



State of Wisconsin Department of Administration

Event Processing Job Aid

Version 2.0

Version History

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Benefit Events

This job aid will outline the different life events an employee may experience during their career. It outlines the steps an agency and employee need to take to complete the event.

Benefit Event Checklists for most events listed below can be found at the end of this job aid to assist you in processing each event.

ADM Event

The ADM event is manually added to the BAS Activity Table. It is used as a last resort when no other event fits the situation. A ticket must be created when using an ADM event to explain why the change is being made. All applicable applications must be attached to the ticket.

Event date = 1st of the month in which the new annual election or coverage is in effect

AGE Event

The AGE event is a passive event added to the BAS Activity Table used to remove coverage dependents from Health, Vision, Dental, and SGL (if applicable). Central Benefits runs this process.

AGE Event Rules

- **Event date = child's 26th birthday**
- Event will auto-close **30 days** after the event date

AGE-Dep of Minor Dependent

The child of a minor dependent is no longer eligible to be covered once the minor dependent turns age 18. Coverage for the child ends at the end of the month in which that minor dependent turns 18.

AGE-Dep of Minor Dependent Event Rules

- **Event date = child's 18th birthday**
- Event will auto-close **30 days** after the event date

AGE Event Actions and Effective Dates

Benefit Plan	Action	Effective Date
Health Delta Dental VSP	<ul style="list-style-type: none">• Remove child no longer eligible for coverage• Remember to change coverage level and collect an application (if applicable)	Child is removed from coverage on the 1 st of the month FOLLOWING the event date
Healthcare FSA	<ul style="list-style-type: none">• Change annual election• Cease coverage by changing annual election to current YTD contribution• Never change annual election to something less than YTD contribution	<ul style="list-style-type: none">• Coverage effective the 1st of the month FOLLOWING the event date• New deduction amount will occur in the pay period containing the new coverage effective date

Benefit Plan	Action	Effective Date
HSA	<ul style="list-style-type: none"> • Change HSA annual election • Never change annual election to something less than YTD contribution 	<ul style="list-style-type: none"> • Coverage effective the 1st of the month FOLLOWING the event date • New deduction amount will occur in the pay period containing the new coverage effective date
State Group Life	<ul style="list-style-type: none"> • If removing the last dependent, waive Spouse and Dependent on CAN event • Collect a SGL application and send completed application to ETF 	<ul style="list-style-type: none"> • Coverage effective the 1st of the month FOLLOWING the event date
ICI Dependent Care FSA Parking/Transit	<ul style="list-style-type: none"> • Does not open in the AGE event 	

Disabled Overage Dependents

An employee can cover their dependent through the end of the month in which they turn age 26. If the child is disabled, the employee must initiate the disabled dependent process by submitting a health application to their agency. This process should be initiated prior to the child turning age 26 so there is no interruption in coverage.

The agency must submit a ticket and attach the health application. Central benefits will forward the application to ETF, who will then forward to the health plan to have them complete their disability review process. When the health plan has reviewed the child’s disability status, ETF will update the coverage accordingly.

ETF will notify Central Benefits once they receive a letter from the health plan approving or denying the request.

You can refer to the [State Agency Health Plan Admin Manual](#) for additional information.

BIR Event

A birth event is used when an employee (or employee’s spouse) has a baby and needs to add the child to their benefits. Multiple events may be needed if the employee and spouse are both State of Wisconsin employees.

Adding spouse who is also a State of Wisconsin employee and enrolled in their own health insurance plan

- If there are two State of Wisconsin employees who have had a baby, they will need to decide who is going to be the subscriber of the family health plan. They can’t hold a family and single health plan or have dual coverage.

- Two applications are needed. The first application is to add the baby to the employee's health plan. A BIR event should be used. The event date = date of birth. The second application is to add the spouse as of the 1st of the month following the date of the event. A LOC event should be used. The event date = 1st of the month following DOB.
- The spouse who is ending their single coverage should submit a health application to their agency to end their coverage. An OTH event should be used and the event date = 1st of the month following DOB.
- A ticket should be submitted so Central Benefits can monitor the enrollments on the health interface and within MEBS/ETF.

