

Benefit Application & Form Distribution Chart

Benefit Plan	# of Copies	Recipient	Copy Distribution & Explanation of Use
Employer Attestation for Documentation Received (ET-1908)	Original	Institution	Review Life Change Events and Documentation Requirements (ET-2846) for life change events that require documentation. If a life event requires documentation, request required documentation from the employee. If the life event requires a birth certificate, divorce decree, marriage certificate, death certificate review the <i>original</i> document submitted by employee, return original to employee, complete Employer Attestation for Documentation Received (ET-1908) . Submit completed application with the Employer Attestation for Documentation Received (ET-1908) form. See note on page 3.*
		ETF	Use the original to fax to ETF at (608) 267-4549.*
State Group Health Insurance – Application/Change Form (ET-2301)	Original	Institution	See note on page 3.* Note: Updates made only for address and name changes do not need to be sent to UW-Shared Services, Service Operations. After institution updates the employee’s name and/or address in HRS, institution will upload application to eBenefits. Note: For UW-Madison employees send applications to Madison OHR/Benefits.
	Copy	Employee	Employee keeps a copy.
Supplemental Dental Insurance Application (Select, Select Plus and Preventive Plans)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Vision Insurance Application	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
State Group Life Insurance Application (ET-2304)	Original	Institution	See note on page 3.*
		ETF	Use the original to fax to ETF at (608) 267-4549.*
	Copy	Employee	Employee keeps a copy.
State Group Life Insurance Request for Disability Premium Waiver (ET-5306)	Original	Institution	See note on page 3.*
Individual & Family Life Insurance Application (UWS 1301)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Individual & Family Life Insurance Annual Increase Option (AIO) Form (UWS 1310)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Individual & Family Life Insurance Premium Waiver Request (UWS B1225)	Original	Institution	See note on page 3.*
	Copy	UWSHR	Send to UW System HR for processing.**
UW Employees, Inc. Life Insurance Application	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.

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Accidental Death & Dismemberment Insurance Application (UWS-1245)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Accident Insurance Plan Application	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Income Continuation Insurance Application (ET-2307)	Original	Institution	See note on page 3.*
		ETF	Use the original to fax to ETF at (608) 267-4549.*
	Copy	Employee	Employee keeps a copy.
Flexible Spending Account (FSA) Application (Medical, Dependent Care & LPSFA)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Health Savings Account (HSA) Application	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
FSA/HSA Change of Election Form	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Section 125 Cafeteria Plan Automatic Conversion Waiver / Revocation of Waiver (ET-2340)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
Wisconsin Retirement System (WRS) Voluntary Additional Retirement Contribution Election (UWS 150)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
UW 403(b) Supplemental Retirement Program (SRP) Salary Reduction Agreement (UWS-31)	Original	Institution	See note on page 3.*
	Copy	Employee	Employee keeps a copy.
UW 403(b) Supplemental Retirement Program (SRP) EZ Enrollment Form	Original	Institution	See note on page 3.*
		Trust Funds	Email a copy to UW System Office of Trust Funds at uwshr@uwsa.edu .
	Copy	Employee	Employee keeps a copy.
Wisconsin Deferred Compensation (WDC) 457 Program Enrollment	N/A	N/A	Employee enrolls and makes all changes at www.wdc457.org , (877) 457-9327, or email wcdprogram@gwrs.com
Rehired Annuitant Form (ET-2319)	Original	Institution	Fax completed form to the UW-Shared Services, Service Operations at (608) 890-2327. Do not mail or e-mail. UW-Shared Services, Service Operations reviews and corrects form if needed, signs as the WRS agent and submits to ETF. <i>Institution HR office or Benefits Administrator is not a WRS agent.</i>
	Copy	Employee	Employee keeps a copy.

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Accumulated Sick Leave Certification	Online sick leave certification process provided through myETF Benefits Admin System.		
	Original	Institution	For institutions that participate in Benefits Service Delivery: Benefits Service Delivery completes sick leave certification for eligible employees and will zero out employee's sick leave balance. For institutions that do not participate in Benefits Service Delivery: Email a copy of the sick leave certification form to UW-Shared Services, Service Operations at serviceoperations@support.wisconsin.edu (subject line should read: Sick Leave Certification) requesting the employee's sick Leave balance be zeroed out.
	Copy	Employee	Institution mails a copy to the employee.

