



**COUNTY OF DANE**  
**DEPARTMENT OF ADMINISTRATION**  
Room 425 City-County Building  
210 Martin Luther King Jr. Blvd.  
Madison, WI 53703

CHARLES HICKLIN  
Controller

**NEW EMPLOYEE ORIENTATION**  
**EMPLOYEE BENEFITS**

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**PLEASE PUT AWAY YOUR  
CELL PHONE  
DURING ORIENTATION**

**\*IMPORTANT NOTICE:\***  
Any change in family status  
(marriage, divorce, death,  
birth, adoption, etc) **will**  
require new insurance  
enrollment forms to be  
completed.  
All forms must be completed  
and submitted within 30 days  
of the qualifying event.  
Contact your payroll clerk for  
further guidance.

## I. INTRODUCTION

This packet of information provides a brief summary of the topics discussed at New Employee Orientation. Please call the Controller's office at any time with your employee benefit questions, and for assistance completing your enrollment forms. *We ask that you do not discuss any personal medical or financial situations with other County staff, including your payroll clerk.* Please refer to the benefit provider for any information concerning medical or financial questions.

## II. CONTACTS: (Department of Administration):

**Cathy Lippart - Payroll Manager – 266-4116 – City County Building Room 362:**  
EBC Enrollment, Additional Contributions to Retirement, Long-Term Care enrollment, Life Insurance, Deferred Compensation plans, FOCUS cards.

**Carol Cady-Severson – Benefit Administration Specialist - 266-4081, City County Building Room 362:** Enrollment forms, Late Enrollment, Changes to Benefits, Premium Payroll Deductions, Retirement Questions,

**Kristin Reeves – Payroll Specialist – 266-4115, City County Building Room 362:**  
Garnishments, child support, general payroll support, payroll processing.

**Lea Kuqo –Clerk III - 283-1230, City County Building Room 362:**  
Direct Deposits, W4 changes, Vacation Bank/Sabbatical transfers.

**Risk Management - 266-4965, Annex**  
Workers Compensation, Disability Insurance Claims

**HIPPA: CONFIDENTIAL MEDICAL INFORMATION SHOULD ALWAYS BE SENT DIRECTLY TO RISK MANAGEMENT or EMPLOYEE RELATIONS.**

### III. DIRECT DEPOSIT/FOCUS PAYROLL CARD

Employees may direct deposit their entire net check to their preferred banking institution. Authorization forms are available in the Controller's office (Room 425 CCB), on the DCInet, or from your payroll clerk. You **MUST** attach a voided check from your checking account or a deposit slip for your savings account.

Employees who do not sign up for direct deposit will be issued a reloadable debit card called a FOCUS card. Paper payroll checks are no longer issued.

Dane County Credit Union is the only institution where you may elect a separate payroll deduction to a financial institution other than the destination of your direct deposit.

### IV. REGULAR PART TIME EMPLOYEES

#### **Premium Payment:**

Note that premiums are paid through payroll deduction. We cannot accept partial payment through payroll deduction. In the event your wages are not enough to cover a premium deduction we will bill you, or take the premium from a subsequent pay period.

#### **Benefit Eligibility:**

To qualify for certain benefits, your FTE status must be at least 20 work hours or more per week (.5 FTE, determined by the budget process). If your FTE status changes to less than 20 hours of work per week, then you are not eligible for benefits that require you to work at least 20 hours per week (.5 FTE). If you work in excess of the 20 hours per week, this does not change your eligibility for benefits, but may change the amount you pay for premiums.

If the FTE status of your position changes to increase the number of regular work hours to at least 20 hours per week (.5 FTE as determined by the budget) you would then become eligible for some benefits. If you accept another position with the County that requires FTE of 20 or more work hours per week, then you meet the eligibility requirements to apply for some benefits. Please call the Controller's Office for eligibility requirements for a particular coverage as they do vary by coverage.

Please note: The rules for eligibility for retirement AND life insurance benefits are different. Please see page 7 and 12 for that information.