Changing Health Plan due to Birth

- If the employee is changing plans due to the birth, a second BIR event should be used to change health plans. The application to change health plans must have been received within 30 days of the event. **You can't change the health plan on the original BIR event.** The event date of the second BIR event is the 1st of the month following receipt of application.
- Example: 1st BIR event = 3/15/XX and application received 4/2/XX. The agency must add new dependent(s) on 1st BIR event. The 2nd BIR event date = 5/1/XX. The health plan change is made on the 2nd BIR Event.

DIV Event

- A DIV event is used when an employee has officially been divorced through the courts and needs to remove the ex-spouse and ex-stepchildren from all applicable plans. The employee should let their agency know as soon as possible when this event occurs.
- The agency should be updating the marital status of the employee and former spouse/stepchildren. The effective date of the marital status change = actual date of divorce.
- The DIV event date = the date COBRA forms are sent. Coverage ends at the end of the month in which the COBRA notice is sent.

EOI Events

ICI

The employee has applied for ICI coverage thru Evidence of Insurability and has been approved for coverage. Typically, the EOI approval is sent to and entered by the agency.

- Event used to enter enrollment is dependent on whether the correct ICI category is already in Elg Fld 2 on Job (EOI vs. ELG event)
- Remember to add ICI ABBR effective the deduction begin date of the 1st active coverage month

SGL

Central Benefits will receive notification from Securian if an employee is approved for SGL coverage thru Evidence of Insurability. Central Benefits will update the enrollment in PS by entering an EOI event. The EOI event date is = to the coverage effective date. A copy of the approval (or denial) is sent to the agency.

- Central Benefits will set the deduction begin date to generate the correct retro premium due.

- If you look on the employee's Update Event Status page, you will see an EOI event with an event date = the coverage effective date (based on EOI approval notice)

ELG Event

An ELG event is created whenever there is a change to an eligibility config field. A row is added to job data with the Action Reason: Data Change/Benefits Eligibility Config. Never change an eligibility config field without using the correct Action Reason. If the wrong Action Reason is used, there is the risk of terminating benefits.

Common reasons for an ELG event include:

- WRS Lookback
- Eligibility for Disability Premium Waivers
- WRS Category Change
- Need to correct ICI Category when approved for ICI through Evidence of Insurability
- Employee loses employer share after 3 months due to LOA

ELG event due to Premium Waiver

ICI

- An employee may be eligible for an ICI premium waiver if they go out on a medical leave of absence or disability retirement. Typically, the request is initiated when an employee submits an ICI claim. The agency will be notified if the request has been approved or denied. Once you receive notification, you will need to update job data as soon as possible.
- Effective date on job = deduction begin date of month in which premium waiver goes into effect
- See checklist below for step-by-step instructions

SGL

- The SGL premium waiver request is initiated by the agency when they're first aware an insured employee is unable to work due to illness or injury and will be unable to perform any work or to engage in any occupation for an indefinite period. The Request for Disability Premium Waiver form should be completed: <https://etf.wi.gov/resource/request-disability-premium-waiver>. The agency will be notified if the request has been approved or denied. Once you receive notification, you will need to update job data as soon as possible.
- Effective date on job = deduction begin date of month in which premium waiver goes into effect

ELG event due to employee losing employer share after 3 months

- An employee will lose their eligibility towards the employer share of their health premium when they have been on a LOA for 3 months or more.
- The agency will need to change Elig field 3 to 100EMPPAID so the system knows to start charging the employee the full cost of their health premium.
- Effective date on job = deduction begin date of month in which employee owes full premium
- When the employee becomes eligible for employer share again, another Data Change/Benefits Eligibility Config row should be added to job data. The effective date = deduction begin date of month in which the employee becomes eligible for employer share. Remove the value from Elig Field 3 (this field should be blank).

