

Employer Error Institution Process

If an institution believes they have an employer error follow these steps:

Who	Action	Notes
1. Institution	Immediately notify the employee of the error in writing and provide employee the appropriate application(s).	If you need help determining if there was an employer error contact UW System HR (uwshr@uwsa.edu) to review the situation. Note: The State Group Health Insurance Plan does not have an Employer Error provision. See Additional Resources section for more information.
2. Employee	Must return application(s) within 30 days of being informed of employer error. <i>State Group Life Insurance and Income Continuation Insurance</i> applications must be completed and received even if the employee is electing not to enroll.	Income Continuation Insurance for Faculty/Academic Staff/Limited Appointees (FA/AS/LI) with less than 12 months of Wisconsin Retirement System (WRS) service, who are not enrolling until they are eligible for the employer contribution, on the ICI application note the employee is waiting until the next enrollment opportunity to enroll. If this is a late discovery of WRS eligibility and the effective date of WRS eligibility is retro more than 12 months, the employee only has the deferred enrollment opportunity available.
3. Institution	Enroll employee in State Group Life Insurance and/or Income Continuation Insurance in HRS when applications are received. Coverage for these plans is effective first of the month on or after the received date of application from the employee. Create an ADM Event using the enrollment code and reason of "Add Coverage / Evidence of Insurability". Do NOT enroll employee in any other insurances.	Enrollment and premium deductions do not guarantee coverage. The Department of Employee Trust Funds (ETF) must review and approve. HRS does not have an ADM Event option for Employer Error. Upon approval, UWSS Benefits Team will enroll employee in all other insurances in HRS using an ADM Event with enrollment code and reason of "Add Coverage / Evidence of Insurability".
4. Institution	a. Complete the institution section of the Employer Error Form and email only the form (in the fillable pdf format) to UW-Shared Services, Service Operations at serviceoperations@uwss.wisconsin.edu to have a ticket created. b. Fax the completed Employer Error Request Form, fully completed application(s), and any supporting	ETF requires submittal of State Group Life Insurance and Income Continuation Insurance applications (even if the employee is not enrolling in these plans) with all Employer Error requests. ETF will not accept Employer Error requests directly from institutions. Supporting documentation may include the employee's contract, Personnel Transfer Record (PTR) Form.

Who	Action	Notes
	<p>documentation to UW-Shared, Service Operations at (608) 890-2327.</p> <p>Write across the top of all applications, “Employer Error Request” and include the employee’s ETF Member ID and Employee ID.</p> <p>Mark out all Social Security Numbers and Dates of Births on applications that are emailed.</p> <p><i>Review applications to ensure employee has completed the employee sections in full. Complete the employer section of all applications in full.</i></p>	<p>Late IYC Appeals:</p> <ul style="list-style-type: none"> • If the Employer Error request is submitted after the Annual Benefits Enrollment but before December 31st consider also submitting a Late IYC Appeal in case the Employer Error/Late WRS Discovery request is denied. • If the Employer Error/Late WRS Discovery is effective for 1/1 consider if the request should be submitted under Late IYC Appeal (only applies to State Group Health Insurance, Dental Insurance, Vision Insurance, Accident Insurance, Flexible Spending Accounts, Health Savings Accounts).
5. UW-Shared Services, Service Operations	<p>Collect the Employer Error Request Form, application(s) and supporting documentation from institution and attach to the ticket.</p> <p>Verify the request and application(s) are complete, then forward ticket to UW System HR for review of request.</p>	If Employer Error request or applications are not complete or correct UW-Shared Services, Service Operations will work with the institution to complete and/or correct.
6. UW System HR	Review Employer Error Request, work with the institution as needed to clarify the situation, request additional documentation. Send Employer Error request to ETF, if appropriate.	UW System HR may reach out to the institution for any additional information, if necessary.
7. ETF	Review Employer Error Request for WRS Plans only and notify UW System HR of decision.	UW-Shared Services, Service Operations will notify the institution of the decision via the ticket after UW System HR has confirmed the decision. The institution is responsible to counsel the employee on the final decision.
8. UW System HR	Review ETF response. Forward approval or denial to UW-Shared Services, Service Operations. Work through any questions with ETF and the UW-Shared Services, Service Operations.	
9. UW System HR	Review Employer Error Request for UW System Plans only and notify UW-Shared Services, Service Operations of decision.	UW-Shared Services, Service Operations will notify the institution of the decision via the ticket. The institution is responsible to counsel the employee on the final decision.