## V. PAYROLL CALENDARS

The year is divided into biweekly pay periods, as shown on the payroll calendar. Paydays are circled. Pay periods are numbered 1 through 26, and are assigned a letter: A, B or C. On the back of the payroll calendar you will see which deductions are made during each of these pay periods. Current payroll calendars will always be available on DCINet, on the Payroll Resources page.

## VI. HEALTH INSURANCE

### ENROLLMENT REQUIREMENTS:

**Health insurance forms are due 30 days from your start date. This includes your start date. To determine your due date, count out 30 days from and including your start date. If the 30<sup>th</sup> day falls on a weekend or holiday, you must get your form in to the Controller's Office on the last business date before your 30<sup>th</sup> day.**  
**NO EXCEPTIONS.**

If you choose not to enroll with the County's health insurance plan, sign the waiver on the enrollment form and submit it to the Controller's office or your payroll clerk.

If you are currently insured under your spouse's plan and your spouse loses coverage due to a "qualifying" event, **you will have 30 calendar days** from the date of the qualifying event causing the loss of coverage to enroll in the county's health insurance plan. A qualifying event may include the spouse's employer eliminating their group plan, or the spouse's loss of job. (These qualifying events do NOT apply to a retiree. After retirement, the only applicable qualifying event is adding a new spouse within 30 days of the marriage.)

On the application, list everyone who is to be covered. *Qualified dependents* are covered until the end of the month in which they turn 26 years of age. Children in the military full-time or in prison are not eligible for coverage. **You have 30 calendar days to delete or add dependents in the event of marriage, death, birth or adoption.** It is your responsibility to complete a form at [www.connect2dane.com](http://www.connect2dane.com), accept terms and conditions making sure to click on save. If you have a change of address, you still have to submit change at [www.connect2dane.com](http://www.connect2dane.com).

**Married county employees cannot carry two family plans, or a single and a family plan. Please contact payroll personnel for further guidance.**

It is important that you apply for coverage by submitting an enrollment form, listing all individuals for whom you wish coverage, within 30 days of becoming eligible. If you waive or decline coverage when you are initially eligible, your ability to enroll later will be seriously affected. Unless your late enrollment satisfies some very limited exceptions, you and your dependents will be required to exhaust a 12-month waiting period. The 12-month waiting period will begin on the date we receive your late application, which must be in writing. During those 12 months, no benefits will be paid. Your coverage will be effective on the first day of the first month that begins at least 12 months after the date we receive your application, but only if both of the following apply:

- You and any dependents you seek to enroll remain eligible for coverage under this policy on that date.
- You were continuously employed by your employer during the 12-month waiting period.

**COBRA law** requires that an ex-spouse be notified **within 14 days** of when a divorce becomes final of his/her option to continue the insurance by paying the premium directly. An ex-spouse and stepchildren CANNOT remain on your insurance coverage – they may be covered by COBRA insurance if they so desire. The loss of coverage for an ex-spouse/stepchild is the end of the month of which the divorce is final. **THE INSURANCE COMPANY WILL EXPECT REIMBURSEMENT FROM YOU OF ANY CLAIMS PAID TO SOMEONE WHO IS NO LONGER ELIGIBLE FOR COVERAGE.** You must complete a new enrollment form and submit it to the controller's office ASAP. Please include a copy of the court's order of divorce.

#### WHO'S COVERAGE IS PRIMARY – Family Plans (Employee, Spouse, and/or Dependents) vs Single Plans (Employee Only)

Please note: If you and your spouse each have a family plan through your respective employer, your primary provider is with the insurance through your own employer. For example: John and Mary Doe are employed; John at the Fun Company and Mary at the Smart Company. John has X HMO through his employer and Mary has Z HMO through her employer. Both have family HMO plans at their companies and both list each other on their plans along with their children. If John needs to visit a doctor or clinic, or be admitted to a hospital, he **must** go to the doctor, clinic, or hospital in the X HMO. If Mary visits a doctor or clinic, or needs hospitalization, she **must** see a doctor, clinic, or hospital from the Z HMO. Mary or John may not receive partial or full coverage (see your plan booklet) if they don't go to their own HMO. If Mary had a PPO plan and John had an HMO, the same holds true. Mary could seek care with any physician, clinic, or hospital, but John would have to use his HMO doctors, clinics, and hospitals. Their dependents fall under the birthday rule. The provider for the spouse with the earliest birth date in the calendar year will be considered the primary provider for the children.