LPS Event

- A LPS event is used to lapse benefits when an employee has been on a non-military LOA and has not paid their benefit premiums. This is a manual event added by the agency. There can be multiple LPS events.
- Event date = 1st of the month coverage is lapsed
- Lapse event can only go back two months from current date

LOC Event (adding dependents only)

- The LOC event is a manual event added to the BAS Activity Table used to add dependent(s) to the employee's existing Health, Vision, and Dental, (if applicable) when they lose other coverage. The employee has 30 days from the date other coverage ends to submit applications to add the dependent(s). Proof of loss of coverage is required.
- A ticket is required for a LOC event. All documentation should be attached within the ticket.
- LOC event date = first day AFTER the previous coverage ends

LST Event (adding employee and dependents)

- The LST event is a manual event added to the BAS Activity Table used to add coverage for the employee and any eligible dependent(s) to Health, Vision, and Dental, (if applicable) when they lose other coverage. The employee has 30 days from the date other coverage ends to submit applications to enroll. Proof of loss of coverage is required.
- A ticket is required for a LST event. All documentation should be attached within the ticket.
- LST event date = first day AFTER the previous coverage ends

MAR Event

- A MAR event is used when an employee gets married. This event allows the employee to add their new spouse (and stepchildren) as of the date of marriage to their benefits. The employee must submit applications within 30 days of the date of marriage. Multiple events may be needed if the employee and spouse are both State of Wisconsin employees.

Adding spouse who is also a State of Wisconsin employee and enrolled in their own health, Dental, Vision and Accident Plan insurances

- If there are two State of Wisconsin employees who have gotten married, they will need to decide who is going to be the subscriber of the family health plan and supplemental plans, if enrolled. They can't hold a family and single health plan or have dual coverage.
- The spouse who is ending their single coverage should submit a health application to their agency to end their coverage. An OTH event should be used and the event date = 1st of the month following DOM.
- The spouse who is picking up family coverage should submit an application to add the new spouse as of the 1st of the month following the date of the event. A LOC event should be used. The event date = 1st of the month following DOM.
- If there are no children, the employees can maintain single policies.

- A ticket should be submitted so Central Benefits can monitor the enrollments on the health interface and within MEBS/ETF.

Changing Health Plan due to Marriage

- If the employee is changing plans due to the marriage, a second MAR event should be used to change health plans. The application to change health plans must have been received within 30 days of the event. **You can't change the health plan on the original MAR event.** The event date of the second MAR event is the 1st of the month following receipt of application.
- Example: First MAR event = 3/15/XX and application received 4/2/XX. The agency must add new dependent(s) on first MAR event. The second MAR event date = 5/1/XX. The health plan change is made on the second MAR Event.

MOV Event

- A MOV event is used when an employee moves from their current health plan's service area and needs to change health plans. The employee has 30 days from the date they move to submit an application. The change in health plan is effective the 1st of the month following receipt of the application.
- The employee should update their home address through ESS.WI.GOV within the My Information tile.
- MOV event date = application receipt date
- If enrolled in a HDHP plan, be sure to update the HSA election to the correct plan

Job Aids

Start on next page.

ADM Event

Policy Considerations:

- This event should be used as a last resort when no other event fits the situation.
- **A ticket is required when using an ADM Event.**

Employee name: _____

Empl ID: _____

Reason: _____

Coverage Eff Date: _____

Scenarios on when to use an ADM event	Documentation Needed	Completed
<p>FSA Dependent Care: An employee has had a qualifying event which has given them a new enrollment or change opportunity. See the vendor's Change of Election form for a list of qualifying events.</p> <ul style="list-style-type: none"> • Effective date of change = 1st of month following receipt of application. • The annual election amount can't be below the current YTD amount. • If stopping election, you will need to account for any upcoming pay periods before the effective date of the change. 	Yes – Change of Election form	
<p>Disenrolling Employee from the Preventive Dental plan when their health insurance begins: An employee can enroll in Preventive Dental prior to their health insurance beginning (with ER contribution). Once the ER contribution begins, the employee can no longer maintain this coverage.</p> <ul style="list-style-type: none"> • Effective date = 1st of the month when Plan Type 10 is effective • Agencies should monitor this when completing SHR events • CB does monitor for this and will reach out to agencies when changes are made on their behalf 	No	
<p>Eligible Dependent Left off Application: An employee has enrolled in family health insurance coverage and neglected to include all eligible dependents on the application or within eBenefits.</p> <ul style="list-style-type: none"> • Effective date = 1st of month following receipt of application. *Please verify correct date with CB before making entry in PS. 	Yes – health application If spouse/children coming from another country are deemed eligible to be enrolled, they must provide a	

