***(Edit letter as needed. Delete any sections and vendor contact information that is not applicable to the employee. Delete text in red. Customize text in gray. Contact UW-Shared Services, Service Operations or UW System HR if you need help customizing the letter to the surviving family member(s))***

Click here to enter a date.

Name

Address

City, ST Zip

Dear Mr, Mrs, Ms Last Name:

Please accept our condolences on the death of your spouse/domestic partner/other. Listed below are benefit programs in which s/he participated. This communication includes information on what to expect and instructions on how to file for survivor benefits, if applicable.

You may also want to contact the Social Security Administration for information on possible benefits.

**Final Pay**

Pay issued after Name of employee’s date of death will be sent electronically if he/she had direct deposit. If direct deposit was not in place, then any pay issued after the date of the death will be made to the Estate of Name of employee in the form of a paper check.

The paycheck or payment advice will be mailed to the address listed above. If you would like it mailed to a different address, call or email our office as soon as possible. Contact information is listed below.

# State Group Health Insurance (With or Without Uniform Dental)

1. **Deceased was Active Employee: single coverage**

Name of employee was enrolled in single State Group Health Insurance coverage Choose an item. Uniform Dental. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased was Active Employee: family coverage; Spouse not State Employee (with / without other dependents)**

Name of employee was enrolled in family State Group Health Insurance coverage Choose an item. Uniform Dental. Your coverage as a dependent will end on Click here to enter a date, last day of the month of death. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Your health insurance coverage will automatically continue for your life, provided you pay the total monthly premium (no employer contribution). Dependent child(ren), if covered, may continue coverage as long as they are eligible. The Department of Employee Trust Funds (ETF) will send you continuation information. Coverage will be transferred into your name effective the first of the month following the date of death. Contact the Department of Employee Trust Funds for more information on continuing your coverage.

Wisconsin Retirement System (WRS) employees only:

Additionally, Name of employee had unused sick leave which will be converted to credits and can be used to pay the monthly health insurance premiums. UW System will certify the value of these sick leave credits and submit the certification form to the Department of Employee Trust Funds (ETF). A copy of the certification form will be sent to you. ETF will send more detailed information to you about using the sick leave credits to pay for health coverage.

1. **Deceased was Active Employee: family coverage; spouse also State Employee (with / without other dependents)**

Name of employee was enrolled in family State Group Health Insurance coverage Choose an item. Uniform Dental. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Since you are also a State of Wisconsin employee, you may now enroll as an employee using the “spouse to spouse” transfer provision. A health insurance application is required within thirty (30) days of your spouse’s death. Since you were the only dependent on the plan, the coverage will be changed to a single plan. OR Since there were dependents on the plan, the coverage will remain a family plan. Coverage in your name will be effective the first of the month following Name of employee’s date of death.

Enclosed is a Health Insurance Application (ET-2301) form. To enroll in coverage*,* complete the form, then sign, date and return it to Choose an item. within thirty (30) days of the date of death.

If you are not eligible for State Group Health Insurance as an employee, you have the option to enroll as a surviving spouse and continue coverage for your life. If you have dependents, they may continue coverage as long as they are eligible. *If you choose to continue coverage as the surviving spouse, you will be responsible for paying the total monthly premium (no employer contribution).* Coverage in your name will be effective the first of the month following the date of death.

WRS employees only:

Since your Spouse was a state employee, UW System will certify with the Department of Employee Trust Funds (ETF) the value of Name of employee’s unused sick leave credits. You will receive a copy of the certification form submitted to ETF, and they will send you information about future use of these credits when you begin your WRS retirement.