## COVERAGE:

Health insurance coverage begins the first day of the month following your first 30 calendar days of continuous employment. Premiums, if applicable, are deducted the month prior to coverage.

At this time Dane County offers health insurance through Dean Health Plan. They are offering an HMO and a POS plan. You can see the summary of benefits of each plan, and other information, on their website: [www.deancare.com/danecounty](http://www.deancare.com/danecounty).

Contact Dean Customer Services department at 1-800-279-1301 for questions on coverage and preauthorization for specific procedures and services.

NOTE: If you need coverage verification for a former employer (or spouse's employer) or health plan YOU MUST CONTACT **Dean** for this information. Dane County does not provide this information. It must come from the health plan provider.

### Health care insurance premiums (2021 Rates)

Single HMO coverage - \$892.33/month

Single POS coverage - \$1021.77/month, employee pays \$32.36

Family HMO coverage - \$2096.97/month

Family POS coverage - \$2401.15/month, employee pays \$76.05

*At this time* Dane County covers the cost of the HMO premiums for full-time regular employees. Dane County negotiates the contract with the carrier and within that contract there may be limits of not to exceed percentages for the future years with the carriers. The contracts are negotiated for up to 5 years. *Premiums are pro-rated for part-time employees.* As such, if you do not earn salary in a pay period sufficient to cover your portion of the premium you must make arrangements with the controller's office to pay the amount due. We cannot make partial payments through payroll.

Some procedures and drugs must be preauthorized by Dean (not your physicians). Refer to your booklet and/or call Dean Customer Service at 1-800-279-1301 for assistance.

## VII. VISION CARE BENEFITS – DELTAVISION

**Vision insurance forms are due 30 days from your start date.**

**NO EXCEPTIONS**

Dane County's vision care provider is DeltaVision. Delta offers a plan that includes an **eye exam and contact lens fitting** and a plan that *excludes* eye exams and contact lens fittings. Our health insurance plans cover one annual eye exam per person enrolled. **Dean** does not cover contact lenses fittings. DeltaVision has four levels of coverage under each plan: Employee Only, Employee plus spouse/DP, Employee plus children, and Family.

Both plans (exam and no exam) cover hardware that you may need to purchase, such as frames, lenses, and contact lenses. Please read the Summary of Benefits for the coverage and copays. There are different levels of coverage depending on if you see a network provider or an out-of-network provider. Monthly premiums are as follows:

**Exam Plan:**

Employee Only: \$8.17	Employee + Spouse/DP: \$16.32
Employee + Children: \$17.96	Family: \$23.68

**No Exam Plan:**

Employee Only: \$5.91	Employee + Spouse/DP: \$11.82
Employee + Children: \$13.01	Family: \$17.15

There is an *annual* open enrollment for vision insurance, but once enrolled you must stay in the plan for the entire plan year. The plan year starts on May 1 each year.

A provider directory is available on the DeltaVision website: [www.eyemed.com](http://www.eyemed.com). Eyemed's dedicated DeltaVision customer service line is 844-848-7090.

VIII. DENTAL INSURANCE – DELTA DENTAL

**Dental insurance forms are due 30 days from your start date. This includes your start date. To determine your due date, count out 30 days from and including your start date. If the 30<sup>th</sup> day fall on a weekend or a holiday, you must get your form in to the Controller's Office on the last business day before your 30<sup>th</sup> day.**

**NO EXCEPTIONS**

Employees submitting forms after that date will be subject to a 90-calendar day waiting period for coverage. If you choose not to enroll with the County's dental insurance plan, sign the waiver on the bottom of the enrollment form and submit it to the Controller's office or your payroll clerk.