<ul style="list-style-type: none"> If spouse/children have arrived in the US from another country, contact CB to verify they are eligible for coverage. 	copy of their arrival stamp or travel itinerary.	
<p>Employee enrolling in health insurance due to retirement: An employee is eligible to enroll in health insurance (Access Plan only) the month in which they are retiring. This is done when the employee is not currently enrolled in the SOW health program and needs to certify their sick leave.</p> <ul style="list-style-type: none"> Effective date = 1st of month The application must be received on or before the 1st of the month. The employee should reach out to ETF, in writing, that they will be covered under a spouse’s health plan and to not start an annuitant health contract. <p>Example: Employee is retiring on 9/4/XX. The health application must be received on or before 9/1/XX.</p>	Yes – health application The agency should have something in writing from the employee regarding their intent to retire.	
<p>Late IYC Appeal: The employee has been approved for a Late IYC Appeal and the OE event is no longer open for agencies or CB.</p> <ul style="list-style-type: none"> Effective date = Approval date listed in letter from ETF 	Yes – health application ETF Late IYC Appeal approval letter	
<p>Other:</p> <ul style="list-style-type: none"> CB may have to create an ADM if there is a correction needed and events can’t be re-opened. If ETF reaches out to CB about a correction for health insurance, i.e., EE is enrolled in a HDHP and has other coverage and ETF determines the employee is not eligible. 	N/A	

Overage Dependent (AGE) – Removing Dependents/Dependents of Minor Dependents

Policy Considerations:

- If removing the last eligible dependent, an application for all applicable benefit plans is needed to change from Family to Single coverage.

Employee name: _____

Empl ID: _____

Name of Dep being removed: _____

What	Completed	Date Completed
Central Benefits creates the AGE events monthly. <ul style="list-style-type: none"> • The AGE event will open for agency entry the next morning. • The AGE event being created is for the following month. For example, AGE events created in August are for coverage ending in September. 		
Agencies should run the Overage Dependent query WI_BN_OVERAGE_DEPEND_RPT to confirm which dependent(s) needs to be removed and from which plans.		
Agencies should complete COBRA notice and send to dependent(s) being removed.		
Agencies should update the relationship status of the “parent of a minor child” to “child”. <ul style="list-style-type: none"> • Effective date = the date of the EE’s child’s 18th birthday 		
Agencies should update the “dependent of minor dependent” relationship to “Other-EMERGENCY CONTACT ONLY”. <ul style="list-style-type: none"> • Effective date = the date of the EE’s child’s 18th birthday • DO NOT delete the dependent from the Update Dependent/Beneficiary page. 		
Agencies should complete entry on the open AGE event in Perform Election entry.		
The agency should monitor MEBS to confirm the “dependent of a minor dependent” has been termed.		

Birth (BIR) – Adding Coverage/Adding Dependents

Policy Considerations:

- Employee has 60 days to report a birth, but only 30 days to change the health plan.
- Proof of maternity/paternity is required for a single parent

