

# Health Insurance Dependent Inquiry Application – Employers

## [General Information](#)

## [Special Notes](#)

## [Step-by-Step Instructions \(Text Only\)](#)

## [Step-by-Step Instructions with Visuals](#)

### **General Information**

This web-based application will allow employers to inquire and download dependent eligibility data including tax and non-tax dependent information. One specific employer cannot view contracts that are with a different employer.

### **Special Notes**

- The individual accessing the system must obtain security clearance by submitting the Online Network for Employers Security Agreement, form ET-8937.
- The application requires your Web browser to have cookies enabled and JavaScript on.
- For additional assistance, please call: (608) 264-9182 or (608)266-7705.

## **Step-by-Step Instructions (Text Only)**

- 1) Enter the Online Network for Employers (ONE) Portal
- 2) Select the “Health Insurance Dependent Inquiry” link.
- 3) The “ETF Web Application Logon” screen will appear.
- 4) Type your User ID.
- 5) Press the “Tab” key.
- 6) Type your password.
- 7) Click “Log In”
- 8) Type your seven-digit Employer Number.
- 9) Click the “Submit” button.
- 10) The “Health Insurance Dependent Inquiry” search screen will appear.
  - a) NOTE: Due to the large amount of detailed information that is available, it is important that you filter the information as much as possible. The more you define the search, the more focused the search results will be to your needs.
  - b) “Coverage Month” field – Select the month and year
  - c) “Health Plan” field – Select the carrier to view. There is an option to select “All” carriers in the event that there is a need to view a complete listing.
  - d) “Coverage Type” – Select the type of coverage. There is an option to select “All” coverage types.
  - e) “Relationship” – Select the relationship code to view. There is an option to select “All” coverage types.
    - i) CAUTION: Selecting “All” in the Health Plan, Coverage Type and Relationship Fields should be avoided. If the filters are set to “All”, the search results may be very large.
  - f) Click the “Display” button.
  - g) The search results will appear on the bottom portion of the screen.
  - h) “Clear” button – This will remove the current search criteria for the query.
  - i) “Save as” button – Click this button to export the search results to as an Excel spreadsheet (Please note: ETF will only be maintaining a rolling year of data).
  - j) When finished, click the “log out” link directly below the ETF Logo in the upper right corner of the screen. This will return you to the ONE portal.

# Step-by-Step Instructions with Visuals



## Employee Trust Funds (ETF) On-line Network for Employers (ONE)

[home](#)

**Welcome to the Department of Employee Trust Funds On-line Network for Employers (ONE). This is a new and innovative way to retrieve historical data, keep employee information current and report monthly retirement contributions and payment. ONE is an interactive Internet application that is easy and convenient to use.**

Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at [ETFOnLineHelp@etf.state.wi.us](mailto:ETFOnLineHelp@etf.state.wi.us)  
Employer Communications Center (608) 264-7900

### Account Maintenance

[WRS Employers - Reset Password](#)  
\*It is no longer necessary to contact ETF to reset your password.

[Email Contact Information Update](#)  
Description: Provides employers a secure view of current employer contact information and the ability to update information to ensure proper administration of ETF benefit programs.

[Security Agreement, ET-8928](#), Fax Number: (608) 266-5801

### Applications

[Previous Service and Benefit Inquiry](#)  
Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculating supplemental sick leave credits (state agencies only).

[WRS Account Update](#)  
Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

[WRS Contribution Remittance Entry](#)  
Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

[WRS Transaction Upload](#)  
Description: Allows employers to upload and submit WRS **annual** reports to ETF.

[Health Insurance Enrollment Inquiry](#) [Instructions](#) [Instructional Webcast](#)  
Description: Provides employers a secure view of employee health insurance enrollment information by coverage month.

[Health Insurance Dependent Inquiry](#) [Instructions](#)  
Description: Provides employers with a secure view of dependent information by coverage month.

Click here  
to begin



# ETF Web Applications Logon

Type your User ID and Password



User ID:

Password:

Login

Reset



## Health Insurance Dependent Inquiry

[Instructions](#) [Logout](#)

This Internet application is intended for use by employers to verify the dependent health insurance coverage for their employees.

Please enter your Employer Number and press enter.

**Type your seven-digit  
Employer Number and  
click on the "Submit"  
button**

Employer No:



**Submit**



# Health Insurance Dependent Inquiry

[Instructions](#) [Logout](#)

Select the search criteria from the drop down boxes. Avoid selecting "All" in the Health Plan, Coverage Type and Relationship fields.

Employer Number: 0001-340

Employer Group: 80005 - WISCONSIN

Coverage Month: December Year: 2009

Health Plan: -

Coverage Type: -

Relationship: -

Tax Dependent: ALL

Clear

Display

Save As



# Health Insurance Dependent Inquiry

[Instructions](#) [Logout](#)

Employer Number: 0001-340

Employer Group: 80005 - WISCONSIN

Coverage Month: October Year: 2009

Health Plan: 15 - DEAN HEALTH PLAN

Coverage Type: 02 - FAMILY

Relationship: 19 - CHILD

Tax Dependent: ALL

Click here to see  
the search  
results.



# Health Insurance Dependent Inquiry

[Instructions](#) [Logout](#)

Employer Number: 0001-340

Employer Group: 80005 - WISCONSIN

Coverage Month: October Year: 2009

Health Plan: 15 - DEAN HEALTH PLAN

Coverage Type: 02 - FAMILY

Relationship: 19 - CHILD

Tax Dependent: ALL



**Click to save the results as an Excel spreadsheet.**

Coverage Type Code	Employee Type Code	Sub SSN	Sub Name	Dep SSN	Dep Member ID	Dep Name	Dep DOB	Dep Gender	Cov Eff Date	Cov Exp Date	Rel Code	Disabled?	Tax Dependent?
2	03	018788787	BURE, PAT	393393393	10210297	BURE, BRIAN	1994-06-15	M	2002-06-01		19	N	N
2	03	051488787	CHEENE, RICK	139339398	10298102	CHEENE, GEREEMY	1990-03-04	F	1997-05-01	2009-12-31	19	N	N
2	03	057448787	WIVIN, ROB	413938393	10271028	WIVIN, MAYA	1994-01-20	F	2001-01-01	2009-12-31	19	N	Y
2	03	058787878	ELLOW, CHRIS	339339331	10210205	ELLOW, JASMINE	1989-04-28	M	2001-01-01	2009-12-31	19	N	Y
2	03	089787872	DOMIN, KEVIN	039381393	11022125	DOMIN, JON	1989-07-11	M	2005-09-01		19	N	N



# Health Insurance Dependent Inquiry

[Instructions](#)

[Logout](#)



Click to logout  
and return to the  
ONE portal.

Employer Number: 0001-340

Employer Group: 80005 - WISCONSIN

Coverage Month: October Year: 2009

Health Plan: 15 - DEAN HEALTH PLAN

Coverage Type: 02 - FAMILY

Relationship: 19 - CHILD

Tax Dependent: ALL

Clear

Display

Save As