1/31/2020

**Employee Name and Address Return Form to:**

|  |  |  |
| --- | --- | --- |
| First Last | EmplID | UW-Shared Services, Service Operations  660 W. Washington Ave., Suite 201  Madison, WI 53703 |
| Street Address | |  |
| City, State & Zip Code | |  |

The balance of your sick leave account is nearly exhausted. To utilize the remainder of your sick leave credits, you will need to provide a personal check for the amount indicated below to obtain the full monthly health insurance premium.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Health Plan: | | Type of Coverage:  Family  Single | | HDHP:  Yes  No | |
| Remaining Sick Leave Balance | **Personal Payment Needed\*\*** | | ***Total Monthly Premium*** | | |
| $ | **$** | | $ \*\* | | |
| **Your Personal Payment is due on or before:** | | |  | | |
|  | | | | | |
| If you **MAKE** the above Personal Payment, your health insurance coverage will end on: | | | | |  |
| If you ***DO NOT make*** the above Personal Payment, your health insurance coverage will end on: | | | | |  |

\*\* **Personal Payments** are to be made payable to ***UW System***, and mailed to UW-Shared Services, Service Operations at the above address.

Since your sick leave account is exhausted, you are entitled to continue group health insurance for 36 additional months provided through the federal COBRA program, by paying the full monthly premiums directly to the carrier. If you are interested in continuing this coverage, complete the enclosed Continuation-Conversion Notice (ET-2311) and a new State Group Health Insurance Application (ET-2301), and send to: *Department of Employee Trust Funds (ETF)*

*PO Box 7931*

*Madison, WI 53707-7931*

On the Continuation-Conversion Notice (ET-2311), you must complete question #2 in the Employer Section entitled “Date applicant/qualified beneficiary’s coverage ends” based on your intent to pay the about partial payment or not. Once the Department of Employee Trust Funds receives and processes this form, you will be billed for your health insurance directly from the health insurance carrier.

If you take advantage of the COBRA rights, you will be granted an annual It’s Your Choice election opportunity each year in October for coverage and rate effective on the following January 1st. The Department of Employee Trust Funds will mail you the appropriate information.

*If you have questions regarding this benefit, Choose an item*.

\*\* See other side for General Benefit Information During Layoff \*\*

**General Benefit Information During Layoff**

* The ability to continue your health insurance through the use of your accumulated sick leave is a benefit provided to you because of your layoff from the UW System. If you have questions regarding this benefit or would like to discontinue your insurance, contact the benefits office at the institution in which you were previously employed.
* You are eligible to use your sick leave credits to pay your health insurance premiums until the earliest of following events:

1. credits are exhausted
2. first of the month following the begin date of other employment offering comparable health insurance
3. five (5) years have elapsed since the date of layoff
4. your death *{Note: Upon death your insured surviving spouse/domestic partner and dependents can continue to use your remaining sick leave credits to pay for health insurance.}*

* You are required to certify your continued eligibility to use your sick leave credits to pay for health insurance. A Certification of Continued Eligibility (UWS 46) will be mailed to you semi-monthly that must be completed by the date listed, and returned to:

UW-Shared Services, Service Operations

660 W. Washington Ave., Suite 201

Madison, WI 53703

If not completed and returned timely, use of your sick leave may be discontinued and your health insurance may terminate.

* \*\*For confirmation of whether or not you have a comparable health insurance plan, contact:

Department of Employee Trust Funds

(877) 533-5020 (toll free)

(608) 266-3285 (local-Madison, WI)

* If you have exhausted your sick leave account, or five (5) years have elapsed from the date of layoff, you are eligible to maintain your health insurance for 36 additional months through COBRA Continuation. You will be responsible for the full monthly premium, payable directly to the insurance provider.
* During the time you are using your sick leave to pay for health insurance, or while on COBRA-Continuation, you will be provided an annual It’s Your Choice election during October. Elections made during It’s Your Choice are effective on January 1st of the next year.
* **If you return to work at the UW System or another State of Wisconsin agency, you must notify your institution’s human resources office immediately because you may be eligible to reinstate your unused sick leave hours.**