

Late Enrollment Request Form

The annual Wisconsin Department of Employee Trust Funds offered an Open Enrollment period for the 2022 plan year of September 27 - October 22, 2021. For enrollment in the 2022 plan year, Employee Reimbursement Account (ERA) and Health Savings Account (HSA) enrollment forms must have been submitted on or before October 22, 2021. If you did not enroll by the deadline of October 22, 2021, 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, 2022. Late appeals after the due date will not be accepted.

Process:

- Complete this form and submit it and 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 member and 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 ETFAppeals@ConnectYourCare.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, PO 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 connectyourcare.com/m/etfemployees/forms/
- 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.

STEP 1: Personal Information			
First Name:	Last Name:		
Employer Name:	Employee ID:		
Permanent Address:	City:	State:	Zip Code:
Day Time Phone Number:	Email Address:		
STEP 2: Benefit Program Enrollment			
Select the accounts in which you would like to enroll.			
<input type="checkbox"/> Health Savings Account <input type="checkbox"/> Health Care Flexible Spending Account <input type="checkbox"/> Dependent Day Care Account <input type="checkbox"/> Transit Account* <input type="checkbox"/> Parking Account*			
*UW System and UW Hospitals & Clinics employees are not eligible for Transit or Parking Benefits.			
STEP 3: Reason for Request and Required Documentation			
<input type="checkbox"/> My employer did not provide me with an enrollment opportunity. A statement from your employer confirming you were not provided with an enrollment opportunity must be included with your late enrollment request. Documentation Needed: <input checked="" type="checkbox"/> Late Enrollment Request Form <input checked="" type="checkbox"/> Enrollment Form <input checked="" type="checkbox"/> Employer Statement			
<input type="checkbox"/> I enrolled through my employer's payroll benefit system during the open enrollment period, however my enrollment was not processed due to a technological issue. A statement from your employer confirming your enrollment was not correctly processed due to a technological issue must be included with your late enrollment request. Documentation Needed: <input checked="" type="checkbox"/> Late Enrollment Request Form <input checked="" type="checkbox"/> Enrollment Form <input checked="" type="checkbox"/> Proof of Enrollment Attempt (ex. screenshot from Benefits Staff)			
<input type="checkbox"/> I submitted accurate enrollment information during the open enrollment period, however my enrollment was not recorded accurately due to an administrative error. (Examples of administrative errors include incorrect entry of your contribution amount or an incorrect benefit program selection.) A statement from your employer confirming an administrative error was made during the enrollment process must be included with your late enrollment request. Documentation Needed: a Late Enrollment Request Form a Enrollment Form a Employer Statement			
<input type="checkbox"/> I enrolled in a benefit program during the open enrollment in good faith, however I entered an incorrect contribution amount, am not eligible for a program, enrolled in the wrong program, or discovered I am already paying for the benefit in which I enrolled via payroll deduction. A statement from your employer verifying your enrollment error must be included in your late enrollment request. Documentation Needed: <input checked="" type="checkbox"/> Late Enrollment Request Form <input checked="" type="checkbox"/> Enrollment Form <input checked="" type="checkbox"/> Proof of Enrollment Attempt(ex. Enrollment Form or screenshot) <input checked="" type="checkbox"/> Proof of Ineligibility of Benefits (ex. Payroll Center verification of no eligible dependents) <input checked="" type="checkbox"/> Proof of Pre-Taxed Benefit Enrollment (Benefits Staff confirmation)			
<input type="checkbox"/> Other _____ Documentation Needed: <input checked="" type="checkbox"/> Completed Appeal Form <input checked="" type="checkbox"/> Completed Enrollment Form			
STEP 4: Authorization and Certification			
I certify that the information on this form is accurate.			
_____ Account Holder Signature	_____ Date		

HSA's are individual accounts administered or offered by ConnectYourCare, LLC, a subsidiary of Optum Financial, Inc. FSA's and Transit and Parking Programs are administered on behalf of your plan sponsor by Optum Financial.