List everyone who is to be covered.

Qualified dependents: (if you are enrolled for family coverage)

1. Your lawful spouse;

2. Your children (including any children of your unmarried child until your child is 18 years old), including step- and adopted children and children placed for adoption with you, until the age of 26;
3. Dependent children who are not in the military, up to 26 years of age;

You have *30 calendar days* to add or delete dependents in the event of marriage, death, birth or adoption. You must complete a new enrollment form at [www.connect2dane.com](http://www.connect2dane.com) within 30 days of the qualifying event. (See note in Health explanation above concerning Ex-spouses and reporting a divorce ASAP.) In addition, new forms must be completed if you have a change of address.

Dental insurance coverage begins the first day of the month following your first 30 days of continuous employment. For late enrollees, coverage begins the first day of the month following the 90 day wait period. Premiums are deducted the month prior to coverage, if applicable.

Delta Dental of Wisconsin is the current dental insurance provider for Dane County employees. The 2020 dental insurance premium rates are:

Single coverage - \$48.94/month  
Family coverage - \$138.02/month

**At this time Dane County pays the cost of the dental plan for full-time regular employees. Premiums are pro-rated for part-time employees. SEE PAGE 3 of this document concerning premium payments if you are a regular part time employee.**

After your dental application has been processed by the Controller's office, you will receive the pink copy.

## IX. LIFE INSURANCE

**PLEASE NOTE: YOU MUST BE ELIGIBLE FOR WRS RETIREMENT BENEFITS TO BE ELIGIBLE FOR LIFE INSURANCE (2015: FTE > .60)**

Employees submitting forms after that date may be subject to underwriting and may be denied coverage. If you do not wish to apply for coverage check the box in section 1B, sign and date the form, and submit it to the Controller's office.

Life insurance is through the State of Wisconsin Employee Trust Funds, is underwritten by Securian Financial Group, Inc. and may be purchased through payroll deduction. The plan is **term** insurance and contains a disability premium waiver and accidental death and dismemberment coverage.

The amount of your benefit and premiums are based upon your Dane County prior year Wisconsin Retirement System earnings, and your age. When you first become insured, the amount of insurance is an estimate based upon a projection of your earnings for the next 12



months rounded to the next higher \$1,000. Estimated insurance amounts remain in effect until you have been employed for one full payroll year.

For current rates see the half sheet supplement to the Employee Trust Funds brochure provided in your packet. You may calculate your monthly premium using the figures under the fourth column, listing Local rates.

**PREMIUM DETERMINATION** - To determine premium amounts, convert your annual salary to nearest thousandth (i.e. \$21,380 = \$22,000)  $\$22 \times \text{rate used for age} = \text{Monthly premium for Basic coverage}$ , or 1 times your annual salary. For 2 times multiply  $\$22 \times 2 = \$44 \times \text{rate used for age} = \text{monthly premium}$ . As your annual salary increases so does your premium. (See chart)  
Death Benefit = based on annual salary at time of death.

**Annual Salary calculation = Hourly wage rate x 2080 hours (1942 hours for those with equalized paychecks in 911 and Sheriff Dept.)**

You can purchase Basic coverage, which is equivalent to 1 times your annual earnings (rounded up to the next thousand), or Basic & Supplemental coverage (twice your annual earnings), or Basic, Supplemental, and Additional coverage equivalent to three, four or five times your annual earnings.

Basic coverage for retired employees reaching age 65 becomes paid up. Coverage amounts will begin decreasing by 25% per year at this time. When the retired employee reaches age 67 (active employee = age 70), the coverage will remain at 25% of your base salary for the duration of the plan.

If you purchase coverage for yourself, you may also purchase one or two units of coverage on your spouse/DP and your dependents; one unit provides \$10,000.00 of coverage on your spouse/DP and \$5,000.00 of coverage on all eligible dependents. Two units provide \$20,000.00 of coverage on your spouse/DP and \$10,000.00 of coverage on all eligible dependents. The cost of insurance for your spouse and dependents is a flat rate of \$1.75 per month for one unit of coverage, \$3.50 per month for two units of coverage. You are the beneficiary for the spouse and dependent coverage.

