guardianship. Coverage for a newborn child is effective the 15th day following the birth. Coverage in adoption or legal guardianship is effective on the first of the month following receipt of the application. <p><i>Additional children are automatically covered if Spouse and Dependent coverage is in place at the time of the birth or adoption.</i></p> <p>If you missed a previous eligibility period to add Spouse and Dependent</p>

	<p>Coverage or to Increase coverage on yourself:</p> <ul style="list-style-type: none"> • Complete an Evidence of Insurability Application (ET-2305). • There is no enrollment deadline to apply through Evidence of Insurability. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). <p>Forms</p>
Individual & Family Group Life Insurance	<p>Add Child Coverage:</p> <ul style="list-style-type: none"> • Complete an Individual & Family Group Life Insurance Application (03-30539). • Submit to your Payroll and Benefits Coordinator within 30 days of the birth or adoption. • Coverage for the child is effective the first of the month following the receipt of the application. However, newborns have a waiting period for coverage. The child's coverage is not effective until the 15th day following the date of birth. • Legal Wards are not eligible for child coverage. <p><i>Additional children are automatically covered if Child coverage is in place at the time of the birth or adoption.</i></p> <p>If you missed a previous eligibility period to add Child Coverage or to increase coverage:</p> <ul style="list-style-type: none"> • Complete an Evidence of Insurability Application (03-30538). • There is no enrollment deadline to apply through Evidence of Insurability. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.53232). <p>Forms</p>
U.W. Employees Inc. Life Insurance	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (GA-562) <p>Forms</p>
University Insurance Association (UIA)	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Beneficiary Designation Form (F.59786) <p>Forms</p>
Accidental Death & Dismemberment	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Enrollment/Change form (UWS-1245) indicating the coverage desired. • Submit the application to your Payroll and Benefits Coordinator. • There is no enrollment deadline to make changes for AD&D, however timely updates will ensure proper coverage if needed. • Coverage is effective the date the application is received in your Payroll and Benefits Coordinator unless a later date is specified on the application. • Legal Wards are not eligible for coverage. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete the Beneficiary Designation portion of the Enrollment/Change Form (UWS-1245). • Submit the application to your Payroll and Benefits Coordinator. <p>Forms</p>
Dental and Excess Medical Insurance (EPIC)	<p>Change from Single to Limited Family (2 person), or Family Coverage (or Limited Family to Family), or remaining on Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Dental and Excess Medial (EPIC) Application

	<p>(E11444) indicating “Adding Dependent”, including the appropriate information. <i>(Always list <u>all</u> family members that are to have coverage anytime an application is completed, not just the person you are adding.)</i></p> <ul style="list-style-type: none"> • Submit to your Payroll and Benefits Coordinator within 60 days of the birth/adoption/legal guardianship. • Coverage is effective the date of child’s birth, the date the employee takes custody of the adoptive child, or the court-appointed date for legal guardianship or adoption of the child. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation form. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<p>Change from Employee to Employee Plus 1, or Employee Plus 2 or more (or Employee Plus 1 to Employee Plus 2 or more). Or add a new dependent to an already existing Employee Plus 2 or more plan:</p> <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating “Change”, including the appropriate information. • Submit to your Payroll and Benefits Coordinator within 31 days of the birth or legal guardianship and 60 days from adoption. • Coverage is effective the date of birth/adoption/legal guardianship. <p>Forms</p>
<p>Union Sponsored Dental Program (Represented employees only)</p>	<p>Contact Union.</p>
<p>Employee Reimbursement Account (ERA) Medical</p>	<p>Change election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to the local Plan Administrator within 30 days <u>after</u> the birth/adoption/legal guardianship.(address on form) <p>Forms</p>
<p>Employee Reimbursement Account (ERA) Dependent Care</p>	<p>Add a new Dependent Care Account or change current election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to the local Plan Administrator within 30 days <u>after</u> the birth/adoption/legal guardianship. (address on form) <p>Forms</p>
<p>Wisconsin Retirement System (WRS)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). <p>Forms</p>
<p>Tax Sheltered Annuities (TSA)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf
<p>Wisconsin Deferred Compensation Program</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Wisconsin Deferred Compensation Program Form (NDC-0191). <p>Forms</p>
<p>Tax Filing Status</p>	<p>Update Tax Withholding Status:</p> <ul style="list-style-type: none"> • Complete a new Employee’s Withholding Allowance Certificate (W-4) form. • Submit to your Payroll and Benefits Coordinator. <p>Forms</p>
<p>Long Term Care</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

