«ID»

«Unit»

**Employee Name and Address Return Form to:**

|  |  |  |
| --- | --- | --- |
| First Last | EmplID | UW-Shared Services, Service Operations  660 W. Washington Ave., Suite 201  Madison, WI 53703 |
| Street Address | |  |
| City, State & Zip Code | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **To continue eligibility for sick leave use for Health Insurance, complete and return this certification no later than:** | | | Enter Due Date |
| Coverage Level:  COVERAGE LEVEL | Health Plan:  HEALTH PLAN | | Total Monthly Premium:  **$** |
| Sick leave account balance:  **$** | | Currently Paid Through:  Enter Date Paid Through | Approximate numbers of months remaining: |

**----------IMPORTANT----------**

**Check all boxes that apply; date, sign and return this notice.**

I have not accepted any employment that offers a comparable health insurance plan\***\*** and it has not yet been 5 years since the date of my layoff*,* therefore I am still eligible to use my accumulated sick leave to pay for health insurance premiums.

I have accepted other employment and am eligible for comparable health insurance**\*\*** coverage which began/begins on the date indicated below. I understand that I am no longer able to use my accumulated sick leave to pay for health insurance even if I do not elect my new employer’s plan. **If you return to work at the University please notify us immediately. You may be eligible to reinstate your unused sick leave hours.**

Date my new health insurance coverage begins/began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have applied for a Wisconsin Retirement System annuity benefit.

I have taken a lump sum separation benefit from the Wisconsin Retirement System.

Annuity/Separation benefit effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date: | Employee Signature: | Telephone: |

*If you have questions regarding this benefit or would like to discontinue your insurance, contact Choose an item*.

**\*\*See other side for General Benefit Information During Layoff,**

**including contact information for comparable health insurance.\*\***

**General Benefit Information During Layoff**

* The ability to continue your health insurance through the use of your accumulated sick leave is a benefit provided to you because of your layoff from the UW System. If you have questions regarding this benefit or would like to discontinue your insurance, contact the benefits office at the institution in which you were previously employed.
* You are eligible to use your sick leave credits to pay your health insurance premiums until the earliest of following events:

1. credits are exhausted
2. first of the month following the begin date of other employment offering comparable health insurance
3. five (5) years have elapsed since the date of layoff
4. your death *{Note: Upon death your insured surviving spouse and dependents can continue to use your remaining sick leave credits to pay for health insurance if you are vested in the Wisconsin Retirement System.}*

* You are required to certify your continued eligibility to use your sick leave credits to pay for health insurance. A Certification of Continued Eligibility (UWS 46) will be mailed to you every month that must be completed by the date listed, and returned to:

UW-Shared Services, Service Operations

660 W. Washington Ave., Suite 201

Madison, WI 53703

* \*\*For confirmation of whether or not you have a comparable health insurance plan, contact:

Department of Employee Trust Funds (ETF)

(877) 533-5020 (toll free)

(608) 266-3285 (local-Madison, WI)

* If you have exhausted your sick leave account, or five (5) years have elapsed, you are eligible to maintain your health insurance for 36 additional months through COBRA Continuation. You will be responsible for the full monthly premium, payable directly to the insurance provider.
* During the time you are using your sick leave to pay for your health insurance, or while on COBRA-Continuation, you will be provided an annual It’s Your Choice election during October. Election made during It’s Your Choice are effective on January 1st of the next year.
* **If you return to work at the UW System or another State of Wisconsin agency, you must notify your institution’s human resources office immediately because you may be eligible to reinstate your unused sick leave hours.**