Employee Name: _____

Empl ID: _____

Event Date: _____

What	Completed By	Date Completed
Review base benefits to confirm what insurance plans the employee is currently enrolled in.		
If employee is currently getting the Opt Out Stipend (OOS) and adding coverage for the first time after waiving insurance, you will need to create an OOS event for the 1 st of the month in which the dependent is being added. Example: Baby is born on 6/5/xx and the employee is enrolled in the OOS. You will need to create a 6/1/xx OOS event to waive enrollment.		
Create BIR event for the date that the dependent was born on BAS activity table. The event will open the next morning for agency entry for all applications received. *If it's been over 60 days since the DOB, you will need to create a ticket because the event will auto close.		
Add new dependent(s) the same day you create the BIR event. Add the dependent(s) to the dependent screen with date of birth as the effective date *Be sure to update gender and marital status for all dependents *If moving from Single to Family coverage with a marital status of "married" all eligible dependents must be added. **SSNs are required for spouse and any dependent age 1 year or older. If spouse does not have an SSN, the employee is required to complete the Employer Affidavit (No Taxpayer Identification Number) form. *If entering an SSN for any dependent and you receive an error message indicating this SSN is already being used under Empl ID XXXXXXXXXX, screen shot the error message and create a ticket.		
If the employee's marital status is not "married" and they are adding a child, create a ticket and include the following documentation in the ticket: Court Order, Voluntary Paternity Acknowledgment, or birth certificate (must show mother/father name). *When attaching the birth certificate, you must include a statement that you have viewed the original document (this can be added on the copy of the birth certificate).		
If the employee is adding or increasing State Group Life by one unit or Spouse & Dependent coverage, send completed life application to ETF. *The application must be received within 30 days of event.		
If employee is enrolled in a HDHP and changing from Single to Family coverage, you will need to verify if a POTT is needed to contribute the difference between Single and Family employer share of HSA.		

<p>* If change is effective the 1st-15th of month, they should receive the family employer share towards their HSA.</p> <p>*If change is effective the 16th-end of month, they do not receive the family employer share towards their HSA.</p>		
<p>If the employee is changing health plans due to the birth, create a second BIR event with an effective date of the 1st of the month following receipt of the application.</p> <p>Example: Baby born 6/5/XX, application to add baby and change health plan received 7/2/XX. Add baby to the 6/5/XX BIR event – do not change the health plan on this event. Create an 8/1/XX BIR event to change the health plan.</p> <p>*The agency must submit a ticket and attach the required documentation for review and submission to ETF.</p>		
<p>Verify dependent(s) are in ETF</p> <p>*Create a ticket if you do not see any changes in MEBS within one week of entry on the event.</p>		

Divorce (DIV) – Removing Dependents

Policy Considerations:

- Employee has 30 days to report a divorce for benefit changes. If reported after 30 days, the dependent(s) still needs to be removed.
- This event does not allow benefit enrollments*.

Employee Name: _____

Empl ID: _____

Event Date: _____

What	Completed By	Date Completed
Review base benefits to confirm what insurance plans the employee is currently enrolled in.		
Update employee marital status in Modify a Person		
Create DIV event for the date of divorce or when COBRA was sent, whichever is later, on the BAS activity table. The event will open the next morning for agency entry for all applications received. *The agency must submit a ticket and attach the required documentation, health application and COBRA notice, for review and submission to ETF. *If it's been over 30 days since the event was added to the BAS table, you will need to create a ticket because the event will auto close.		
Remove the ex-spouse and any other ineligible dependents from all applicable plans. Applications must have been received. *Be sure to update the ex-spouse and ineligible dependent's marital and relationship status. The effective date is equal to the date of divorce. *Do not delete dependents. Add a row, using the date of the divorce, to update their status.		
If the employee is waiving State Group Life Spouse & Dependent coverage, send completed life application to ETF. *The coverage termination date equals the date of divorce. *If application is received more than 30 days after date of divorce, create a ticket.		
If employee is enrolled in a HDHP and changing from Family to Single coverage, you will need to create a ticket to request a refund of the difference between Family and Single ER share of HSA if a deduction was taken in error. *A POTT cannot be used. The refund request must go thru vendor.		
If the employee is changing health plans due to their divorce, create a ticket and attach a copy of the application for CB to review. Further guidance will be provided once application is reviewed.		
Verify dependent(s) have been removed from ETF. *Create a ticket if you do not see any changes in MEBS within one week of entry on the event.		

***If employee needs to add coverage, please see the LST/LOC job aid.**

ICI Evidence of Insurability (EOI vs ELG) – Adding ICI Coverage

Policy considerations:
 *EOI event is created if Elig field 2 is correct.
 *ELG event is created if Elig field 2 is incorrect.