Who	Action	Notes
10. UW-Shared Services, Service Operations	If Employer Error Request is approved: <ul style="list-style-type: none"> • Enroll employee in insurance(s) in HRS using an ADM Event with the enrollment code and reason of “Add Coverage / Evidence of Insurability”. • If not approved, remove enrollments and issue refund. • Forward decision to institution. 	Coverage is effective XX/XX/XXXX, if approved.*
10. Institution	Counsel employee of decision. Put copy of Employer Error Request Form, decision, and any supporting documentation in the employees benefit file.	

***Effective Date of Insurances (if approved):**

- **State Group Health Insurance (late WRS discovery only)** – First of the month following receipt of the application submitted under late WRS discovery. For Graduate Assistant/Short-Term Academic Staff Benefit Package to WRS Benefit Package the effective date is the first of the month following the change in eligibility regardless of if the change was discovered timely or not.
- **Preventive Dental Insurance, Supplemental Dental Insurance, Vision Insurance Accident Insurance** – First of the month following receipt of the application submitted under employer error (not first of the month following approval of the employer error). A new application must be submitted once employer error is discovered. For Graduate Assistant/Short-Term Academic Staff Benefit Package to WRS Benefit Package the effective date is the first of the month following receipt of the application.
- **State Group Life Insurance** – First of the month on or after the date the employer received the application from the employee. If denied, UW System will refund the premiums. For Graduate Assistant/Short-Term Academic Staff Benefit Package to WRS Benefit Package the effective date is the first of the month on or after the date the employer received the application.
- **Individual & Family Life Insurance** – First of the month following the receipt of the application/Employer Error request. For Graduate Assistant/Short-Term Academic Staff Benefit Package to WRS Benefit Package the effective date is the first of the month on or after the date the employer received the application.
- **Income Continuation Insurance** – First of the month on or after the date the employer received the application from the employee. If denied, UW System will refund the premiums. For Graduate Assistant/Short-Term Academic Staff Benefit Package to WRS Benefit Package the effective date is the first of the month on or after the date the employer received the application.
- **Flexible Spending Accounts** – Effective date varies based on whether claims have been paid.
- **Health Savings Account** – Effective date varies based on HDHP enrollment and whether claims have been paid out.

Errors Not Eligible for Correction (State Group Life Insurance and Income Continuation Insurance):

- The employer error provisions do not apply to errors primarily due to the employee's action or inaction. Examples of such situations include:
 - Employee is given application materials but forgets to submit completed application.
 - Employee receives written notice of fringe benefits coverage from the employer but fails to report coverage discrepancies to the employer.

- Employee completes cancellation form incorrectly and inadvertently cancels more coverage than was intended. (A cancellation form can be rescinded/withdrawn only before the effective date of the cancellation.)

If the error cannot be corrected under the employer error provisions, the employee can only obtain coverage by furnishing satisfactory evidence of insurability.

Not Considered an Employer Error (Supplemental Plans):

- The following situations will not constitute an Employer error:
 - Initial Enrollment: Failure of the Employee to submit a completed application to the Employer within required deadlines if advised of his/her plan eligibility prior to the filing deadline.
 - Coverage Changes Reported Late: When an application to reduce coverage is not submitted and the omission is reported after the fact. The Employee must bear some responsibility in this situation. Refunds may be made for up to three months with extenuating circumstances, such as the death of a family member should have led to a different premium category, or the Subscriber was incapacitated.
 - Open Enrollment Periods: Failure on the Employee's part to submit a completed paper or electronic application or change where notice has been given to the general Employee population. (Subscribers may cancel enrollment up to December 31).
 - Employee Misunderstanding of Benefits: The exception to this rule is if the Employer misinformed an Employee as to the level of benefits available under a specific Plan—in this instance a Subscriber may be able to cancel coverage with a refund of up to three months of premium.

Additional Resources:

