

Late Enrollment Request Form

The annual Wisconsin Department of Employee Trust Funds offered an Open Enrollment period for the 2025 plan year of September 30–October 25, 2024. For enrollment in the 2025 plan year, Employee Reimbursement Account (ERA) and Health Savings Account (HSA) enrollment forms must have been submitted on or before October 25, 2024. If you did not enroll by the deadline of October 25, 2024, you are not able to enroll until the next annual open enrollment period or you experience a qualified life change event.

If you believe you were not offered an enrollment opportunity or experienced an unforeseen circumstance that impeded your ERA and/or HSA enrollment, you may complete this Late Enrollment Request Form and submit to your Employer Benefits Specialist or Payroll Benefits Staff, along with the required documentation. Your appeal request will be reviewed and you will be notified if your request is approved.

Deadline: Your late enrollment request must be received by your employer no later than January 31, 2025. Late appeals after the due date will not be accepted.

Process:

- Complete this form and submit it along with the required documentation (see box below) to your Employer Benefits Specialist or Payroll Benefits Staff.
- If your employer supports your appeal, they will create and submit a cover letter detailing the process used to distribute enrollment materials and information to employees, the date of receipt of your late enrollment request, and any additional relevant facts, to Optum Financial at OFETFAppeals@Optum.com. Your employer will also include your request and required documentation in this submission. If your employer does not support your appeal request, they may deny the request and decline submitting it to Optum Financial for review.
- Optum Financial will review and determine the outcome of your appeal. Your employer will be notified of Optum Financial's determination and they will communicate the outcome to you. Optum Financial will also provide you with written notice of the outcome within 60 calendar days from the receipt of the appeal from your employer. If you disagree with the outcome, you may submit a second level appeal to: Department of Employee Trust Funds, Attention: Ombudsperson Services, P.O. Box 7931, Madison, WI 53707-7931 or ombudsperson@etf.wi.gov.

Required Documentation: Please attach supporting documentation for this request, including:

- Letter or email detailing your request, including relevant facts, dates and information
- Completed enrollment form(s), available at my.optum.com/etf
- Documentation supporting your request, see the documentation items listed under each request reason on this form
- This completed and signed Late Enrollment Request Form

If the proper documentation is not received, this form will not be processed. Submit your request to your Employer Benefits Specialist or Payroll Benefits Staff.

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