



Office of Human Resources
Employee Benefits Checklist
 for Graduate Assistants,
 Employees-In-Training, Fellows, Scholars,
 Short-Term Academic Staff

Instructions for the Department Payroll & Benefit Coordinator:

1. Complete Section 1 – Appointee Information.
2. Have the appointee read, sign and date Section 2 – Appointee Acknowledgement.
3. Record in Section 3 the Application Received Dates.
4. Sign, date and retain a copy of this form for your files.

Section 1 – Appointee Information

Last Name	First Name	Middle	Date of Birth (mm/dd/yyyy)
Department/Division	Person ID	Appointment Start Date (mm/dd/yyyy)	

Section 2 – Appointee Acknowledgement

I acknowledge I have been informed how to locate the information and applications noted below at benefits.wisc.edu .	
Appointee Signature	Date (mm/dd/yyyy)

Section 3 – Benefit Information and Applications located at <http://benefits.wisc.edu>

Benefit Plan	Application Received Dates (mm/dd/yyyy)
State Group Health Insurance	
EPIC Benefits+	
Dental Wisconsin Insurance	
VSP Vision Insurance	
Individual and Family Group Life Insurance	
UW Employees Inc. Life Insurance	
Accidental Death and Dismemberment Insurance (AD&D)	
Employee Reimbursement Accounts Program (ERA)	
Tax Sheltered Annuity 403(b) Program (TSA)	Voluntary Retirement Savings Program
Wisconsin Deferred Compensation (WDC)	Voluntary Retirement Savings Program

Coordinator Signature	Date (mm/dd/yyyy)

Coordinator Checklist – GRAD Benefits Enrollments

GENERAL REMINDERS:

- ALL benefit eligible grad appointments should enroll/waive benefits within the first 30 days of his/her appointment. Many benefit enrollments are only available for selection within 30 days of the original start date. For those benefits, the application must be signed and dated within 30 days of the start date.
- Grads do not get a new employee benefits packet- they should be directed to go online to benefits.wisc.edu/grads.
- Encourage employee to complete “fillable” forms online at benefits.wisc.edu. Must print the form to sign/date prior to submission.
- If a department accepts an application they should:
 - Review the application to make sure it is complete and all necessary documentation is attached.
 - Make sure the employee has signed the application
 - Complete the “Received Date” (date you physically receive the application) and “Received By” portions of the form – usually at the bottom of the form. Do not complete the coverage effective date; hire date or other boxes as this will be done at the Service Center.
 - Best Practice: make a copy for the employee once you sign the application with the received date (if possible).
 - Send the application to the Service Center, at 21 N Park St, Ste 5101, as soon as possible. **Do NOT email application as there is restricted data on forms (i.e. SSN).**
- Have employee review Domestic Partner and Imputed Income information prior to enrolling DP for coverage, if applicable. Contact Employee Services (benefits@ohr.wisc.edu) if the employee has questions.
- It is the employee’s responsibility to monitor his/her earnings statement on a Per Pay Period Basis to reconcile appropriate deductions.

Health

- ✓ Employees should complete an application to enroll, change, or decline coverage.
- ✓ If the employee is married or has a (Domestic Partner) DP, did they provide the detail requested in section 1?
- ✓ Is there a health plan selected (Standard Plan, Dean, GHC-SCW, Physicians Plus, Unity-UW Health, etc.)?
- ✓ Did the employee list all dependents covered under section 3? Do they each have a SSN listed? If they do not all have SSN’s, employee must complete/attach affidavit (<http://www.bussvc.wisc.edu/ecbs/uws93.pdf>).
- ✓ If the employee is REMOVING Dependents, is that dependent listed in section 3?
- ✓ Department/Division must update the “Work out of State Required” Field on UW Benefits Page for Tier 2 Rates. The Eligibility for Standard Plan Tier 2 Rates form must be completed and submitted to the Service Center: <http://www.bussvc.wisc.edu/ecbs/sgh-certification-eligibility-tier2-rate.pdf>.
- ✓ Section 7 – Terms and Conditions box MUST be checked – Employee must sign and date application.
- ✓ Section 8 –COORDINATOR MUST COMPLETE three boxes!! 1) Write in date the application is received in “Date Application Received by Employer

Coordinator Checklist – GRAD Benefits Enrollments

(MM/DD/CCYY)” box, 2) Sign in the “Payroll Representative Signature” box and 3) Provide your telephone number.

Situations where additional documentation is required:

- ✓ Paternity – birth certificates, paternity adjudication or orders for health insurance coverage will be requested for mothers and fathers who are single parents. Information can be found on page 40 of the It’s Your Choice Reference Guide.
- ✓ Adoption/Legal Ward (Need to attach legal documents)
- ✓ Does the application include a Domestic Partner (DP)? If so, follow the Domestic Partnership Processing Checklist (<http://uwservice.wisc.edu/docs/forms/sgh-domestic-partnership-checklist-process-uwmadison.pdf>)
- ✓ Loss of Coverage – need “Letter of Credible Coverage” from former provider if you are adding coverage due to involuntary loss of coverage within 30 days of loss. If dependent is entering the USA from a foreign country, must show that the country of origin had National Health Care coverage <http://truecostblog.com/2009/08/09/countries-with-universal-healthcare-by-date/> and include a copy of the passport (Main passport information page and stamped page) or visa paperwork showing date of entry to the USA.
- ✓ Affidavit (<http://www.bussvc.wisc.edu/ecbs/uws93.pdf>) for dependents who do not have SSN’s

EPIC BENEFITS+

- ✓ Employees should complete an application to enroll/change coverage
- ✓ Employee MUST have preventative dental coverage to enroll in EPIC Benefits+ (either through SGH-HMO or another health/dental plan that covers cleanings, x-rays, check-ups).
- ✓ Double check the application for completeness (i.e. if family coverage selected, make sure the employee listed dependents).
- ✓ Sign/Date the application with the received date
- ✓ Include DP affidavit, if applicable.
- ✓ Cancellation request must be received prior to 12/01/XXXX to be effective at the end of the calendar year.