[Top](#)

Divorce

<i>Plan</i>	<i>Action</i>
State Group Health Insurance	<p>Delete former spouse (and stepchildren) from Family Coverage, and continue Family coverage:</p> <ul style="list-style-type: none"> • Complete a Health Information Change Form (ET-2329) • Submit to your Payroll and Benefits Coordinator. • Coverage on your former spouse and stepchildren will cease at the end of the month in which your divorce decree is entered. <p>Change from Family to Single Coverage, if no other dependents:</p> <ul style="list-style-type: none"> • Complete a new Health Insurance Application (ET-2301 or ET-2302 Grad) • Submit to your Payroll and Benefits Coordinator. • Coverage on your former spouse and stepchildren will cease at the end of the month in which your divorce decree is entered. <p><u><i>Failure to do this timely could result in overpayment of premium by you and will result in overpayment of premium by the University.</i></u></p> <p>COBRA/Continuation rights for the health insurance program will be given to your former spouse (and stepchildren). You will need to supply your former spouse's current mailing address for these forms to be mailed promptly.</p> <p><i>Marital status/name/address changes can be made using either of these forms.</i></p> <p>Forms</p>
State Group Life Insurance	<p>To delete Spouse and Dependent coverage (if you do not have any eligible dependents who need coverage)</p> <ul style="list-style-type: none"> • Complete a new Life Insurance Application (ET-2304) indicating "I wish to cancel" and check the number of units of Spouse and Dependent coverage. • Submit to your Payroll and Benefits Coordinator. <p><u><i>Failure to do this timely could result in overpayment of premium by you.</i></u></p> <ul style="list-style-type: none"> • Coverage ends the date the divorce decree is entered. <p>If you have eligible dependents who still need to have coverage:</p> <ul style="list-style-type: none"> • No new forms need to be completed. <p>Former Spouse can convert coverage to a new policy by submitting a written application and the first premium paid to Minnesota Life Insurance Company within 31 days of the end of coverage.</p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). <p>Forms</p>
Individual & Family Group Life Insurance	<p>To delete Spouse coverage (and child coverage if only step-children are covered):</p> <ul style="list-style-type: none"> • Complete an Individual & Family Group Life Insurance Application (03-30539). • Submit to your Payroll and Benefits Coordinator. <p><u><i>Failure to do this timely could result in overpayment of premium by you.</i></u></p> <ul style="list-style-type: none"> • Coverage ends the date the divorce decree is entered. <p>(Premiums are charged through the month in which the divorce is deemed final.)</p>

	<p>Former Spouse and stepchildren can convert coverage to a new policy within 31 days of the end of coverage by contacting Minnesota Life Insurance Company</p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.53232). <p>Forms</p>
<p>U.W. Employees Inc. Life Insurance</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Beneficiary Designation Form (GA-562) <p>Forms</p>
<p>University Insurance Association (UIA)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Beneficiary Designation Form (F.59786) <p>Forms</p>
<p>Accidental Death & Dismemberment</p>	<p>To delete Family Coverage (if you do not have any eligible dependents who need coverage)</p> <ul style="list-style-type: none"> • Complete a new Enrollment/Change form (UWS-1245) indicating “Change in Coverage” and checking the box “Employee Only Plan” and then selecting the amount of coverage. • Submit to your Payroll and Benefits Coordinator. <p><u><i>Failure to do this timely could result in overpayment of premium by you.</i></u></p> <ul style="list-style-type: none"> • Coverage ends at the end of the month in which the divorce decree is entered. <p>If you have eligible dependents who still need to have coverage:</p> <ul style="list-style-type: none"> • No new forms need to be completed. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete the Beneficiary Designation portion of the Enrollment/Change Form (UWS-1245) • Submit the application to your Payroll and Benefits Coordinator. <p>Forms</p>
<p>Dental & Excess Medical Insurance (EPIC)</p>	<p>Delete Spouse and continue to carry Family coverage:</p> <ul style="list-style-type: none"> • Complete a new Dental and Excess Medial (EPIC) Application (E11444) indicating “Delete”, including the appropriate information, including the date of the divorce. • Submit to your Payroll and Benefits Coordinator. • Coverage ends the date the divorce decree is entered. <p>Change Family Coverage or Limited Family (2 person) to Single Coverage (or Family to Limited Family):</p> <ul style="list-style-type: none"> • Complete a new Dental and Excess Medial (EPIC) Application (E11444) indicating “Removing a Dependent”, including the appropriate information. <i>(Always list <u>all</u> family members that are to have coverage anytime an application is completed, not just the person you are adding)</i> • Submit to your Payroll and Benefits Coordinator. <p><u><i>Failure to do this timely could result in overpayment of premium by you.</i></u></p> <ul style="list-style-type: none"> • Coverage is effective the first of the month following the receipt of the application. • <p><i>A name/address change can be made using this form.</i></p> <p>COBRA/Continuation rights for the Dental and Excess Medial (EPIC)</p>