**If participating in Benefits Service Delivery:*

Submit applications and forms to UW-Shared Services, Service Operations. Forms can be submitted by:

- Upload: Benefits Processing SharePoint site. Email serviceoperations@support.wisconsin.edu to request the link and access.
- Email: serviceoperations@support.wisconsin.edu (employee and/or dependent SSN fields must be blank or redacted)
- Fax: (608) 890-2327

Benefits Service Delivery Team will enter the data from the application or form into HRS and upload all completed applications and forms to the employee's eBenefit file. If a form needs to be sent to a vendor, the Benefits Service Delivery Team will send it.

If **not participating in Benefits Service Delivery:*

After entry into HRS, upload applications to eBenefits file within seven business days of entry in HRS to ensure documents are available if needed for processing with vendors. Review Using the Electronic File Feature in HRS ([KB 93451](#)) for information and the naming convention when uploading files. If a form needs to be sent to ETF or a vendor, the institution is responsible for sending it as noted in the chart.

Benefit Application & Form Distribution Chart

Beneficiary Designations			
Benefit Plan	# of Copies	Recipient	Copy Distribution & Explanation of Use
State Group Life Insurance (ET-2320)	Original	ETF	Paper: Employee sends original to ETF (mail: PO Box 7931, Madison, WI 53707).
	Copy	Employee	
Individual & Family Life Insurance	Original	Securian	Online: Employee can make beneficiary designation online (recommended option).
	Copy	Employee	Paper: Employee sends original to Securian Financial Group, Inc. (mail: PO Box 64546, St. Paul, MN 55164-0546 or fax: (651) 655-4827).
UW Employees, Inc. Life Insurance	Original	Securian	Online: Employee can make beneficiary designation online (recommended option).
	Copy	Employee	Paper: Employee sends original to Securian Financial Group, Inc. (mail: PO Box 259708, Madison, WI 53725-5708 or fax: (608) 277-8665).
University Insurance Association Life Insurance	Original	Securian	Paper: Employee sends original to Securian Financial Group, Inc. (mail: PO Box 259708, Madison, WI 53725-5708 or fax: (608) 277-8665).
	Copy	Employee	
Accidental Death & Dismemberment Insurance (UWS-1247)	Original	UW System HR	Paper: Employee sends original to UW System Human Resources (mail: 660 W. Washington Ave, Ste 201, Madison, WI 53703, fax: (608) 890-2194, or email: uwshr@uwsa.edu).
	Copy	Employee	
Accident Insurance Plan (ET-2320) (for AD&D provision in the plan)	Original	ETF	Paper: Employee completes WRS and State Group Life Beneficiary Form (ET-2320) which is also used for Accident Insurance Plan. Employee sends original to ETF (mail: PO Box 7931, Madison, WI 53707).
	Copy	Employee	
Health Savings Account (HSA)	Original	Optum Financial	Online: Employee can make beneficiary designation online with Optum Financial (recommended option).
	Copy	Employee	Paper: Employee sends original to Optum Financial (mail: PO Box 85960, 6300 Wayne Road, Westland, MI 48185).
Wisconsin Retirement System (ET-2320, ET-2321)	Original	ETF	Paper: Employee sends original to ETF (PO Box 7931, Madison, WI 53707).
	Copy	Employee	
UW 403(b) Supplemental Retirement Program (SRP)	Original	Provider	Online: Employees can update beneficiary designations online (TIAA and Fidelity).
	Copy	Employee	Paper: Employee contacts 403(b) providers(s) to obtain a beneficiary designation form.
Wisconsin Deferred Compensation (WDC) 457 Program	Original	Empower	Online: Employees can update beneficiary designations online.
	Copy	Employee	Paper: Mail a beneficiary designation form directly to Empower (mail: P.O. Box 173764, Denver, CO 80217-3764 or fax: (866) 745-5766).

Note: Institutions do **not** retain paper copies and must **not** be upload to eBenefits file. Applies to all beneficiary forms.