**Coverage becomes effective the first of the month following 30 days of employment** with the County as long as you are timely with your application. Premiums are deducted the month prior to coverage. You must submit your application to the Controller's office within 30 days of your hire date.

If you were previously eligible for coverage as an LTE and did not apply, you must go through underwriting to obtain coverage. You will be notified when coverage becomes effective or if it is denied. When an LTE with Life Insurance coverage becomes a regular employee, premiums will start to be paid through payroll deduction.

You do not need to name a beneficiary. The state will follow the standard beneficiary sequence (spouse, children, grandchildren, parents, siblings) unless you complete a beneficiary designation form. To obtain a Beneficiary Designation form contact Employee Trust Funds at 266-3285 to have this form sent directly to your home, or you can download it off the ETF website. **Return**

**the completed form directly to ETF. Do not give or retain this information with any county employee or file.**

#### X. DISABILITY INSURANCE – The Standard Insurance Co.

Employees have the option of purchasing Disability Insurance coverage as part of their benefits package. This is insurance coverage purchased to provide for a loss of income if the employee becomes totally disabled due to an injury or illness and is unable to perform his/her job duties.

The employee applies by enrolling in the group plan within their first 30 days of employment to avoid underwriting, pre-existing conditions clause, and possible denial of coverage. The application must be submitted to the Controller's Office within the first 30 days of employment, but coverage does not take effect until employee has completed 6 months of continuous employment. You must apply for and have issued one of the policies - then you may be eligible for disability benefits. **NEW HIRES AND LATE ENROLLEES MUST COMPLETE ONE FULL PAYROLL YEAR OF EMPLOYMENT TO CALCULATE SICK LEAVE USAGE THAT MAY BE APPLIED TO THE PREMIUM PAYMENT OPTION WHEREIN THE COUNTY CONTRIBUTES TO THE PREMIUM.**

**If your FTE is at least 20 hours/week (.5) you are eligible to apply for Disability insurance.**

You must complete and submit your enrollment form to the Dane County Controller's office during your first 30 calendar days of eligible employment. Applications submitted after that time period will be subject to underwriting and you may be denied coverage. Coverage becomes effective the first of the month after 6 months of employment, and premiums will be deducted the month prior to coverage.

Dane County's current disability insurance provider is The Standard Insurance Co. There are two separate disability insurance policies from which you can choose. The first policy choice is Short Term Disability/Long Term Disability (sometimes referred to as just Short Term Disability). This policy also provides for Long Term Disability coverage. It is identified as STD/LTD. The second policy choice provides coverage for Long Term Disability only. It is identified as LTD. This is not the same as the Long Term Disability provided with the Short Term Disability. These are two separate policies. If you choose the STD/LTD the coverage is one policy, and can not be split, or cancelled in part.

1) Short-Term/Long-Term (**STD/LTD**) policy. You are eligible for benefits to begin in the short-term after you have missed 30 consecutive working days (42 calendar days which is the elimination period) and you are totally disabled from performing the duties of your position. Insurance benefits are not paid during the initial elimination period. The long-term part of this policy provides for benefits after you miss over 365 days of work. After two years, you must be totally disabled from performing any job.

2) Long-Term Only (**LTD Only**) policy, provides for benefits after a longer elimination period of 90 calendar days (consecutive) and you are totally disabled from performing the duties of your position. Insurance benefits are not paid during the elimination period. As a result, the premiums for the LTD Only policy are less expensive. This policy stands alone and is named

Long Term Disability (LTD Only). It is not the same as the second coverage part in the first policy, but is its own separate policy.

Canceling either policy cancels the entire policy coverage. You are not automatically given the other policy option as a replacement. For example, if you choose to cancel the STD you are canceling the STD/LTD. If you then want the LTD Only, you must re-apply for coverage and may have to go through medical underwriting.