Employee Name: _____
 Empl ID: _____
 Event used: _____

Review job data and sick leave balance to confirm what value is in Elig field 2, if any, and to determine correct ICI category.		
If the event is over 30 days, please create a ticket and attach a copy of the approval letter. CB will need to review and complete process in PS.		
The agency should monitor their retro report to make sure premiums are caught up for the employee, if applicable.		
What	Completed	Date Completed
<p>If Elig field 2 is <u>correct</u>: Create an EOI event on the BAS table using the effective date indicated on the approval letter from the vendor.</p> <ul style="list-style-type: none"> • The EOI event will open to for agency entry the next morning. 		
Be sure the ICI ABBR is updated using the deduction begin date as the effective date		
What	Completed	Date Completed
<p>If Elig field 2 is <u>incorrect</u>: Add a row on job data using the deduction begin date based on the effective date of ICI coverage listed within the approval letter.</p> <ul style="list-style-type: none"> • Action = data change • Reason = benefit eligibility config <p>Update elig fld 2 with the correct ICI Category</p> <p>This will create an ELG event on the BAS activity table which will open for agency entry the next morning.</p>		
Enroll the employee in ICI on the ELG event. *Coverage will be effective the 1 st of the month.		
Be sure the ICI ABBR is updated using the deduction begin date as the effective date		

ICI Premium Waiver Plan (ELG) – Enrolling and Removing

Policy considerations:

- If employee is enrolled in the ICI Premium Waiver plan, they will be skipped during the next ICI Annual review.

Employee Name: _____

Empl ID: _____

ICI Premium Waiver effective: _____

ICI Premium Resume date: _____

What	Completed	Date Completed
<p>Enrolling in ICI Premium Waiver Plan:</p> <p>Add a row on job data using the deduction begin date based on the effective date of ICI Premium Waiver listed within the approval letter.</p> <ul style="list-style-type: none"> • Action = data change • Reason = benefit eligibility config <p>Update Elig field 5 with the ICI Premium Waiver value (ICIPRW).</p> <p>This will create an ELG event on the BAS activity table, which will open for agency entry the next morning.</p> <p>*If the deduction begin date is more than 30 days in the past, it will auto close. You will need to create a ticket and attach the documentation to have Central Benefits complete.</p>		
<p>Enroll the employee in Option Code 13 (Premium Waiver) on the ELG event. Make sure to click on the “special elections requirements” link and check the “proof received” box.</p> <p>If employee is also enrolled in the Supplemental plan, enroll in Option Code 7 (Premium Waiver) on the ELG event. Make sure to click on the “special elections requirements” link and check the “proof received” box.</p> <p>*Do not “waive” coverage</p>		
<p>Add an ICI ABBR row, using the deduction begin date as the effective date. Keep ABBR value as is.</p>		
<p>Monitor your retro and arrears reports and any personal payments received.</p>		

What	Completed	Date Completed
<p>Removing ICI Premium Waiver:</p> <p>Add a row on job data using the deduction begin date based on the effective date ICI premiums should resume.</p> <ul style="list-style-type: none"> • Action = data change • Reason = benefit eligibility config <p>Update Elig field 5 by deleting the ICIPRW value.</p> <p>This will create an ELG event on the BAS activity table, which will open for agency entry the next morning.</p> <p>*If the deduction begin date is more than 30 days in the past, it will auto close. You will need to create a ticket and attach the documentation to have Central Benefits complete.</p> <p>*If the employee was approved for an ICI Premium Waiver and you received a second letter to restart the premiums for the same day, please create a ticket.</p>		
<p>Re-enroll the employee in ICI on the ELG event.</p> <p>*Confirm which ICI plan(s) the employee was enrolled in prior to the premium waiver</p>		
<p>Monitor your retro and arrears reports and any personal payments received.</p>		

Loss of Coverage for Dependents (LOC) – Adding Dependents (EE currently enrolled)

Policy Considerations:

- Loss of coverage documentation must be received within 30 days of event.
- The enrollment will not interface with ETF until the event date or later if the event falls on a weekend.
- **Agency must create a ticket and attach the required documentation: health application and proof of loss of coverage.**