	<p>insurance program will be given to your former spouse (and stepchildren). You will need to supply your former spouse's current mailing address for these forms to be mailed promptly.</p> <p><i>After a divorce, children who are your legal wards will be eligible for coverage under your family coverage even if they do not reside with you.</i></p> <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation form. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<p>Delete Spouse and continue Employee +1 or Employee 2+ coverage:</p> <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating "Change", including the appropriate information for all family members who are to remain on the program. • Check the appropriate boxes for plan type chosen and desired coverage level. • In the box entitled Divorce/Termination of Domestic Partnership, insert the date of the divorce. <i>Do not check the box unless you are changing to Employee Only coverage.</i> • Submit to your Payroll and Benefits Coordinator. • Coverage ends at the end of the month in which the divorce decree is entered. <p><u><i>Failure to do this timely could result in overpayment of premium by you.</i></u></p> <p><i>COBRA/Continuation rights for the DentaCare Insurance program will be given to your former spouse (and stepchildren). You will need to supply your former spouse's current mailing address for these forms to be mailed promptly.</i></p> <p><i>A name/address change can be made using this form.</i></p> <p>Forms</p>
<p>Union Sponsored Dental Program (Represented employees only)</p>	<p>Contact Union.</p>
<p>Employee Reimbursement Account (ERA) Medical</p>	<p>Add a new Medical Account (if you lost coverage under your former spouse's plan) or change current election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to local Plan Administrator within 30 days after the date of the divorce. (address on form) <p>Forms</p>
<p>Employee Reimbursement Account (ERA) Dependent Care</p>	<p>Add a new Dependent Care Account or change current election amount:</p> <ul style="list-style-type: none"> • Complete a Change in Status Form (no form number) • Submit to local Plan Administrator within 30 days after the date of the divorce. (address on form) <p>Forms</p>
<p>Wisconsin Retirement System (WRS)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). <p><i>A name/address change can be made using this form.</i></p> <p>Forms</p>
<p>Tax Sheltered Annuities (TSA)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf
<p>Wisconsin Deferred Compensation Program</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Wisconsin Deferred Compensation Program Form

	(NDC-0191). <i>A name/address change can be made using this form.</i> Forms
Tax Filing Status	Update Tax Withholding Status: <ul style="list-style-type: none"> • Complete a new Employee's Withholding Allowance Certificate (W-4) form. • Submit to your Payroll and Benefits Coordinator. <i>A name/address change can be made in the UW Madison payroll system, using this form.</i> Forms
Long Term Care	Update Beneficiary Designation: <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

Top

Termination of a Domestic Partner

For the definition, specific criteria, forms and other additional information go to:
<http://www.bussvc.wisc.edu/ecbs/bng-domestic-partner-benefits-uw1107.pdf>

<i>Plan</i>	<i>Action</i>
University of Wisconsin System Administration	Dissolving the Relationship: <ul style="list-style-type: none"> • Complete the Affidavit of Termination of Domestic Partnership (UWS-51) • Submit original Affidavit of Termination to your Department's Personnel area for filing. • Submit a copy of the Affidavit of Termination with any applications to your Payroll and Benefits Coordinator. <i>Only 1 Affidavit for Termination of Domestic Partnership needs to be filed for the current relationship. There is a six-month qualifying period before another domestic partnership can be certified.</i>
Individual & Family Group Life Insurance	To delete Domestic Partner (and children of domestic partner) coverage: <ul style="list-style-type: none"> • Complete an Individual & Family Group Life Insurance Application (03-30539), including a photocopy of the Affidavit of Termination. • Submit to your Payroll and Benefits Coordinator. <u><i>Failure to do this timely could result in overpayment of premium by you.</i></u> <ul style="list-style-type: none"> • Coverage expires the day certified as the date the Domestic Partnership was dissolved. (Premiums are charged through the month in which the termination of partnership has been certified.) Update Beneficiary Designation: <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (F.53232). Forms
U.W. Employees Inc. Life Insurance	Update Beneficiary Designation: <ul style="list-style-type: none"> • Beneficiary Designation Form (GA-562) Forms
University Insurance Association (UIA)	Update Beneficiary Designation: <ul style="list-style-type: none"> • Beneficiary Designation Form (F.59786) Forms
Accidental Death & Dismemberment	To delete Family Coverage (if you do not have any eligible dependents who need coverage). <ul style="list-style-type: none"> • Complete a new Enrollment/Change form (UWS-1245) indicating