**Supplemental Dental Insurance**

1. **Deceased was Active Employee: Single coverage**

Name of employee was enrolled in the Choose an item. with single coverage. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased was Active Employee: Employee + Spouse coverage**

Name of employee was enrolled in the Choose an item. with employee and spouse coverage. Your coverage as a dependent will end on Click here to enter a date, last day of the month of death.. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on your rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee: Employee + Child(ren) coverage**

Name of employee was enrolled in the Choose an item. with employee and child(ren) Coverage. Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on the child(ren)’s rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee: Family coverage**

Name of employee was enrolled in the Choose an item. with family coverage. Your coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on your rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee and Spouse is a State Employee: Family or individual plus spouse or employee plus child(ren) coverage**

Name of employee was enrolled in the Choose an item. Choose an item.with Choose an item. coverage. Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Since you are also a State of Wisconsin employee, you may now enroll as an employee using the “spouse to spouse” transfer provision. A dental application is required within thirty (30) days of your spouse’s death. Since you were the only dependent on the plan, the coverage will be changed to a single plan. OR Since there were dependents on the plan, the coverage will remain a family plan.

Enclosed is a Dental Insurance Plan application. *To enroll in coverage,* complete the form, then sign, date and return it to Choose an item. **within** thirty (30) days of the date of death.

# Vision Insurance

1. **Deceased was Active Employee: Single coverage**

Name of employee was enrolled in Vision Insurance with single coverage. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased was Active Employee: Employee + Spouse coverage**

Name of employee was enrolled in Vision Insurance with employee and spouse coverage. Your coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on your rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee: Employee plus child(ren)**

Name of employee was enrolled in Vision Insurance with employee and child(ren) coverage. Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on the child(ren)’s rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee: Family coverage**

Name of employee was enrolled in Vision Insurance with family coverage. Your coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Information on your rights to continue this coverage under COBRA will be sent in a separate mailing. Contact UW-Shared Services, Service Operations to request a continuation form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased was Active Employee and Spouse is a State Employee: Family or employee plus spouse or employee plus child(ren) cov**

Name of employee was enrolled in Vision Insurance with Choose an item. coverage. Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Since you are also a State of Wisconsin employee, you may now enroll as an employee using the “spouse to spouse” transfer provision. A vision application is required within thirty (30) days of your spouse’s death. Since you were the only dependent on the plan, the coverage will be changed to a single plan. OR Since there were dependents on the plan, the coverage will remain a family plan.

Enclosed is a Vision Insurance Plan application. *To enroll in coverage,* complete the form, then sign, date and return it to Choose an item. **within** thirty (30) days of the date of death.

# State Group Life Insurance

1. **Deceased was Active Employee: Basic, Additional, Supplemental coverage**

Name of employee was enrolled in State Group Life Insurance (Wisconsin Public Employers Group Life Insurance). Securian Financial will contact all beneficiaries to obtain the documentation needed to process the death claim. If no beneficiary is listed then standard sequence will apply, with the spouse being the primary beneficiary. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased was Active Employee: Spouse and dependent coverage**

Name of employee was enrolled in State Group Life Insurance (Wisconsin Public Employers Group Life Insurance). Securian Financial will contact all beneficiaries to obtain the documentation needed to process the death claim. If no beneficiary is listed then standard sequence will apply, with the spouse being the primary beneficiary.

Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Name of employee was also enrolled in spouse and dependent coverage under the State Group Life Insurance plan. Coverage will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

You may elect to convert this coverage to an individual policy by completing a Conversion of Group Life Insurance Enrollment form within ninety (90) days from the date of death. Contact UW-Shared Services, Service Operations to obtain a conversion form. Contact information is on the enclosed Benefit Plan Contacts list.

# Individual & Family Life Insurance

1. **Deceased was Active Employee: Employee only coverage**

Name of employee was enrolled in Individual & Family Life Insurance. Securian Financial will contact all beneficiaries listed to obtain the documentation needed to process the death claim. If no beneficiary is listed, then standard sequence will apply, with the spouse being the primary beneficiary.

Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased was Active Employee: Employee and Spouse/Domestic partner and child(ren) coverage**

Name of employee was enrolled in Individual & Family Life Insurance. Securian Financial will contact all beneficiaries listed to obtain the documentation needed to process the death claim. If no beneficiary is listed, then standard sequence will apply, with the spouse being the primary beneficiary.

Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Name of employee was also enrolled in Choose an item. coverage under the Individual & Family Life Insurance plan. Coverage will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

You may elect to convert this coverage to an individual policy by completing a Conversion of Group Life Insurance form within thirty-one (31) days from the date the coverage ended. Contact UW-Shared Services, Service Operations to obtain a conversion form. Contact information is on the enclosed Benefit Plan Contacts list.