Dental Wisconsin Insurance

- ✓ Employees should complete an application to enroll/change coverage
- ✓ Double check the application for completeness (i.e. if family coverage selected, make sure the employee listed dependents). Common Errors:
 - Did the Employee Select a PLAN (PPO or Select)?
 - If Loss of Coverage/mid-year enrollment, attach applicable documentation
 - Make sure the employee completes Section 5 in its entirety.
- ✓ Sign/Date the application with the received date
- ✓ Include DP affidavit, if applicable.
- ✓ Cancellation request must be received prior to 12/01/XXXX to be effective at the end of the calendar year.

VSP Vision Insurance

- ✓ Employees should complete an application to enroll/change coverage

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- ✓ Double check the application for completeness (i.e. if family coverage selected, make sure the employee listed dependents).
- ✓ Remind Employee that he/she will NOT receive a card for this insurance. The Person ID# (from earnings statement) is used to verify enrollment.
- ✓ Sign/Date the application with the received date
- ✓ Include DP affidavit, if applicable.
- ✓ Cancellation request must be received prior to 12/01/XXXX to be effective at the end of the calendar year.

Employee Reimbursement Accounts Program (ERA)

- ✓ Employees should complete an application to enroll in coverage during initial enrollment. **Note: Research Assistants, Fellows, Scholars, Graduate Interns/Trainees, and Post-Doctoral Fellows/Trainees are not eligible to enroll.**
- ✓ Employees MUST contact the vendor to enroll each year after the initial enrollment. Departments should not accept an enrollment form for the Open/Annual Enrollment period.
- ✓ Separate form and process for mid-year changes (after initial enrollment)
- ✓ Double check the application for completeness:
 - Check to make sure the employee has designated “Dependent Care” or “Medical Expense” (Amounts cannot be switched/reallocated mid-year).
 - Remind employees that this will be taken out of EACH paycheck for the CALENDAR YEAR. Make sure the correct # of Pay periods are listed on the form.
- ✓ Sign/Date the application with the received date

Individual and Family Group Term Life Insurance

- ✓ Employees should complete an application to enroll in coverage during initial enrollment.
- ✓ If the employee would like to enroll in coverage after the initial enrollment period, he/she must do so through the “Evidence of Insurability” process.
- ✓ Employee may increase coverage during the annual open enrollment/change period.
- ✓ Employee may not enroll in coverage if spouse is already enrolled with a family plan.
- ✓ Sign/Date the application with the received date
- ✓ Remind employee to complete/update beneficiary information with the vendor

UW Employees Inc. Life Insurance

- ✓ Employees should complete an application to enroll in coverage during initial enrollment.
- ✓ If the employee would like to enroll in coverage after the initial enrollment period, he/she must do so through the “Evidence of Insurability” process or during an open enrollment offering.
- ✓ Sign/Date the application with the received date
- ✓ Remind employee to complete/update beneficiary information with the vendor

Coordinator Checklist – GRAD Benefits Enrollments

Accidental Death and Dismemberment Insurance (AD&D)

- ✓ Employees may complete an application to enroll in coverage at any time – coverage effective on the first of the month following receipt of an application.
- ✓ Double check the application for completeness
- ✓ Sign/Date the application with the received date
- ✓ Remind employee to complete/update beneficiary information with the vendor

Tax Sheltered Annuity 403(b) Program

- ✓ Employees may enroll at any time. **Note: Research Assistants, Fellows, Scholars, Graduate Interns/Trainees, and Post-Doctoral Fellows/Trainees are not eligible to enroll.**
- ✓ Must set up a UW Account directly with the selected vendor prior to completing a Salary Reduction Agreement (SRA).
- ✓ Double check the SRA for completeness
 - If the employee chose a % of Salary- make sure this is the intent of the employee. If the employee states 100%, this means that he/she will NOT receive a paycheck because 100% of qualified earnings are submitted to the vendor for TSA.
- ✓ Sign/Date the application with the received date
- ✓ Must complete a new SRA for EACH change request.
- ✓ If retiring and selecting their TSA for final pay, they must also submit additional SRA form to change their contribution amount so it does not continue if they are rehired in the future.

Wisconsin Deferred Compensation (WDC)

- ✓ Employees may enroll at any time. **Note: Research Assistants, Fellows, Scholars, Graduate Interns/Trainees, and Post-Doctoral Fellows/Trainees are not eligible to enroll.**
- ✓ Must work directly with the vendor for enrollments and changes.
- ✓ In retirement situations, contact Employee Services for assistance with final payout.
- ✓ If retiring and selecting WDC for final pay, they must also submit additional form with WDC to indicate an end date so it does not continue if they are rehired in the future.