

**DISTRIBUTION CODE/ADDRESS OPTION SELECTION
FOR JANUARY 1, 2000 WRS STATEMENTS OF BENEFITS**

Complete this form to select a sort option for your January 1, 2000 Statements of Benefits. **CHECK ONLY ONE OPTION** and be sure to indicate if you will report on tape, diskette or paper.

Employer Name: _____ Employer Number: 69-036-_____

Name of Person Completing this Form: _____

Telephone Number (in case of questions): _____

<input type="checkbox"/>	OPTION A	Distribution Code Order Statements will be sorted in distribution code order and then alphabetically within distribution code. <input type="checkbox"/> Will Report On: <input type="checkbox"/> Tape <input type="checkbox"/> Diskette <input type="checkbox"/> Paper
<input type="checkbox"/>	OPTION B	Employee Home Address Statements will be sorted by employee home address in zip code order. <input type="checkbox"/> Will Report On: <input type="checkbox"/> Tape <input type="checkbox"/> Diskette <input type="checkbox"/> Paper
<input type="checkbox"/>	OPTION C	Distribution Code Order with Home Address Printed Statements will be sorted in distribution code order and then, alphabetically within distribution code with employees' addresses printed on the Statements. <input type="checkbox"/> Will Report On: <input type="checkbox"/> Tape <input type="checkbox"/> Diskette <input type="checkbox"/> Paper
<input type="checkbox"/>	OPTION D	Alphabetical Order Statements will be sorted by employee last name in alphabetical order. <input type="checkbox"/> Will Report On: <input type="checkbox"/> Tape <input type="checkbox"/> Diskette <input type="checkbox"/> Paper

Return this selection form by February 15, 2000 to:

Dale E. Ferron
Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

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