

## Benefit Application & Form Distribution Chart

Benefit Plan	# of Copies	Recipient	Copy Distribution & Explanation of Use
<b>State Group Health Insurance – Application/Change Form</b>	Original	Institution	Original application to be kept for the employee’s file.
	2 Copies	UW-Shared Services, Service Operations	Send a copy to: UW-Shared Services, Service Operations (660 W. Washington Ave. Ste. 201, Madison, WI 53703). Used by UW-Shared Services, Service Operations to update ETF’s health database. Coverage updates are made to Navitus and the health plan vendors from this source. Note: Updates made only for address and name changes do not need to be sent to UW-Shared Services, Service Operations. Note: UW-Madison applications should be sent to Madison OHR.
		Employee	Employee keeps a copy.
<b>Supplemental Dental Insurance (Delta Dental) Application (includes all supplemental plans (preventive and non-preventive plans))</b>	Original	Institution	Original application to be kept for the employee’s file.
	Copy	Employee	Employee keeps a copy.
<b>Vision Insurance (VSP) Application</b>	Original	Institution	Original application to be kept for the employee’s file.
	Copy	Employee	Employee keeps a copy.
<b>State Group Life Insurance Application</b>	Original	Institution	Original application to be kept for the employee’s file.
		ETF	Use the Original to fax to ETF at (608) 267-4549.
	Copy	Employee	Employee keeps a copy.
<b>Individual &amp; Family Life Insurance Application</b>	Original	UW System HR	Send original to UW System Human Resources.*
	2 Copies	Institution	Institution copy to be kept for the employee’s file.
		Employee	Employee keeps a copy.
<b>UW Employees, Inc. Life Insurance Application</b>	Original	Institution	Original application to be kept for the employee’s file.
	Copy	Employee	Employee keeps a copy.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Insurance Application</b>	Original	UW System HR	Send original to UW System Human Resources.*
	2 Copies	Institution	Institution copy to be kept for the employee’s file.
		Employee	Employee keeps a copy.
<b>Accident Insurance Plan Application</b>	Original	Institution	Institution copy to be kept for the employee’s file.
	1 Copy	Employee	Employee keeps a copy.
<b>Income Continuation Insurance (ICI) Application</b>	Original	Institution	Original application to be kept for the employee’s file.
		ETF	Use the original to fax to ETF at (608) 267-4549.
	1 Copy	Employee	Employee keeps a copy.
<b>Flexible Spending Account (FSA) Application (Medical, Dependent Care &amp; LPFSA)</b>	Original	Institution	Original application to be kept for the employee’s file.
	Copy	Employee	Employee keeps a copy.

## Benefit Application & Form Distribution Chart

Benefit Plan	# of Copies	Recipient	Copy Distribution & Explanation of Use
<b>Health Savings Account (HSA) Application</b>	Original	Institution	Original application to be kept for the employee's file.
	Copy	Employee	Employee keeps a copy.
<b>FSA/HSA Change of Election Form</b>	Original	Institution	Original application to be kept for the employee's file.
	Copy	Employee	Employee keeps a copy.
<b>Wisconsin Retirement System (WRS) Voluntary Additional Retirement Contribution Election</b>	Original	Institution	Original form to be kept for the employee's file.
	Copy	Employee	Employee keeps a copy.
<b>Tax-Sheltered Annuity (TSA) 403(b) Program Salary Reduction Agreement</b>	Original	Institution	Original application to be kept for the employee's file.
	Copy	Employee	Employee keeps a copy.
<b>Tax-Sheltered Annuity (TSA) 403(b) Program EZ Enrollment Form</b>	Original	Institution	Original to be kept for the employee's file.
		UW System HR	Email or fax a copy to UW System Human Resources.*
	Copy	Employee	Employee keeps a copy.
<b>Wisconsin Deferred Compensation (WDC) 457 Program Enrollment</b>	N/A	N/A	Employee enrolls and makes all changes directly with WDC at <a href="https://wisconsin.gwrs.com">https://wisconsin.gwrs.com</a> or (877) 457-9327 or email <a href="mailto:wcdprogram@gwrs.com">wcdprogram@gwrs.com</a>
<b>Rehired Annuitant Form</b>	Original	Institution	Original form to be kept for the employee's file.
	2 Copies	UW-Shared Services, Service Operations	Fax completed form to the UW-Shared Services, Service Operations at (608) 890-2194. Do not mail or e-mail. UW-Shared Services, Service Operations signs as the WRS agent and submits to ETF. Institution HR office or Benefits Administrator is not a WRS agent.
		Employee	Employee keeps copy.
<b>Accumulated Sick Leave Certification</b>	Online sick leave certification process provided through <i>myETF Benefits Admin</i> system.		
	Copy	UW-Shared Services, Service Operations	Email a copy to UW-Shared Services, Service Operations at <a href="mailto:serviceoperations@uwss.wisconsin.edu">serviceoperations@uwss.wisconsin.edu</a> (attn: Absence Management Team) requesting the employee's Sick Leave balance be zeroed out.
	2 Copies	Institution	Institution copy to be kept for the employee's file.
Employee		Mail a copy to the employee.	

