

Insurance Selections

For Employees Put on a Temporary Work Reduction (TWR) /
Consecutive Day Furlough for a Partial Month

Use this form if you will continue to receive pay during the months you are on furlough.

For example, employees who have a reduced work schedule (a Temporary Work Reduction (TWR) furlough) or working an alternate schedule involving multiple days off a month (Consecutive Day Furlough Lasting Less than 30 Days).

Note: For employees on an intermittent furlough (e.g. 5-10% reduction in pay/work) changes to your benefits and payment options are not available.

Instructions for completing this form:

1. Download the form from the website (click on the hyperlink on the webpage to open and download the form).
2. Save the form to your computer (right click, then Save as).
3. Review the file name and location where the file where be saved. Change if needed. Click Save.
4. Navigate to where you saved the form to. Open the form.
5. Enter the data on the form.
6. Save your entries. Click the Save icon or go to File and select Save.

Warning: If you enter data directly into the downloaded form (before saving the form in Acrobat) and save it, the data you entered will not be saved. Follow the instructions above to save the data you enter.

Alternatively, you may have the option to open the downloaded form in Acrobat:

1. Download the form from the website (click on the hyperlink on the webpage to open and download the form).
2. Click Open in Acrobat.
3. Enter the data on the form.
4. Save the form to your computer. Go to File, select Save as.
5. Select where you want to save the file. Click Save.

Warning: If you enter data directly into the downloaded form (before saving the form in Acrobat) and save it, the data you entered will not be saved. Follow the instructions above to save the data you enter.

Submitting the form:

1. Before submitting the form, open it and review your selections.
2. Submit the completed form to UW-Shared Services, Service Operations:

Email: serviceoperations@uwss.wisconsin.edu,

Fax: (608) 890-2327

Mail: 660 W. Washington Ave, Ste 201, Madison, WI 53703

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Employee Name:		Employee ID:	Date:
Expected Begin Date of TWR:	Expected End Date of TWR:	Email Used during TWR:	
Mailing Address Used during TWR:		Phone Number Used during TWR:	

While on a temporary work reduction (TWR) or a consecutive day furlough that lasts less than a full month, you may maintain your benefit coverages as outlined below:

- Payroll Deduction
 - Any missed or deductions not taken in full may go into arrears and may be taken on your next paycheck or you may be billed directly (benefits billing).
- Direct Bill (Benefits Billing)
 - If you elect to be billed, you will receive a monthly billing statement and you must submit your payment to UW-Shared Services, Service Operations by the 10th of each month.
- Accrued Sick Leave
 - State Group Health Insurance coverage may be maintained using your accrued sick leave (only available to employees who are eligible to earn sick leave, see [UW System Administrative Policy 121 \(formerly BN 3\) Sick Leave, section 4.A.](#) for information on eligibility to earn sick leave).
 - Available sick leave is determined by multiplying your accrued sick leave balance by your current hourly rate of your primary job.
 - If you elect to use accrued sick leave to maintain your State Group Health Insurance coverage you will receive a summary of sick leave hours used and remaining balance after your temporary work reduction is complete.

If you are placed on a temporary work reduction (TWR) or have a consecutive furlough that lasts less than one month, for any given month, you do not have the option to lapse your coverage and will not be given the opportunity to re-enroll in coverage when your temporary work reduction/furlough of less than one month ends. If premiums are not paid, your coverage will end and your next opportunity to enroll is during the Annual Benefits Enrollment for coverage effective January 1st. There are no interim re-enrollment opportunities.

For the benefit plans in which you are enrolled, check “Yes” below and indicate how you would like to pay the premium during your temporary work reduction. For State Group Health Insurance coverage if you elect to use accrued sick leave and your sick leave hours deplete, you will be directly billed for coverage.

Benefit Plan	Coverage Level	Monthly Employee Cost	Currently Enrolled?		Payment Method
			Yes	No	
State Group Health Insurance			Yes	No	
Preventive Dental Insurance			Yes	No	
Supplemental Dental Insurance			Yes	No	
Vision Insurance			Yes	No	
State Group Life Insurance			Yes	No	
Individual & Family Life Insurance			Yes	No	
UW Employees, Inc. Life Insurance			Yes	No	
Accidental Death & Dismemberment Insurance			Yes	No	

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Benefit Plan	Coverage Level	Monthly Employee Cost	Currently Enrolled?		Payment Method
			Yes	No	
Accident Insurance			Yes	No	
Income Continuation Insurance	N/A		Yes	No	
Flexible Spending Accounts (FSAs) – Health Care FSA and Dependent Day Care FSA	N/A	N/A	Yes	No	Payroll Deduction only

Completion of This Form

This form should be completed upon receiving notice of a temporary work reduction / furlough of less than one month and no later than the start of your temporary work reduction / furlough of less than one month. Return the completed form to the contact listed below. Keep a copy of this completed form for your records.

Transferring or Changing Benefits Due to a Temporary Work Reduction / Consecutive Day Furlough for a Partial Month

If you are married to another UW System or State of Wisconsin employee, you may be able to transfer your benefits to your spouse. For Individual & Family Life Insurance and Accidental Death & Dismemberment Insurance you may be able to transfer benefits to your spouse or domestic partner. Contact your benefits office for additional information about the options available to you.

Temporary Work Reduction Extended / Consecutive Day Furlough for a Partial Month

Contact your benefits office if your temporary work reduction is extended beyond 3 months (90 days) to understand how your benefits may be affected.

Resources

- Benefits Contacts by Institution: <https://www.wisconsin.edu/ohrwd/benefits/contact/>
- Additional Information: <https://www.wisconsin.edu/ohrwd/benefits/empcha/twr/>

Employee Signature (Full Name)

Date

Employee - Return completed form to:

Name:	Phone Number:
Office Address:	Email:

Institution:

COPY AND DISTRIBUTE:

- Employee
 Employee Benefits File
 UW-Shared Services, Service Operations

Email: serviceoperations@uwss.wisconsin.edu,

Fax: (608) 890-2327

Mail: 660 W. Washington Ave, Ste 201, Madison, WI 53703