- ETF website: etf.wi.gov
- State Group Health Insurance manual: <https://etf.wi.gov/publications/et1118/direct>
 - Note that the State Group Health Insurance Plan does **not** have an Employer Error provision, however there is a Late WRS Discovery provision. Late WRS Discovery examples are - the employee's WRS eligibility was found out after the fact or the employee moved from the Graduate Assistant/Short-Term Academic Staff Benefit Package to the WRS Benefit Package. *Late WRS Discovery does not mean missed or late counseling the employee on their benefits eligibility.*
- Supplemental Benefits Plan manual (chapter 14): <https://etf.wi.gov/publications/et1158/direct>
 - Includes:
 - Preventive Dental Insurance
 - Supplemental Dental Insurance
 - Vision Insurance
 - Accident Insurance
- State Group Life Insurance manual (chapter 19): <https://etf.wi.gov/publications/et1117/direct>
- Individual & Family Life Insurance: <https://www.wisconsin.edu/ohrwd/benefits/download/life/if/cert.pdf>
- UW Employees, Inc. Life Insurance: No employer error provision (employee can apply through evidence of insurability if they missed their initial enrollment deadline).
- University Insurance Association Life Insurance: No Employer Error provision (eligibility is reviewed annually).
- Accidental Death & Dismemberment Insurance: No Employer Error provision (employees can enroll at any time).
- Income Continuation manual (chapter 10): <https://etf.wi.gov/publications/et1119pdf/direct>
- Flexible Spending Accounts: https://3yq4681caa0jsu34447gi9n1-wpengine.netdna-ssl.com/assets/etf_ERA-Administration-Guide.pdf
- Health Savings Accounts: <https://www.wisconsin.edu/ohrwd/benefits/download/hsahandbook.pdf>

Employer Error Form

Employer Error Request

UW-Shared Services, Service Operations
 Attn: Benefits Team
 660 W. Washington Ave, Ste 201
 Madison, WI 53703
 Email: serviceoperations@uwss.wisconsin.edu
 Fax: (608) 890-2327

1. Complete institution section.
 2. Email or fax form to UW-Shared Services, Service Operations along with completed benefit applications.
 3. UW-Shared Services, Service Operations submits to UW System HR for review and submission to ETF.
- (Do not forward directly to ETF.)**

Completed by Institution:

Employee ID:	ETF Member ID:	Institution: <i>UW-</i>
Last:	First:	Middle Int.:
Employee Mailing Address (Street/City/State & Zip):		
UW System Hire Date: WRS Date:	Appointment Type: Faculty / Academic Staff / Limited Appointee University Staff University Staff-Temporary Graduate Assistant / Short-Term Academic Staff	
WRS Plans (ETF decision): State Group Health Insurance (No Employer Error provision, Late WRS Discovery only.) State Group Health Insurance Opt-Out Incentive (ETF verifies eligibility after UWHR approval.) Supplemental Plans (Dental Insurance, Vision Insurance, Accident Insurance) (N/A for Graduate Assistant / Short-Term Academic Staff Benefit Package to WRS Benefit Package change.) State Group Life Insurance (N/A for Graduate Assistant / Short-Term Academic Staff Benefit Package.) Income Continuation Insurance (N/A for Graduate Assistant / Short-Term Academic Staff Benefit Package.) Flexible Spending Accounts / Health Savings Account		
UW System (UW System HR decision): State Group Health Insurance Opt-Out Incentive (UW System HR approves / denies enrollment, ETF verifies Eligibility.) Individual & Family Life Insurance (N/A for Graduate Assistant / Short-Term Academic Staff Benefit Package to WRS Benefit Package change)		
Explanation of Employer Error: (Briefly describe the error, date error was discovered, and how the error was discovered. Include a statement of what corrective action the employer has put in place to ensure this type of error does not reoccur.)		

Employer Error Form

Prepared by:	Telephone Number:	Date (Mo/Day/Yr):
Institution: UW-	Institution Mailing Address (Street/City/State & Zip):	

Completed by UW-Shared Services, Service Operations:

UW-Shared Services, Service Operations Reviewer:	Ticket #:	Date Forwarded to UWHR (Mo/Day/Yr):
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This is notification that the application from the employee for the above mentioned plan(s) are being submitted to the Department of Employee Trust Funds (ETF) for consideration of approval under the provisions of employer error.

Completed by UW System Human Resources:

Nature of the error:	<p>Failed to provide information or application to the employee timely.</p> <p>Excluded employee based on misinterpretation of eligibility.</p> <p>Late WRS Discovery – Unaware of WRS eligibility date, late reported WRS enrollment date.</p> <p>Miscalculated the date on which the employee became eligible for State Group Life Insurance or Income Continuation Insurance.</p> <p>Other</p>
What evidence exists to show the employer was responsible (not the employee):	
Special circumstances causing the error:	
How and when the error was discovered:	
Action taken when the error was discovered:	

Corrective action put in place:	
Additional information:	

UW System HR Reviewer:	Date Forwarded to ETF (Mo/Day/Yr):
ETF Decision (WRS Plans):	
UW System HR Decision (UW System HR Plans):	

Employee Trust Funds

Send questions and forward decision on this request to:

UW System Human Resources
Attn: Benefits Team
780 Regent St, Ste 224
Madison, WI 53715
Email to: uwshr@uwsa.edu
Fax: (608) 265-9834

Copy 1-ETF Copy 2-Employee Copy 3-File
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