

**JANUARY 1, 2000 WRS ANNUAL STATEMENT OF BENEFITS  
DISTRIBUTION REPORT**

|               |       |
|---------------|-------|
| Employer Name | EIN # |
|---------------|-------|

I certify that:

- 1) I received the January 1, 2000 *Statement of Benefits* forms for my organization's employees from the Department of Employee Trust Funds on \_\_\_\_\_;
  
- 2) I distributed all *Statements* to employees beginning on \_\_\_\_\_, except for the following employees for whom I could not make a distribution. For example, they no longer work here. (Provide **Name and Social Security Number**; use reverse side if more space is needed):

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|                        |      |
|------------------------|------|
| Signature of WRS Agent | Date |
|------------------------|------|

RETURN THIS FORM BY JUNE 30, 2000 TO: Department of Employee Trust Funds, Division of Employer Services, P. O. Box 7931, Madison WI 53707-7931. THIS FORM MAY BE USED WITH A WINDOW ENVELOPE

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DEPARTMENT OF EMPLOYEE TRUST FUNDS  
DIVISION OF EMPLOYER SERVICES  
PO BOX 7931  
MADISON WI 53707-7931