	<p>“Change in Coverage” and checking the box “Employee Only Plan” and then selecting the amount of coverage, including a photocopy of the Affidavit of Termination.</p> <ul style="list-style-type: none"> • Submit to your Payroll and Benefits Coordinator. <p><u>Failure to do this timely could result in overpayment of premium by you.</u></p> <ul style="list-style-type: none"> • Coverage ends at the end of the month in which the partnership is dissolved as stated on the Affidavit of Termination of Domestic Partnership. <p>If you have eligible dependents who still need to have coverage:</p> <ul style="list-style-type: none"> • No new forms need to be completed. <p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete the Beneficiary Designation portion of the Enrollment/Change Form (UWS-1245). • Submit the application to your Payroll and Benefits Coordinator. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<p>Delete Domestic Partner and continue Employee +1 or Employee 2+ coverage:</p> <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating “Change”, including the appropriate information for all family members who are to remain on the plan. • Check the appropriate boxes for plan type chosen and desired coverage level. • In the box entitled Divorce/Termination of Domestic Partnership, insert the date of the termination. <i>Do not check the box unless you are changing to Employee Only coverage.</i> • Submit to your Payroll and Benefits Coordinator, including a photocopy of the Affidavit of Termination. • Coverage for your former partner and their child(ren) ends the last day of the month in which the partnership is dissolved as stated on the Affidavit of Termination of Domestic Partnership. • Coverage is effective the first of the month following the receipt of the application for coverage level changes. <p><u>Failure to do this timely could result in overpayment of premium by you.</u></p> <p>COBRA/Continuation rights for the DentaCare Insurance program will be given to your former partner (and their children). You will need to supply your former spouse’s current mailing address for these forms to be mailed promptly.</p> <p>Forms</p>
<p>Union Sponsored Dental Program (Represented employees only)</p>	<p>Contact Union.</p>
<p>Wisconsin Retirement System (WRS)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete a Beneficiary Designation Form (ET-2347). <p>Forms</p>
<p>Tax Sheltered Annuities (TSA)</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf
<p>Wisconsin Deferred Compensation Program</p>	<p>Update Beneficiary Designation:</p> <ul style="list-style-type: none"> • Complete Wisconsin Deferred Compensation Program Form (NDC-0191).

	Forms
Long Term Care	Update Beneficiary Designation: <ul style="list-style-type: none"> Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

[Top](#)

Death of an Employee/Dependent/Domestic Partner

Contact Office of Human Resources for individualized assistance at 608-262-5650

[Top](#)

Disability - Employee

Contact Office of Human Resources for an individualized counseling appointment. Appointment Desk: 608-262-5650

[Top](#)

Disability – Dependent Child {Continuing Coverage beyond regular age limitations}

Disabled Dependent Coverage Provisions by Plan:

<http://www.bussvc.wisc.edu/ecbs/bng-disabled-dependent-provisions-all-plans-uw1009.pdf>

State Group Health Insurance	Contact the Health Insurance Carrier in which you have coverage with for pre-approval of the continuation of coverage for a disabled dependent child prior to the child losing eligibility. To secure coverage prior to the Carrier approval: <ul style="list-style-type: none"> Apply for COBRA/Continuation coverage (ET-2311) Once the Carrier approves continuation, COBRA payments can be refunded. <p><i>You will be required to verify your dependent's eligibility at least annually.</i> Forms</p>
State Group Life Insurance	<ul style="list-style-type: none"> Complete an ET-2304 application. Subscriber will be required to submit proof of dependency when a claim is filed. Eligibility ceases on the date the disability ceases or the date the child marries, whichever is first. <p>Forms</p>
Dental and Excess Medical Insurance (EPIC)	Written proof of the child's disabling condition must be given to EPIC within 31 days of the child attaining age 19. Failure to provide such proof to us within the 31-day period shall result in the termination of that dependent child's coverage.
Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)	Provide DentalBlue proof of incapacity and dependency within 31 days of the child reaching the limiting age (19). <i>You will be required to provide proof of continued disability at the request of DentalBlue.</i>
Union Sponsored Dental Program (Represented employees only)	Contact Union.
Employee Reimbursement	If the dependent continues to qualify as a 'tax dependent', no other

