

If such person applies for an annuity he shall authorize the retirement system to deduct premiums for group health insurance within 60 days after applying for such annuity. The employing department shall file with the retirement system and the director immediately following the termination of employment of any such person a form, as prescribed by the director, certifying the data pertaining to insurance coverage.

(3c) Whenever a retirement system shall fail to promptly notify the group insurance board that a person is eligible as an annuitant for group health insurance, or if a person is erroneously omitted from a retirement system and such omission is corrected retroactively, including the payment of all required contributions for such retroactive period, the director is empowered to fix deadlines for prospective group health insurance coverage if such person would have been eligible had such error not occurred.

(4) (a) Except as provided in subsection (2) any person entitled to an immediate annuity and eligible to be insured shall continue to be insured only if within 60 days after the filing of the application for such annuity or within 60 days after the effective date of the annuity, whichever is later, the retirement system receives from such person a completed form, as prescribed by the director of the group insurance board, authorizing the retirement system to deduct premiums for group health insurance. Such form shall be filed pursuant to instructions received from the director. The employing department shall file with the retirement system and the director immediately following the termination of employment of any such person a form, as prescribed by the director, certifying the data pertaining to insurance coverage.

(b) Annuitants filing the application for health insurance not later than the 15th day of the month following retirement will have the insurance continued without interruption. Annuitants filing the application thereafter will have the insurance as an annuitant effective as of the earliest possible date but such application must be filed not later than 90 days following retirement.

(5) If required to make contributions current, annuitants will pay a premium for 2 months initially.

(6) The director may authorize premium payments to be made in cash or directly to the insurer where circumstances require such. Failure to make required payments by the due dates established by the insurer and approved by the director shall cause insurance coverage to be cancelled.

History: Emergency rules, eff. 3-7-60; emerg. rules renum. (3), (4) and (5) to be (4), (5) and (6); and cr. (3), (3a) and (3b), eff. 4-15-60; cr. Register, May, 1960, No. 53, eff. 6-1-60; am. (1), cr. (3b), am. (6), Register, December, 1961, No. 72, eff. 1-1-62; am. (4)(a), Register, April, 1963, No. 88, eff. 5-1-63.

Grp 20.35 Retired employe coverage limited. Any person eligible under the provisions of section Grp 20.30 who does not elect coverage, pursuant thereto, or fails to comply with the applicable provisions of Wis. Adm. Code section Grp 20.30, or discontinues his coverage shall be permanently barred from participation in the group health insurance plan.

History: Emergency rules, eff. 3-7-60; cr. Register, May, 1960, No. 53, eff. 6-1-60; am. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 20.40 Continued coverage of spouses. (1) The surviving spouse of an employe or annuitant eligible for coverage pursuant to section

66.919 (4) (a) 2 Wis. Stats., who has been covered may continue such coverage (either individual or family) if within 90 days after the death of an insured employe or annuitant an application for health insurance is received by the board.

(2) Such insurance shall not take effect until after such application is received but shall be effective as of the earliest possible date thereafter.

(3) A surviving spouse who has acted pursuant to Wis. Adm. Code subsection Grp 20.40 (1) and who qualifies for an annuity under one of the retirement systems specified in section 66.919 (4) (a) 1. b., Wis. Stats., shall authorize the deduction of health insurance premiums from such annuity as provided by section 66.919 (9) (a) and (c), Wis. Stats., if the annuity is sufficient.

(4) The director may authorize premium payments to be made in cash or directly to the insurer by any person qualifying under subsection (1) where circumstances require such.

(5) This section shall be applicable in the case of deaths occurring after July 25, 1961.

History: Cr. Register, October, 1961, No. 70, eff. 11-1-61.

Grp 20.45 Extended coverage. Any person qualifying under section 12a of chapter 461, laws of 1961 shall be eligible for inclusion under the group health insurance program pursuant to section 66.919 of the statutes if application therefor is received by the board not later than 60 days after the effective date of this rule and coverage shall be effective pursuant to Wis. Adm. Code subsection Grp 20.05 (2). Premium payments shall be made in accordance with Wis. Adm. Code subsection Grp 20.30 (6), but without state contribution.

History: Cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 20.50 Coverage during appeal from removal or discharge. (1)

(a) An insured employe or officer, whether in the classified or unclassified service, who has exercised a statutory right of appeal from removal or discharge from his position or office, or who within 30 days of such removal or discharge, or of appointment to any position or office, becomes a party to legal proceedings to obtain judicial review of the legality of his removal or discharge or appointment may continue to be insured from the date of the contested removal or discharge or appointment until a final decision has been reached, provided that within 30 days of the date of removal or discharge or appointment such employe pays to the departmental representative or the director of the Group Insurance Board the initial payment to keep the insurance in force. The initial payment shall cover the established contribution for a three month period, but may be for a greater period at the option of the employe. If no determination has been reached at the end of any period for which contributions were paid, an additional payment shall be made within 15 days after the end of such period in such amount as the director of the Group Insurance Board may require.

(b) If the final decision is adverse to the employe or officer, the date of termination of employment shall, for purposes of insurance coverage, be the end of the month in which such decision becomes final by expiration without appeal of the time within which an appeal might have been perfected, or by final affirmation on appeal.

Any contributions which have been paid for any period subsequent to the month in which a final decision is reached shall be refunded.

(c) The payments or contributions referred to in this section shall be the gross amount paid to the insurance company for the particular coverage, and the employe or officer shall be required to pay any amounts normally considered the state contribution. If the right of the employe or officer to such position or office is sustained, an adjustment shall be made for any amounts paid in excess of the normal employe contribution.

History: Emergency rule, eff. 11-1-63; cr. Register, February, 1964, No. 98, eff. 3-1-64.