Benefit Application & Form Review Checklist for Institution HR and Benefits Administrators

Benefits applications must be reviewed for accuracy and completeness prior to entering into the Human Resource System (HRS) and final placement to the employee's benefit file.

For institutions using Benefits Service Delivery:
Before submitting benefit application(s) to UW-Shared Services on behalf of employees, review the application(s).

All applications:
- ETF/Member ID: Leave blank. Benefits Service Delivery will add.
- Employer Section of applications: UW-Shared Services will complete

Applications can be submitted via the following methods:
- 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

For all institutions:
All applications:
- Upon receipt of an application: Date stamp the application with the date your office received the application.
- SSN Fields: *If emailing applications make sure employee and/or dependent SSN fields are blank or redacted.*
- Employee Signature and Date: Verify employee has signed and dated the application.

Plans and key sections of applications to review for completeness:
- *State Group Health Insurance Application*
  - Section 1, 2, 3: Make sure employee has completed section in full.
  - Section 4: Life Events - Make sure supporting documentation is included with application that is submitted.
    - If birth is selected, and employee is listed as single or divorced, a copy of the birth certificate is required.
    - If adoption is selected, a copy of the court order granting adoption or letter of placement for adoption is required.
    - If loss of other coverage is selected documentation is required to support a change for this reason.
  - Section 5: Make sure employee has selected IYC health plan or Access Plan, has made a HDHP selection, selected a coverage level, with or without Uniform Dental.
    - If employee is enrolling in a High Deductible Health Plan (HDHP) make sure employee has also submitted a HSA Enrollment Form.
  - Section 6: Make sure a health plan is selected if in section 5 the employee has selected IYC health plan.
  - Section 11: Make sure employee has completed if in section 5 they selected a HDHP.
- *Dental Insurance Application*
  - Plan Selection: Make sure the employee has selected a plan.
  - Reason for Submitting this Form: Make sure reason is selected and date provided.
  - Coverage Type: Make sure completed. If coverage other than Self Only is selected make sure applicable dependent information is listed.
- *Vision Insurance Application*
  - Reason for Submitting this Form: Make sure reason is selected and date provided.

- o Coverage Type: Make sure completed. If coverage other than Self Only is selected make sure applicable dependent information is listed.
- *State Group Life Insurance Application*
  - o If the employee is eligible for State Group Life Insurance and is submitting paper applications make sure the employee submits a State Group Life Insurance application regardless of their election.
  - o Section 2: Confirm a box is checked and corresponding information is provided.
  - o Section 3: If Supplemental, Additional, and/or Spouse & Dependent Coverage is selected make sure Basic Coverage is selected.
  - o Section 4: Must be a wet signature. Electronic signature is not allowed.
- *Individual & Family Life Insurance Application*
  - o Section 2: Confirm a box is checked and corresponding information is provided.
  - o Section 2: If Spouse/Domestic Partner and/or Child(ren) coverage is selected make sure Employee Coverage is selected.
- *UW Employees, Inc. Life Insurance Application*
  - o Cancellation is the only option to be selected as of 11/2023. No new enrollees allowed after 11/1/2023.
- *Accidental Death & Dismemberment Insurance Application*
  - o Section 3: Make sure a coverage level and benefit amount is selected.
- *Accident Insurance Application*
  - o If employee wants family, spouse, or child(ren) coverage they need to provide spouse and child information.
- *Income Continuation Insurance Application*
  - o If the employee is eligible for Income Continuation Insurance and is submitting paper applications make sure the employee submits an Income Continuation Insurance application regardless of their election.
  - o Section 1: Make sure one box is checked (even if not enrolling).
  - o Section 2: Make sure one box is checked (even if not enrolling).
  - o If employee is Faculty, Academic Staff, or Limited Appointee make sure they have elected an elimination period and when they want their coverage to be effective.
- *Spending and Savings Account Application*
  - o Employee Reimbursement Accounts Enrollment Form (FSAs)
    - ▪ Make sure employee signs on page 2 and 5 of application.
  - o Health Savings Account Enrollment Form (HSA)
    - ▪ If employee is enrolling in a High Deductible Health Plan (HDHP) (see State Group Health Insurance Application) make sure employee has also submitted a HSA Enrollment Form.
    - ▪ Employee signature is required on page 2 and 4 of application. Make sure 4 pages of the application are returned both pages 2 and 4 are signed.
- *UW 403(b) Supplemental Retirement Program (SRP)*
  - o Salary Reduction Agreement
    - ▪ For each provider selected make sure employee selects either a set dollar amount or percentage of pay.
  - o EZ Enrollment Form
    - ▪ For each provider selected make sure employee selects either a set dollar amount or percentage of pay.