Account (ERA) Medical	information is needed. See definition at: http://www.bussvc.wisc.edu/ecbs/bng-uw-benefit-plan-dependent-coverage-end-date-uw1150.html#era
Employee Reimbursement Account (ERA) Dependent Care	If the dependent continues to qualify as a 'tax dependent', no other information is needed. See definition at: http://www.bussvc.wisc.edu/ecbs/bng-uw-benefit-plan-dependent-coverage-end-date-uw1150.html#era
Long Term Care	Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf

[Top](#)

Move

<i>Plan</i>	<i>Action</i>
University of Wisconsin-Office of Human Resources	Complete an Employee Information form (UW 1035) to update your new address on the Payroll System and U.W. Directory website. Changing an address on MyUW will not change it for payroll purposes. Forms
State Group Health Insurance	<p>If moving within the Health Insurance Carrier's service area:</p> <ul style="list-style-type: none"> • Complete a Health Information Change Form (ET-2329) to update current mailing address. • Submit to your Payroll and Benefits Coordinator. <p>If moving outside the Health Insurance Carrier's service area for 3 months or longer (temporary or permanent moves):</p> <ul style="list-style-type: none"> • Complete a new Health Insurance Application (ET-2301 or ET-2302 Grad) changing to another Health Insurance Carrier, including the new address. • Submit to your Payroll and Benefits Coordinator within 30 days of the move. If your application is received after the 30-day deadline, you are only eligible for the Standard Plan with a 180-day waiting period for pre-existing conditions (except pregnancy). • Coverage is effective the first of the month following the receipt of the application, but not prior to the date of the move. <p>When returning from a temporary move:</p> <ul style="list-style-type: none"> • Complete a new Health Insurance Application (ET-2301 or ET-2302 Grad) changing to another Health Insurance Carrier, including the new address. • Submit to your Payroll and Benefits Coordinator within 30 days of the move or you will be required to keep the coverage you changed to upon your move. <p>Forms</p>
State Group Life Insurance	No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.
Individual & Family Group Life Insurance	No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.
U.W. Employees Inc. Life Insurance	No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.
University Insurance Association (UIA)	No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.
Accidental Death & Dismemberment	No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.
Dental and Excess Medical Insurance (EPIC)	<ul style="list-style-type: none"> • Complete a new Dental and Excess Medical (EPIC) Application (E11444) indicating "Address Change", including the appropriate

	<p>information.</p> <ul style="list-style-type: none"> • Submit to your Payroll and Benefits Coordinator as soon as available. <p>Forms</p>
<p>Dental Insurance – UW and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)</p>	<ul style="list-style-type: none"> • Complete a new Enrollment/Change Application (UW 60) indicating “Address Change-Information Only” at the top of the application, including the appropriate information. • Submit to your Payroll and Benefits Coordinator as soon as available. <p>Forms</p>
<p>Union Sponsored Dental Program (Represented employees only)</p>	<p>Contact Union.</p>
<p>Employee Reimbursement Account (ERA) Medical</p>	<p>No action is necessary.</p>
<p>Employee Reimbursement Account (ERA) Dependent Care</p>	<p>Change in residence of the employee, spouse or dependent that necessitates a change in dependent care arrangements.</p> <ul style="list-style-type: none"> • Change in Status Form (no form number). • Submit to the local Plan Administrator within 30 days of the move and provider change. <p>Forms</p>
<p>Wisconsin Retirement System (WRS)</p>	<p>No action necessary if the Employee Information form (UW 1035) has been submitted to Office of Human Resources.</p>
<p>Tax Sheltered Annuities (TSA)</p>	<p>Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf</p>
<p>Wisconsin Deferred Compensation Program</p>	<p>Complete Wisconsin Deferred Compensation Program form (NDC-0191). <i>A name/address change can be made using this form.</i></p> <p>Forms</p>
<p>Long Term Care</p>	<p>Contact vendor: http://www.bussvc.wisc.edu/ecbs/bng-plan-administrator-contacts-uw1394.pdf</p>

[Top](#)