Employee name: _____

Empl ID: _____

Coverage effective date: _____

What	Completed By	Date Completed
Review base benefits to confirm what insurance plans the employee is currently enrolled in.		
Create LOC event on the BAS Activity table. <ul style="list-style-type: none"> • The LOC event will open for agency entry the next morning. • Effective date = the date coverage needs to start (review supporting documentation to confirm termination date of previous coverage) 		
Review PS to confirm which dependents, if any, are already listed in PS. <ul style="list-style-type: none"> • DO NOT create a duplicate dependent • Confirm the spouse is NOT a SOW employee <ul style="list-style-type: none"> ○ If spouse is a SOW employee, confirm their coverage is already termed in MEBS. If coverage is not termed or you can't see their enrollment in MEBS, create a ticket. 		
Add new dependent(s) the same day you create the LOC event. <ul style="list-style-type: none"> • Effective date = the date coverage needs to start *Be sure to update gender and marital status for all dependents *If moving from Single to Family coverage all eligible dependents must be added. * SSNs are required for spouse and any dependent age 1 year or older. If spouse does not have an SSN, the employee is required to complete the Employer Affidavit (No Taxpayer Identification Number) form. *If entering an SSN for any dependent and you receive an error message indicating this SSN is already being used under Empl ID XXXXXXXXX, screen shot the error message and create a ticket.		
Add the coverage and dependent(s) onto the LOC event.		
If employee is enrolled in a HDHP and changing from Single to Family coverage, you will need to verify if a POTT is needed to contribute the difference between Single and Family employer share of HSA. <ul style="list-style-type: none"> * If change is effective the 1st-15th of month, they should receive the family employer share towards their HSA. *If change is effective the 16th-end of month, they do not receive the family employer share towards their HSA. 		

Verify enrollment in MEBS.		
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*Create a ticket if you do not see any changes in MEBS within one week of coverage effective date (if entry was completed prior to effective date).		
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*It's recommended that the employee submit their benefit applications prior to receiving their loss of coverage documentation. There are times when the loss of coverage documentation may not be received within 30 days. If the applications were received within 30 days, it is considered timely.

Loss of Coverage (LST) – Adding Coverage (EE is not currently enrolled)

Policy Considerations:

- Loss of coverage documentation must be received within 30 days of event.
- The enrollment will not interface with ETF until the event date or later if the event falls on a weekend.
- **Agency must create a ticket and attach the required documentation: health application and proof of loss of coverage.**

Employee Name: _____

Empl ID: _____

Coverage Effective Date: _____

What	Completed	Date Completed
Review base benefits to confirm what insurance plans the employee is currently enrolled in.		
Create the LST event on the BAS Activity table. <ul style="list-style-type: none"> • The LST event will open for agency entry the next morning. • Effective date = the date the coverage needs to start (review supporting documentation to confirm termination date of previous coverage) 		
Review PS to confirm which dependents, if any, are already listed in PS. <ul style="list-style-type: none"> • DO NOT create a duplicate dependent • Confirm the spouse is NOT a SOW employee <ul style="list-style-type: none"> ○ If spouse is a SOW employee, confirm their coverage is already termed in MEBS. If coverage is not termed or you can't see their enrollment in MEBS, create a ticket. 		
Add new dependent(s) the same day you create the LST event. <ul style="list-style-type: none"> • Effective date = the date coverage needs to start *Be sure to update gender and marital status for all dependents *If moving from Single to Family coverage all eligible dependents must be added. * SSNs are required for spouse and any dependent age 1 year or older. If spouse does not have an SSN, the employee is required to complete the Employer Affidavit (No Taxpayer Identification Number) form. *If entering an SSN for any dependent and you receive an error message indicating this SSN is already being used under Empl ID XXXXXXXXX, screen shot the error message and create a ticket.		
Add the coverage and dependent(s) onto the LST event. <ul style="list-style-type: none"> • If employee is enrolled in the OOS plan, you must waive coverage on the LST event. 		