# UW Employees, Inc. Life Insurance

1. **Deceased as Active Employee: Employee only coverage**

Name of employee was enrolled in the UW Employees, Inc. Life Insurance. Securian Financial will contact all beneficiaries listed to obtain the documentation needed to process the death claim. If no beneficiary is listed, then standard sequence will apply, with the spouse being the primary beneficiary. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

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# University Insurance Association Life Insurance

1. **Deceased Employee Subscriber: Employee only Coverage**

Name of employee was enrolled in University Insurance Association Life Insurance. Securian Financial will contact all beneficiaries to obtain the documentation needed to process the death claim. If no beneficiary is listed, then standard sequence will apply, with the spouse being the primary beneficiary. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

# Accidental Death & Dismemberment Insurance

1. **Deceased Employee: Employee only coverage**

Name of employee was enrolled in Accidental Death & Dismemberment Insurance with single coverage. Contact Zurich American Insurance Company at 1-866-841-4771 within ninety (90) days of the date of death to initiate a claim. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased Employee: Family coverage—spouse/domestic partner not University employee**

Name of employee was enrolled in Accidental Death & Dismemberment Insurance with family coverage. Contact Zurich American Insurance Company within ninety (90) days of the date of death to initiate a claim. Contact information is on the enclosed Benefit Plan Contacts list. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

If the death of Name of employee is determined to be a covered loss under the Accidental Death & Dismemberment plan, family coverage will automatically continue for 365 days after the date of death at no cost. Coverage may be continued beyond that period by completing a conversion form within sixty (60) days of when the coverage will end. Contact Zurich American Insurance Company to obtain a conversion form. Contact information is on the enclosed Benefit Plan Contacts list.

1. **Deceased Employee: Family coverage—spouse/domestic partner also UW System employee**

Name of employee was enrolled in Accidental Death & Dismemberment Insurance with family coverage. Contact Zurich American Insurance Company within 90 days of the date of death to initiate a claim. Contact information is on the enclosed Benefit Plan Contacts list. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

If the death of Name of employee is determined to be a covered loss under the Accidental Death & Dismemberment plan, coverage will automatically continue for 365 days after the date of death at no cost. If you continue employment with the University beyond the one-year period, you may enroll as an employee by completing an Accidental Death & Dismemberment Application at any time following your coverage end date.

# Accident Insurance

1. **Deceased Employee: Employee only coverage**

Name of employee was enrolled in Accident Insurance with single coverage. This plan has an accidental death & dismemberment insurance provision. Contact Securian at 1-866-295-8690 within 180 days of the date of the accident to initiate a claim. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

1. **Deceased Employee: Employee + Spouse coverage**

Name of employee was enrolled in Accident Insurance with employee and spouse coverage. This plan has an accidental death & dismemberment insurance provision. Contact Securian at 1-866-295-8690 within 180 days of the date of the accident to initiate a claim.

Your coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Additional information regarding options to continue this coverage will be sent in a separate mailing from Securian.

1. **Deceased Employee: Employee plus child(ren)**

Name of employee was enrolled in Accident insurance with employee and child(ren) coverage. This plan has an accidental death & dismemberment insurance provision. Contact Securian at 1-866-295-8690 within 180 days of the date of the accident to initiate a claim.

Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Additional information regarding options to continue this coverage will be sent in a separate mailing from Securian

1. **Deceased Employee: Family coverage**

Employee was enrolled in Accident Insurance with Family coverage. This plan has an accidental death & dismemberment insurance provision. Contact Securian at 1-866-295-8690 within 180 days of the date of the accident to initiate a claim.

Your coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Additional information regarding options to continue this coverage will be sent in a separate mailing from Securian.

1. **Deceased Employee and Spouse is a State Employee: Family or employee plus spouse or employee plus child(ren) coverage**

Name of employee was enrolled in Accident Insurance with coverage level. This plan has an Accidental Death & Dismemberment provision. Contact Securian at 1-866-295-8690 within 180 days of the date of the accident to initiate a claim.

