

Grp 30, 32, 34

Filed Nov 29, 1961

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THE STATE OF WISCONSIN

Group Insurance Board
459 West Gilman Street
Madison 3, Wisconsin

STATE OF WISCONSIN)
) SS
GROUP INSURANCE BOARD)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Harold R. Brown, Acting Secretary of the Group Insurance Board, do hereby certify that the annexed rules relating to group insurance were duly approved and adopted by this board on November 28, 1961 following hearing conducted pursuant to law on October 26, 1961.

I further certify that said copy has been compared by me with the original on file in this board and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have
hereunto set my hand at the
Capitol, in the city of Madison,
this 29th day of November
A. D. 1961.

Harold R. Brown

ORDER OF THE GROUP INSURANCE BOARD
ADOPTING RULES

Pursuant to authority vested in the Group Insurance Board by section 66.919 (3) (a) Wis. Stats., and in conformity with Chapter 227 Wis. Stats., the board hereby adopts rules as follows:

Grp 30.01 Municipal health insurance. A local health insurance plan shall be made available to municipalities pursuant to sec. 66.919 (20) Wis. Stats., in accordance with specifications approved by the board and a contract entered into by the board.

Grp 30.02 Coverage. The standard health insurance plan shall be the basic hospital expense and the surgical and medical expense coverages. Major medical or catastrophic coverage shall be optional with each eligible employee who has selected the standard plan. Such coverage shall be effective in any municipality only if 75% of the employees of a municipality who are initially enrolled for basic coverage also elect major medical coverage.

Grp 30.03 Enrollment procedure. (1) The municipal representative shall not later than December 15 preceding the effective date specified in sec. 66.919 (20) (c) Wis. Stats., transmit to the director the applications received pursuant to rule Grp 30.04 (1) (a).

(2) Thereafter all applications shall be transmitted by the municipal representative pursuant to instructions issued by the director.

Grp 30.04 Applications for coverage by persons eligible on effective date. (1) Each eligible employee and officer of a municipality which meets the requirements of sec. 66.919 (20) Wis. Stats., shall be covered if an application in the form prescribed by the director is received by the municipal representative specified in rule Grp 34.02 and the required premium for such coverage is collected.

(a) On or before December 10 preceding the effective date specified in sec. 66.919 (20) (c) Wis. Stats., for persons to be eligible for coverage on such effective date. The director may extend such deadline for any eligible person if the employing municipality was unable to locate that person or otherwise communicate with him in time to meet the deadline.

(b) New employees becoming immediately eligible during the month preceding the effective date shall be insured as of the ensuing February 1 if received after December 10 but on or before January 10 following the effective date.

Grp 30.05 Applications for coverage by persons eligible after effective date. (1) Each employee and officer of a participating municipality who becomes eligible to be covered by health insurance after the effective date shall be covered if he completes the application form provided by the director and such form is received by the municipal representative within 31 days after becoming eligible.

(2) Such coverage shall be effective at the beginning of the calendar month which occurs on or after the date of eligibility if the application form is received by the municipal representative on or before the 10th of the preceding month. If the application form is received thereafter by the

municipal representative but prior to the 10th of the month in which coverage could have begun pursuant to the preceding sentence, coverage shall be effective at the beginning of the ensuing month. If the application form is received by the municipal representative thereafter but within the 31 day period coverage shall be effective at the beginning of the second month next succeeding the receipt of the enrollment form by the municipal representative.

Grp 30.07 Initial premiums. When coverage begins a double deduction of premiums may be required initially, unless proper payment is made otherwise.

Grp 30.08 Deferred coverage. Any employee, other than an annuitant, who does not elect to be covered during the enrollment periods provided under section Grp 30.04 or 30.05 may only be insured if at least 90 days has elapsed from the earliest date at which he could have been covered to the date on which his application is received by the Group Insurance Board. Any eligible married employee who selects single coverage may change to family coverage only if the same 90 days has elapsed. Coverage for any person specified in this section is subject to the provisions of the contract with respect to evidence of insurability and waiting periods, and the effective date shall be determined as follows:

(a) At the beginning of the following month if approved by the insurance company and received by the group insurance board prior to the 15th of any month.

(b) At the beginning of the second month if approved by the insurance company and received by the group insurance board after the 15th of any month.

Grp 30.09 Termination of coverage. When a covered employee ceases to be eligible for coverage because of termination of employment or otherwise, the health insurance coverage shall end at the expiration of the period for which premiums had been deducted at the time of the cessation of eligibility.

Grp 30.10 Coverage of spouses. If both spouses are eligible for coverage each may select individual coverage, but if one spouse ceases to be eligible for coverage the spouse continuing to be eligible may change to family coverage without requirement of evidence of insurability and without losing waiver of pre-existing conditions, provided that children alive at the time of change to family coverage shall be covered only if satisfactory evidence of insurability is submitted for all persons other than the insured employee or spouse. If one spouse selects family coverage the other spouse may not select any coverage, but the coverage may be changed from one spouse to the other without requirement of evidence of insurability or losing waiver of pre-existing conditions.

Grp 30.11 Coverage of children. (1) An employee's unmarried child under 23 years of age shall be deemed to be a dependent if a full time student in any school.