Benefit payments are equivalent to approximately 65% of your earnings as reported to the WRS. See below for maximum weekly and monthly benefit amounts. "Earnings" consist your weekly base rate of earnings including longevity pay from the County, in effect just before your date of loss. It does not include commissions, bonuses, overtime pay or other extra compensation. For Dane County Law Enforcement Officers Association and Wisconsin Professional Police Association-Supervisory Law Enforcement Unit, it also includes incentive pay but does not include commissions, overtime pay or other extra compensation. Determination of your eligibility for benefits lies with UNUM Provident based upon medical information you provide them. **\*\*EMPLOYEES COLLECTING DISABILITY BENEFITS CANNOT ALSO BE PAID BY DANE COUNTY, EVEN IF LEAVE BALANCES REMAIN. ONCE DISABILITY BENEFITS CEASE, THE EMPLOYEE IS REACTIVATED ON PAYROLL.**

**How Long Will The Standard Continue To Send You Payments?:** Standard will send you a payment under the Long Term Disability coverage up to the maximum period of payment as long as you remain totally disabled. Your maximum period of payment is based on your age at disability as follows:

Less than age 60 = To age 65, but not less than 5 years

Age 60 and 61 = To age 65

Age 62 = 3 years

Age 63 and 64 = 30 months

Age 65 and 66 = 24 months

Age 67, 68 and age 69 and over = 12 months

Both the STD/LTD and LTD Only policies include other income offsets. This means the insurance company will subtract other deductible sources of income from the calculated 65%. See the booklet for the list of offsets.

#### DISABILITY PREMIUM CALCULATIONS:

### **PLAN A: 42-Day Elimination Period (Short Term-Long Term)**

**STD/LTD Policy** - Complete the calculations for both the STD portion and the LTD portion and add them together to get your monthly premium.

STD - Step 1: Calculate your weekly wage - hourly rate x 40 hours (use fewer if part-time) plus longevity and incentive pay if applicable.

Maximum premium is \$26.92/month
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Step 2: Calculate your benefit level - weekly wage (max = \$1538) x 65%\*

Step 3: Calculate the premium - benefit level x .0175

LTD - Step 1: Calculate your monthly covered payroll - (weekly wage x 52) divided by 12 (max = \$6154)

Step 2: Calculate the premium - monthly wage x .00266

Maximum premium is \$16.37
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Add these two premiums for both the STD and LTD portions to arrive at your total monthly premium for STD/LTD coverage. **\*MAXIMUM BENEFIT \$1,000 PER WEEK**

### **PLAN B: 90-Day Elimination Period (Long Term Only)**

If you elect **LTD Only Policy** coverage your premium is calculated in the following manner:

LTD Only - Step 1: Calculate your monthly covered payroll\* - (weekly wage x 52) divided by 12 (max = \$6154)

Step 2: Calculate the premium - monthly wage x .0038

Maximum premium is \$23.39
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**\*MAXIMUM BENEFIT \$4,000 PER MONTH (65% of \$6,154 max covered payroll)**

Every April, the Controller's office analyzes your sick leave usage in the prior payroll year. You may or may not receive an employer contribution to your premium payment for the next year depending on your sick leave usage the prior year. The County pays 0%, 100% or a percentage in between.

## **XI. LONG TERM CARE INSURANCE - UNUM**

Group Voluntary Long Term Care Benefits are available through UNUM. All active regular employees with an FTE of 20 hours a week or more (.5 FTE) are eligible. Your application must be submitted to the Controller's office within 30 days of date of hire to receive guarantee issue. All employees who choose benefits over the Guarantee Issue limits will be required to fill out a medical underwriting questionnaire.

The type of care provided is Facility and Professional Home Health Care. Long Term Care is the type of care received either at home or in a facility when someone needs assistance with activities of daily living such as bathing and dressing due to an accident, illness or advancing age.

Further details about the benefits, and enrollment materials, are located on the Dane County insurance website:

**<http://countyofdane.com/insurance>**

Scroll down, click on the Long Term Care tab, and then click on “Long Term Care Benefits Summary”. The enrollment form is included in these materials (page 17-18), as are the rates for the various coverage options and the Medical Underwriting questionnaire.