Coverage as a dependent will end on Click here to enter a date. Premiums have been paid for coverage through Click here to enter a date. Premiums paid for coverage beyond Click here to enter a date, last day of the month of death. will be refunded.

Since you are also a State of Wisconsin employee, you may now enroll as an employee using the “spouse to spouse” transfer provision. An Accident Insurance Plan Application form is required within thirty (30) days of your spouse’s death. If you were the only dependent on the plan, the coverage will be changed to a Single plan. If there were any additional dependents on the plan, the coverage will be changed to Employee plus child(ren) plan.

Enclosed is an Accident Insurance Plan application. *To enroll in coverage,* complete the form, then sign, date and return it to Choose an item. **within** thirty (30) days of the date of death.

# Income Continuation Insurance

1. **Deceased Employee**

Name of employee was enrolled in Income Continuation Insurance. This plan does not have dependent coverage and there is not an option for you to enroll in this coverage as a surviving dependent.

# Flexible Spending Accounts (FSA) – Health Care

1. **Deceased Employee: Health Care FSA—Employee was unmarried and no dependent survivors**

Name of employee contributed to a Flexible Spending Account during 20XX. Coverage under the plan ended as of the date of death. A family member or personal representative may submit a claim for eligible unreimbursed medical expenses incurred before death, provided there is a balance remaining in the account. Claims must be submitted no later than the March 31st following the year of death. Payment will be made to the estate.

1. **Deceased Employee: Health Care FSA—Employee was married or had dependent survivors**

Name of employee contributed to a Flexible Spending Account during 20XX. Coverage under the plan ended as of the date of death. A family member or personal representative may submit a claim for unreimbursed medical expenses incurred through the date of death, provided there is a balance remaining in the account. Claims must be submitted no later than the March 31st following the year of death. Payment will be made to the estate.

Eligible dependents covered under the plan may continue coverage under COBRA if there is a balance remaining in the account. Additional information regarding your right to continue under COBRA will be sent from UW-Shared Services, Service Operations, if applicable.

# Flexible Spending Accounts (FSA) – Dependent Day Care

1. **Deceased Employee: Dependent Day Care Account—Employee was married**

Name of employee contributed to a Dependent Day Care Flexible Spending Account during 20XX. Coverage under the plan ended as of the date of death. You may submit a claim for reimbursement of day care expenses incurred prior to the end of the year provided there is a balance remaining in the account. Claims must be submitted no later than the March 31st following the year of death. Payment will be made directly to you.

1. **Deceased Employee: Dependent Day Care Account—Employee was not married and no dependent survivors**

Name of employee contributed to a Dependent Day Care Flexible Spending Account during 20XX. Coverage under the plan ended as of the date of death. Since Name of employee was single, any unused account balance is forfeited. Contact the Flexible Spending Account Administrator listed below in the Benefit Plan Contacts table.

Health Savings Accounts (HSA)

Name of employee contributed to a Health Savings Account. The administrator of this plan is Optum Financial. Contact Optum directly to initiate the process for distribution of the account. If no beneficiary is listed, the value of the account will be distributed to the estate and subject to income tax.

# Wisconsin Retirement System (WRS)

1. **Deceased Employee**

Name of employee was enrolled in the Wisconsin Retirement System (WRS). The Department of Employee Trust Funds (ETF), who administers the plan, will send information to the beneficiaries within 3-5 weeks following notification of the death. If you have questions, contact ETF. Refer to the Benefit Plan Contacts list below for contact information.

# UW 403(b) Supplemental Retirement Program

1. **Deceased Employee**

Name of employee was enrolled in the UW 403(b) Supplemental Retirement Program. Contact the individual provider(s) directly to file a claim on this account. If no beneficiary designation is on file, the beneficiary is determined by the individual contract of the providers. Refer to the Benefit Plan Contacts list below for individual provider information.

# Wisconsin Deferred Compensation (WDC) 457 Program

**1. Deceased Employee**

Name of employee was enrolled in the Wisconsin Deferred Compensation (WDC) 457 Program administered by Empower Retirement. Contact Empower Retirement directly to file a claim on this account. If no beneficiary is listed, then standard sequence will apply, with the spouse being the primary beneficiary. Refer to the Benefit Plan Contacts list below for contact information.

