**CODING INSURANCE APPLICATIONS JOB AID**

Benefit Administrators must verify that all applications are fully completed, as well as signed and dated by the employee timely. All information listed in the Employer Section is required for every application submitted to ensure coverage will be approved timely, coordination of benefits is administered properly, and claims are not delayed.

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Although the employer section of each application may vary slightly from one plan to another, many of the vendors have common fields that are completed with the same information:

* 1. Date Rec’d: Date you physically received the application in your office
  2. Received By: Signature of UW employee completing this section
  3. Hire Date/Date Eligible for WRS: Original hire date or date employee became WRS eligible
  4. Coverage Eff Date: The date the new coverage should become effective
  5. Processor’s signature, initials, or both: your initials or signature
  6. Phone Number or Email Address: Your work phone number or work email address
  7. Date signed: date you signed or initialed the application
  8. Employee ID: Social Security Number\* (\*use HRS Empl\_ID for VSP)

Benefit Administrators will need to complete all other fields based on the particular vendor in question. Below is a grid to help you enter the appropriate information into these fields based on vendor.

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| --- | --- | --- |
| **VENDOR** | **FIELD** | **DESCRIPTION OR VALUE** |
| **STATE GROUP HEALTH** | EIN | 0001131 |
|  | Employer Name | University of Wisconsin |
|  | Group Number | 83445 |
|  | Employee Type | 03 University Staff, 04 FAASLI, 12 Grad Assistant |
|  | Coverage Type | Check either Single or Family |
|  | Health Plan Name/Suffix | See Addendum |
|  | Business Unit | i.e. UW-Madison, UW-Stout, etc. |
|  | Employment Status | Indicate if employee is Full Time, Part Time, or an LTE |
|  | Employee Deductions | Check if premiums will be deducted pre or post tax |
|  | Event Date | Indicate the qualifying event date: i.e. date of hire for new employee, date of marriage for change from single to family, etc. |
|  | Prospective Coverage Date | The date the new coverage should go into effect |
|  | Are you a WRS Participating employer? | Yes |
|  | Previous Service Checked | Yes |
|  | Source of Previous Service Check | Indicate Online Network if the New Hire Hold process defaulted zeros or if you manually checked ETF One Net. Check ETF if you called ETF directly for the information |
|  | Did employee participate in the WRS prior to being hired by you? | Indicate yes or no based on the previous service check |
| **VENDOR** | **FIELD** | **DESCRIPTION OR VALUE** |
| **EPIC / DENTAL WISCONSIN** | Agency/Campus Code | i.e. UW-Madison, UW-Stout, etc. |
|  | Group Number | EPIC: 31800  Dental WI: 31800D |
|  | Division Number | Leave Blank |
|  | Affidavit of domestic partnership | If there is no domestic partner, mark N/A. If there is a domestic partner, check whether there is an ETF Affidavit or a Non “Chapter 40” Affidavit on file |
|  | Premium | Leave Blank – you do not need to calculate the premium for this plan |
| **VISION INSURANCE PLAN** | Employee ID | 0 + Applicant’s HRS Empl\_ID (i.e. 099999999) |
|  | Location | i.e. UW-Madison, UW-Stout, etc. |
|  | Group Number | 30027840/0001/0001 |
| **STATE GROUP LIFE INSURANCE** | ETF Employer Number | 69-036-0001-131 |
|  | Name of Employer | i.e. UW-Madison, UW-Stout, etc. |
|  | Employer Billing Unit Number | 1131 |
|  | Prepared By | Print your name |
|  | Date WRS employment began… | Date the employee became eligible for the WRS which may or may not be the date of hire |
|  | Date Provided to Employee | The date you gave the employee this form to complete |
|  | Calendar Year Earnings | Based on ABBR rules (see KB17090 for more information) |
|  | Earnings Are | Indicate if the earnings listed are an estimate of the annual salary or the actual previous year’s WRS earnings |
| **INDIVIDUAL & FAMILY INSURANCE** | Affidavit of Domestic Partnership | If there is no domestic partner, mark N/A. If there is a domestic partner, check whether there is an ETF Affidavit or a UWS Affidavit on file |
|  | Premium | Calculate the employee’s monthly premium based on coverage level and age. (See <https://www.wisconsin.edu/ohrwd/benefits/premiums/> for a premium calculator. |
| **UW Employees Inc** | Premium | Calculate the employee’s monthly premium based on coverage level and age. (See <https://www.wisconsin.edu/ohrwd/benefits/premiums/> for a premium calculator. |
| **AD&D** | Premium | Calculate the employee’s monthly premium based on coverage and whether they have single or family coverage. (See <https://www.wisconsin.edu/ohrwd/benefits/premiums/> for a premium calculator. |
|  | Person ID | Applicant’s HRS Empl\_ID |
|  | Has employee established a UWS or ETF domestic partnership? | If there is no domestic partner, mark N/A. If there is a domestic partner, check whether there is an ETF Affidavit or a UWS Affidavit on file |
| **INCOME CONTINUATION INSURANCE** | Employer Name | i.e. UW-Madison, UW-Stout, etc. |
|  | EIN | 69-036-0001131 |
| **TASC** | Employer Name | i.e. UW-Madison, UW-Stout, etc. |
|  | Date of First Payroll | First day of the payroll period when deductions begin |

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