(2) This shall include any usual vacation period if the child was a student at the end of the previous term. Full time means the usual schedule of courses or classes for a person whose principal activity is the procurement of an education.

Grp 30.21 Coverage during employment gaps. (1) Any insured employe may continue to be insured during any period of not to exceed 3 months for which deductions would not otherwise be made while such person continues to be a municipal employe but earns no salary from the municipality.

(2) An employe may continue his insurance coverage during such period of interruption of earnings specified in section Grp 30.21 (1) if he has authorized a payroll deduction in an amount sufficient to pay his contribution for the entire period, or has otherwise made payment therefor.

(3) Coverage beyond the 3 months specified in (1) but not to exceed 12 months may be provided for any employe if not later than 30 days following the interruption of earnings such employe has paid, either through payroll deduction or otherwise, the full premium, including any municipal portion thereof, for all months beyond the 3 months specified in (1). If the employment gap subsequently is extended beyond the period for which payment has been made, but not beyond the total of 12 months, such coverage may likewise be extended for any employe entirely at his expense if payment therefor has been made in full not later than 30 days prior to the end of the period for which payment had previously been made.

(4) Employees who do not have the status of an active employe on the effective date specified in section 66.919 (20) (c) Wis. Stats., shall be entitled to become insured upon return to active service in accordance with section Grp 30.05.

Grp 30.30 Coverage of Retired Employees. (1) Any insured employe who retires upon an immediate annuity or who is eligible pursuant to section 66.919 (12a), Wis. Stats., may continue health insurance. Such person must have been insured during all municipal employment subsequent to the effective date specified in sec. 66.919 (20) (c) Wis. Stats., or for the entire period of eligibility during the 5 years prior to retirement, whichever is lesser.

(2) (a) Any person qualifying for coverage under the immediate annuity requirement and other applicable provisions of Grp 30.30 (1) shall continue to be insured only if within 60 days after the filing of the application for such annuity 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. An application for continued coverage must also be filed with the group insurance board within the time limits specified above.

(b) Any person qualifying for coverage under the 10-year service requirement and other applicable provisions of Grp 30.30 (1) shall continue to be insured only if within 60 days after termination of employment an application for continued coverage is filed with the group insurance board and premium payments are made in accordance with rule Grp 30.30 (5). 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 municipality 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.

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

(5) 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.

Grp 30.35 Retired employee coverage limited. Any person eligible under the provisions of Grp 30.30 who does not elect coverage pursuant thereto, or fails to comply with the applicable provisions of section Grp 30.30, or discontinues his coverage, shall be permanently barred from participation in the group health insurance plan.

Grp 32.01 Transmission of premiums. Each municipality shall not later than the twenty-third day of each calendar month transmit, pursuant to instructions received from the director, all premiums required for the following month's coverage pursuant to the contract currently in force, accompanied by any report required by the director.

Grp 32.10 Remittance of annuitant's premiums. Each retirement system shall remit the premiums for annuitants together with all other required data and forms, within the time limit and in the manner provided by instructions received from the director.

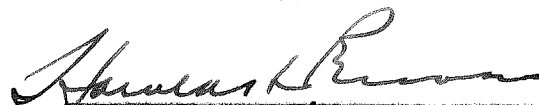
Grp 34.01 Administration. The director shall prepare and issue instructions to municipalities, together with all forms needed for the operation of the group health insurance plan. He shall arrange to procure such information from any insured or dependant, or from any municipality, as shall be necessary for the proper administration of the plan.

Grp 34.02 Municipal representative. The person designated pursuant to section 66.901 (16), Wis. Stats., and Wis. Adm. Code SSF 1.02 (3) to be responsible in matters pertaining to the Wisconsin retirement fund and the public employees social security fund for each municipality shall be the individual through whom all transactions with the group insurance board shall channel without any further designation or certification.

Grp 34.20 Certification for retired employees. Upon the request of the director the retirement system shall certify as to whether an applicant for an annuity has met the requirements specified in section 66.919 (12), Wis. Stats., or that an employee meets the requirements of sec. 66.919 (12a), Wis. Stats.

The rules contained herein shall take effect pursuant to authority granted by section 227.026 (1) Wis. Stats.

GROUP INSURANCE BOARD


Acting Secretary

November 29, 1961



The State of Wisconsin

GROUP INSURANCE BOARD

459 WEST GILMAN STREET

MADISON 3

TELEPHONE - ALPINE 6-4411 EXTENSION 2309

November 28, 1961

Mr. James J. Burke
Revisor of Statutes
State Capitol
Madison, Wis.

Dear Mr. Burke:

I am transmitting herewith a copy of the action taken by the Group Insurance Board on November 28, 1961 adopting rules Grp 30.01 through Grp 34.20.

The public hearing on these rules was held in Room 419 Southwest at 9:00 A. M. on October 26, 1961 following the notice required by statute and there were no appearances.

The adoption of these rules implements Chapter 112, Laws of 1961 providing health insurance coverage for employees of municipalities which elect to participate.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Frederick N. MacMillin".

Frederick N. MacMillin
Director

FNM:eg
Enclosure