# Edvest 529 College Savings Plan

1. **Deceased Dependent**

Name of employee was contributing to the Edvest 529 College Savings Plan. For additional information, visit the Edvest website at <https://www.edvest.com/benefit/> or refer to the Benefit Plan Contacts table listed below.

# Employee Assistance Program (EAP)

1. **Deceased Spouse/Dependent**

The Employee Assistance Program (EAP) provides confidential resources to help with grief and loss counseling. EAP services are provided at no cost to you and members of your household. To access these services, refer to the Benefit Plan Contacts table listed below.

Please contact me if you have any questions or concerns on this information.

Sincerely,

HR/Benefits Contact Name

HR/Benefits Contact Title

UW System Institution Name

Department Name

Address

City, State, Zip

Telephone Number

Email Address

Enclosures:

Benefit Plan Contacts List

List form titles

cc: eBenefits File

**Benefit Plan Contacts:** (Remove contacts that do not apply to the individual)

| **Plans Associated With This Contact** | **Contact** |
| --- | --- |
| State Group Health Insurance  State Group Life Insurance  Wisconsin Retirement System (WRS) | **Department of Employee Trust Funds (ETF)**  **Write or Return Forms**  PO Box 7931  Madison, WI 53707-7931  **In-Person Visit**  4822 Madison Yards Way  Madison, WI 53705-9100  (877) 533-5020 |
| Dental Insurance | **Delta Dental of Wisconsin**  PO Box 828  Stevens Point, WI 54481-0828  (844) 337-8383 |
| Vision Insurance | **DeltaVision**  PO Box 828  Stevens Point, WI 54481-0828  (844) 337-8383 |
| Individual & Family Life Insurance  UW Employees, Inc. Life Insurance  University Insurance Association (UIA) Life Insurance  Accident Insurance | **Securian**  PO Box 259708  Madison, WI 53725-9708  (866) 295-8690 |
| Accidental Death & Dismemberment Insurance | **Zurich American Insurance Company**  Claims Department  P.O. Box 968041  Schaumburg, IL 60196-8041  (866) 841-4771 |
| Flexible Spending Accounts  Heath Savings Accounts | **Optum Financial**  **Customer Service**  PO Box 622317  Orlando, FL 32862-2317  (833) 881-8158 |
| UW 403b Supplemental Retirement Program | **UW 403(b) Supplemental Retirement Program**  Fidelity – (800) 343-0860  TIAA – (800) 842-2776  <https://www.wisconsin.edu/ohrwd/benefits/download/ret/tsa/quick-guide.pdf> |
| Wisconsin Deferred Compensation (WDC) 457 Program | **Wisconsin Deferred Compensation (WDC) 457 Program**  5325 Wall Street, Suite 2755  Madison, WI 53718-7982  (877) 457-9327 |
| Long-Term Care Insurance | **Long-Term Care Insurance**  (Contact Long-Term Care Insurance company chosen directly)  <https://www.wisconsin.edu/ohrwd/benefits/other-benefits/long-term-care-insurance/> |
| Edvest | Edvest College Savings Plan  PO Box 219437  Kansas City, MO 64121-9437  (888) 338-3789  <https://www.edvest.com/benefit/> |
| Employee Assistance Program (EAP)  (All Institutions except UW-Madison) | Kepro  (833) 539-7285 or (877) 334-0489  <https://sowi.mylifeexpert.com/login>  Username: SOWI |
| Employee Assistance Program (EAP)  (UW-Madison) | UW-Madison Employee Assistance Office (On-campus)  Email: [eao@mailplus.wisc.edu](mailto:eao@mailplus.wisc.edu)  (608) 263-2987 (8 am – 4:30 pm Monday-Friday)  LifeMatters  (800) 634-6433  mylifematters.com  Password: Bucky1 |
| UW-Shared Services, Service Operations | Email: [serviceoperations@uwss.wisconsin.edu](mailto:serviceoperations@uwss.wisconsin.edu)  Phone: (888) 298-0141 (7:45 – 4:30 p.m. Monday – Friday) |