<p>If employee is enrolling in a HDHP, you will need to verify if a POTT is needed to catch up employer share of HSA.</p> <p>Impacts on Premiums/HSA</p> <p>* If coverage is effective the 1st-15th of month, employee will be responsible for the entire month's premium. If employee is enrolling in a HDHP, they are eligible to receive the full month's employer share.</p> <p>*If coverage is effective the 16th-end of month, employee will not be responsible for premiums until the following month. If employee is enrolling in a HDHP, they will not be eligible to receive the employer share until the following month.</p>		
<p>Verify enrollment in MEBS.</p> <p>*Create a ticket if you do not see any changes in MEBS within one week of coverage effective date (if entry was completed prior to effective date).</p>		

*It's recommended that the employee submit their benefit applications prior to receiving their loss of coverage documentation. There are times when the loss of coverage documentation may not be received within 30 days. If the applications were received within 30 days, it is considered timely.

Marriage (MAR) – Adding Coverage/Adding Dependents

Policy Considerations:

- Employee has 30 days to report a marriage for benefit changes.

Employee Name: _____

Empl ID: _____

Event Date: _____

What	Completed By	Date Completed
Review base benefits to confirm what insurance plans the employee is currently enrolled in.		
Update employee marital status in Modify a Person		
Complete a WRS Prior Service Check on the spouse using their SSN to verify name, DOB, and employment status under the WRS. *If spouse is an active WRS employee, <u>and</u> has active health insurance, do not create events, and create a ticket. *If spouse is not an active WRS employee, continue to next step.		
If employee is currently getting the Opt Out Stipend (OOS) and adding coverage for the first time after waiving insurance, you will need to create an OOS event for the 1 st of the month in which the dependent(s) is being added. Example: Marriage date is 6/5/XX and the employee is enrolled in the OOS. You will need to create a 6/1/XX OOS event to waive enrollment.		
Create MAR event for the date of marriage on the BAS activity table. The event will open the next morning for agency entry for all applications received. *If it's been over 30 days since the date of marriage, you will need to create a ticket because the event will auto close.		
Add new dependent(s) the same day you create the MAR event. Add the dependent(s) to the dependent screen with date of marriage as the effective date *Be sure to update gender and marital status for all dependents *If moving from Single to Family coverage all eligible dependents must be added. * SSNs are required for spouse and any dependent age 1 year or older. If spouse does not have an SSN, the employee is required to complete the Employer Affidavit (No Taxpayer Identification Number) form. *If entering an SSN for any dependent and you receive an error message indicating this SSN is already being used under Empl ID XXXXXXXXXX, screen shot the error message and create a ticket.		
If the employee is adding or increasing State Group Life by one unit or Spouse & Dependent coverage, send completed life application to ETF. *The application must be received within 30 days of event.		
If employee is enrolled in a HDHP and changing from Single to Family coverage, you will need to verify if a POTT is needed to contribute the difference between Single and Family employer share of HSA. * If change is effective the 1st-15th of month, they should receive the family employer share towards their HSA.		

<p>*If change is effective the 16th-end of month, they do not receive the family employer share towards their HSA.</p>		
<p>If the employee is changing health plans due to their marriage, create a second MAR event with an effective date of the 1st of the month following receipt of the application. Example: Marriage date is 6/5/XX. Employee submits application to add new dependents and change health plan on 7/2/XX. Add new dependents to the 6/5/XX MAR event – do not change the health plan on this event. Create an 8/1/XX MAR event to change the health plan. *The agency must submit a ticket and attach the required documentation for review and submission to ETF.</p>		
<p>Verify dependent(s) are in ETF *Create a ticket if you do not see any changes in MEBS within one week of entry on the event.</p>		

MOV Event – Changing Health Plans

Policy Considerations:

- Employee has 30 days from the date they move to submit an application to change health plans.
- Change is effective the 1st of the month following receipt of application.

Employee Name: _____

Empl ID: _____

Event Date: _____

What	Completed By	Date Completed
The employee should update their home address through ESS.WI.GOV within the My Information tile.		
Review base benefits to confirm what health insurance plan the employee is currently enrolled in.		
Create MOV event on BAS Activity table. *Event date = application receipt date. The event will open the next morning for agency entry. *If it's been over 30 days since the date of move, the employee will need to wait until Open Enrollment to change health plans.		
*When MOV event is open, update the health insurance plan to the new one selected by the employee. *Confirm all dependents are listed.		
If enrolled in a HDHP plan, be sure to update the HSA election to the correct plan		