\*UW System Human Resources address, email and fax:

780 Regent Street, Suite 224

Madison WI 53715

Email: [uwshr@uwsa.edu](mailto:uwshr@uwsa.edu)

Fax: (608) 265-9834

# Benefit Application & Form Distribution Chart

<b>Beneficiary Designations</b>			
<b>Benefit Plan</b>	<b># of Copies</b>	<b>Recipient</b>	<b>Copy Distribution &amp; Explanation of Use</b>
<b>State Group Life Insurance</b>	Original	ETF	Employee sends original to ETF (PO Box 7931, Madison, WI 53707). Note: Employer does not retain a copy.
	Copy	Employee	
<b>Individual &amp; Family Life Insurance</b>	Original	UW System HR	Employee sends original to UW System Human Resources.* Note: Institution does not retain a copy.
	Copy	Employee	
<b>UW Employees, Inc. Life Insurance</b>	Original	Securian	Employee sends original to Securian (Minnesota Life) (400 Robert Street North, St. Paul, MN 55101). Employee can make beneficiary designation online. Note: Employer does not retain a copy.
	Copy	Employee	
<b>University Insurance Association (UIA) Life Insurance</b>	Original	Securian	Employee sends original to Securian (Minnesota Life) (PO Box 259708, Madison, WI 53725). Note: Employer does not retain a copy.
	Copy	Employee	
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	Original	UW System HR	Employee sends original to UW System Human Resources.* Note: Institution does not retain a copy.
	Copy	Employee	
<b>Accident Insurance Plan (for AD&amp;D provision in the plan)</b>	Original	ETF	Employee completes WRS and State Group Life Beneficiary Form (ET-2320) which is also used for Accident Insurance Plan. Employee sends original to ETF (PO Box 7931, Madison, WI 53707). Note: Employer does not retain a copy.
	Copy	Employee	
<b>Health Savings Account (HSA)</b>	Original	ConnectYourCare	Employee sends original to ConnectYourCare (PO Box 85960, 6300 Wayne Road, Westland, MI 48185). Employee can make beneficiary designation online with ConnectYourCare. Note: Employer does not retain a copy.
	Copy	Employee	
<b>Tax-Sheltered Annuity (TSA) 403(b) Program</b>	Original	Provider	Employee contacts TSA providers(s) to obtain a beneficiary designation form. Fidelity, T. Rowe Price and TIAA participants can update beneficiary designations online. Note: Employer does not retain a copy.
	Copy	Employee	
<b>Wisconsin Deferred Compensation (WDC) 457 Program</b>	Original	Empower Retirement	Employee can either update online or mail a beneficiary designation form directly to Empower Retirement at P.O. Box 173764, Denver, CO 80217-3764 or fax to (866)745-5766. Note: Employer does not retain a copy.
	Copy	Employee	
<b>Wisconsin Retirement System (WRS)</b>	Original	ETF	Employee sends original to ETF (PO Box 7931, Madison, WI 53707). Note: Employer does not retain a copy.
	Copy	Employee	

\*UW System Human Resources address, email and fax:  
 780 Regent Street, Suite 224  
 Madison WI 53715  
 Email: [uwshr@uwsa.edu](mailto:uwshr@uwsa.edu)  
 Fax: (608) 265-9834