Reestablishment of Full-Time Student Status

<i>Plan</i>	<i>Action</i>
<p>State Group Health Insurance</p>	<p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> • Complete a new Health Insurance Application (ET-2301 or ET-2302 Grad) • Submit to your Payroll and Benefits Coordinator within 30 days of the date classes begin. If not received timely, further documentation of student status required. • Family coverage effective as of the date classes begin again for full-time student dependent. <p>Add dependent to existing Family Coverage:</p> <ul style="list-style-type: none"> • Complete a Health Information Change Form (ET-2329): • Submit to your Payroll and Benefits Coordinator within 30 days of date classes begin. • The dependent’s coverage is effective as of the date classes begin again for full-time student dependent. <p><i>Timely reporting is recommended so that coverage and benefits will not be delayed.</i></p> <p>Student Status Documentation Requirements:</p>

	<p>http://www.bussvc.wisc.edu/ecbs/sgh-student-status-documentation-requirements-uw1499.html</p> <p>Annual Student Status questionnaires will be required for verification of continued eligibility. If questionnaires are not returned timely, coverage will terminate as of December 31st.</p> <p>Forms</p>
State Group Life Insurance	<p>If continuing to carry Spouse and Dependent coverage:</p> <ul style="list-style-type: none"> No action necessary, coverage is automatic once eligibility is reestablished. <p>If Spouse and Dependent coverage was dropped:</p> <ul style="list-style-type: none"> Complete a new application (ET-2304) and check the number of units of spouse & Dependent coverage. Submit the application to your Payroll & Benefits Coordinator within 30 days of the date classes begin. Otherwise, you must apply through Evidence of Insurability.
Individual & Family Group Life Insurance	<p>No action is necessary.</p> <p><i>Children who can be insured are unmarried dependent children who have not reached age 25.</i></p>
Accidental Death & Dismemberment	<p>If continuing to carry Family coverage:</p> <ul style="list-style-type: none"> No action necessary, coverage is automatic once eligibility is reestablished. <p>Change from Single to Family Coverage:</p> <ul style="list-style-type: none"> Complete a new Enrollment/Change form (UWS-1245) indicating the coverage desired. Submit the application to your Payroll and Benefits Coordinator. There is no enrollment deadline to make changes for AD&D, however timely updates will ensure proper coverage if needed. Coverage is effective the date the application is received by your Payroll and Benefits Coordinator unless a later date is specified on the application. <p>Forms</p>
Dental and Excess Medical Insurance (EPIC)	<p>If continuing to carry Family or Limited Family coverage:</p> <ul style="list-style-type: none"> Complete an Employee's Group Enrollment Application form (E11444) within 31 days of the change in student status. <p>If the child was previously covered, and coverage was dropped to Single coverage when the child lost eligibility:</p> <ul style="list-style-type: none"> Complete an Employee's Group Enrollment Application form (E11444) within 31 days of the change in student status. (<i>Always list <u>all</u> family members that are to have coverage anytime an application is completed, not just the person you are adding</i>) Coverage is effective date classes begin. <p>If the employee has only carried Single coverage, and the child had never been covered:</p> <ul style="list-style-type: none"> No coverage is available upon reestablishment of Full-time student status. <p>Annual Student Status questionnaires will be required for verification of continued eligibility. If questionnaires are not returned timely, coverage will be terminated as not eligible.</p> <p>Forms</p>
Dental Insurance – UW	<p>Change from Employee to Employee Plus 1, or Employee Plus 2 or more</p>

and OSER Sponsored Plans DentaCare (HMO, PPO & Supplemental)	(or Employee Plus 1 to Employee Plus 2 or more). Or add a dependent to an already existing Employee Plus 2 or more plan: <ul style="list-style-type: none"> • Complete a new University of Wisconsin System Group Dental Application (UWS-60) indicating "Change", including the appropriate information. • Submit to your Payroll and Benefits Coordinator within 31 days of starting school. • Coverage is effective as of the first day of classes. Forms
Union Sponsored Dental Program (Represented employees only)	Contact Union.

[Top](#)

Retirement

See <http://www.bussvc.wisc.edu/ecbs/emp-retirement-menu.html> for complete information.
Contact Office of Human Resources for an individualized counseling appointment at 608-262-5650.

[Top](#)

Termination of Employment

See <http://www.bussvc.wisc.edu/ecbs/emp-termination-menu.html> for complete information.
Contact Office of Human Resources for an individualized counseling appointment at 608-262-5650.

[Top](#)

Active Military Duty

See <http://www.bussvc.wisc.edu/ecbs/emp-military-leave-menu.html> for complete information.
Contact Office of Human Resources for an individualized counseling appointment at 608-262-5650.

[Top](#)