

Benefit Application and Form Distribution Chart

Plan Name	# of Copies Needed	Recipient	Copy Distribution & Explanation of Use
State Group Health-- Application/Change Form (Reg & Grad)	Original	Institution	Original application to be kept for the employee's file.
	2 Copies	Service Center	Send a copy to the Service Center - 660 W. Washington Ave - Madison, WI 53703. Used by the Service Center to update ETF's health database. Coverage updates are made to Navitus and the health plan vendors from this source.
		Employee	Employee keeps a copy.
EPIC Benefits+ Application	Original	Institution	Original application to be kept for the employee's file.
	2 Copies	EPIC Life Insurance	Send a copy to EPIC Life Insurance Company - Attention Judith Barlow - PO Box 8430 - Madison, WI 53708 (preferred method). May send via FAX: 608-223-2159, if faxing please call to confirm receipt Phone: 608-226-7857.
		Employee	Employee keeps a copy.
EPIC Benefits+ Beneficiary Designation	Original	EPIC Life Insurance	Employee sends original to EPIC Life Insurance Company - PO Box 8430 - Madison, WI 53708. **Employer does not retain a copy.**
Dental WI Application	Original	Institution	Original application to be kept for the employee's file.
	2 Copies	EPIC Life Insurance	Send a copy to EPIC Life Insurance Company - Attention Judith Barlow - PO Box 8430 - Madison, WI 53708 (preferred method). May send via FAX: 608-223-2159, if faxing please call to confirm receipt Phone: 608-226-7857.
		Employee	Employee keeps a copy.
VSP Application	Original	Institution	Original application to be kept for the employee's file.
	1 Copy	Employee	Employee keeps a copy.
State Group Life Application	Original	Institution	Original application to be kept for the employee's file.
		ETF	Use the Original to FAX to ETF at 608-267-4549
	1 Copy	Employee	Employee keeps a copy.
State Group Life Beneficiary Designation	Original	ETF	Employee sends original to ETF - PO Box 7931 - Madison, WI 53707. **Employer does not retain a copy.**
Individual & Family Group Life Application	Original	UWSA	Send original to UW System Administration - 780 Regent Street Suite 224 - Madison, WI 53715.
	2 Copies	Institution	Institution Copy to be kept for the employee's file.
		Employee	Employee keeps a copy.
Individual & Family Beneficiary Designation	Original	UWSA	Employee sends original to UW System Administration - 780 Regent Street Suite 224 - Madison, WI 53715. **Employer does not retain a copy.**
UW Employees Inc. Life Ins. Application	Original	Institution	Original application to be kept for the employee's file. {Needed if a claim is filed.}
	1 Copy	Employee	Employee keeps a copy.
UW Employees Inc. Beneficiary Designation	Original	Minnesota Life	Employee sends original to Minnesota Life - 400 Robert Street North - St. Paul, MN 55101. **Employer does not retain a copy.**
Accidental Death & Dismemberment Application	Original	UWSA	Send original to UW System Administration - 780 Regent Street Suite 224 - Madison, WI 53715.
	2 Copies	Institution	Institution Copy to be kept for the employee's file.
		Employee	Employee keeps a copy.

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<u>AD&D Beneficiary Designation</u>	Original	UWSA	Employee sends original to UW System Administration - 780 Regent Street Suite 224 - Madison, WI 53715. **Employer does not retain a copy.**
<u>University Insurance Association (UIA) Beneficiary Designation</u>	Original	Minnesota Life	Employee sends original to Minnesota Life - PO Box 259708 - Madison, WI 53725. **Employer does not retain a copy.**
<u>Income Continuation Application</u>	Original	Institution	Original application to be kept for the employee's file.
		ETF	Use the Original to FAX to ETF at 608-267-4549
	1 Copy	Employee	Employee keeps a copy.
<u>Flexible Spending Account (FSA) Application</u> Medical, Dependent Care & LPFSA Parking/Transit	Original	Institution	Original application to be kept for the employee's file.
		Service Center	Send a copy of Parking/Transit (only) to the Service Center - 660 W. Washington Ave - Madison, WI 53703.
		Employee	Employee keeps a copy.
<u>Health Savings Account (HSA) Application</u>	Original	Institution	Original application to be kept for the employee's file. { Page 5 must be signed by the employee }
		Service Center	Send a copy of Page 1 (only) to the Service Center - 660 W. Washington Ave - Madison, WI 53703. Used by the Service Center to upload to the TASC database.
		Employee	Employee keeps a copy.
<u>FSA/HSA Change of Election Form</u>	Original	Institution	Original application to be kept for the employee's file.
		Employee	Employee keeps a copy.
<u>Parking/Transit Change of Election Form</u>	Original	Institution	Original application to be kept for the employee's file.
		Service Center	Send a copy to the Service Center - 660 W. Washington Ave - Madison, WI 53703.
		Employee	Employee keeps a copy.
<u>Tax Sheltered Annuity (TSA) - Salary Reduction Agreements</u>	Original	Institution	Original application to be kept for the employee's file.
		Employee	Employee keeps a copy.
<u>WRS Beneficiary Designation</u>	Original	ETF	Employee sends original to ETF - PO Box 7931 - Madison, WI 53707. **Employer does not retain a copy.**
<u>Wisconsin Deferred Compensation (WDC)</u>	N/A	N/A	Employee enrolls and makes all changes directly with WDC at https://wisconsin.gwrs.com or (877) 457-9327 or email wdcprogram@gwrs.com .
<u>Accumulated Sick Leave Certification</u> General/Teacher Craftworker & Protective	On-line sick leave certification process provided through <i>myETF Benefits Admin</i> system.		
	Pdf Copy	Service Center	Attach the pdf copy to a UW Service Center Wisclt, attention Absence Management Team, to have the Sick Leave balance zeroed out.
		Institution	Institution Copy to be kept for the employee's file.
	2 Copies	Employee	Mail a copy to the employee.