**XII. WISCONSIN RETIREMENT SYSTEM – Administered by Employee Trust Funds**

(The information in your booklet regarding health insurance, life insurance, & wage continuation insurance applies only to State employees, and is not relevant for County employees.)

Enrollment is automatic if your starting FTE is .6 or higher. Per the State Budget Repair Bill of 2011, employees hired after 7/1/11 must be expected to work a minimum of 1200 hours annually to be enrolled in WRS when hired.

Dane County, and/or the employee, pays a percentage of your wages into the retirement system. Contributions (% of eligible wages) for **2020** are split as follows:

	2020	2020	
	<u>Employer</u>	<u>Employee</u>	<u>Total</u>
Mgr-Prof, JC Confidential	6.75%	6.75%	13.5%
JC, L65, SW, Prof-Rep	6.75	6.75	13.5
Trades, SEIU, Attorneys	6.75	6.75	13.5
WPPA-Supv, Deputies, Capt’s	11.65	6.75	18.74
Elected Officials	6.75	6.75	13.5
Mgr-Agents	6.75	6.75	13.5

Contributions are made to the “core/fixed” fund unless you choose to participate in the Variable Fund. **THIS ELECTION MUST BE RECEIVED BY EMPLOYEE TRUST FUNDS DURING YOUR FIRST 30 CALENDAR DAYS OF EMPLOYMENT.** Mail form to them directly.

If you are receiving a WRS annuity, call the Controller’s office for a Rehired Annuitant Form.

Employees who first participate in the WRS program after 7/1/2011 are subject to a five year vesting requirement (must have five years of creditable service) before being eligible for a retirement benefit. Terminations prior to the five year anniversary would be eligible for only the separation benefits.

**You can make additional contributions to your retirement account (post-tax)** through payroll deduction. For more detailed information contact ETF for “Additional Contributions” booklet.

You will receive an annual statement from the State of Wisconsin detailing how much has been paid into your account and how much interest you are earning.

Contact ETF for more information and with your questions at 266-3285, or online at <http://etf.wi.gov/>.

### XIII. DEFERRED COMPENSATION – WISC DEFERRED COMP.

Dane County offers a deferred compensation retirement plans (457) to which you can have money deposited (pre-tax or post tax) through payroll deduction: State of Wisconsin Deferred Compensation Program. Please call Wisconsin Deferred Compensation directly for more information.

Wisconsin Deferred Compensation: Kristi Igl: 241-6604

### XIV. FLEX PLAN – EMPLOYEE BENEFITS CORP. (EBC)

The enrollment form must be completed, signed and submitted to the Controller's office within 30 days of hire. If you do not enroll within that time, you may enroll during the annual enrollment period offered each fall in October or November. Once you join you cannot cancel or change your deduction for that payroll year. Deductions may be changed **only** as the result of a qualifying event. You must re-enroll on an annual basis.

The flexible spending plan offered by EBC is a pre-tax opportunity for you to lower your taxable income. Once a year you determine how much should be deducted from your paychecks and set aside for your EBC Best Flex Plan account. During the course of the year, you then submit receipts for medical related expenses and/or dependent care expenses to EBC Best Flex Plan for reimbursement from your account. The expenses you submit for reimbursement can also include those incurred by your spouse and dependents. Receipts must be submitted within the same plan year they are incurred. You do have a 90-day grace period after the end of the calendar year to get all your bills in for reimbursement, otherwise the funds are not reimbursed to you.

Do not figure Dane County health, life, vision, or dental insurance premiums into your calculations because these are already pre-tax payroll deductions.

This is an agreement between you, EBC Best Flex Plan, and the IRS. You can also visit their website, [www.ebcflex.com](http://www.ebcflex.com) for information about any current limitations on covered expenses.

The Summary Plan Description, Qualifying Event change forms, and Reimbursement Claim forms for our flex plan are out on DCINet, on the Payroll Resources page.