



EMPLOYER BULLETIN

Employer Communication Center
(608) 264-7900

Vol. 23, No. 3
April 7, 2006

WRS Annual *Statements of Benefits* Enclosed

A personalized Wisconsin Retirement System (WRS) annual *Statement of Benefits* (dated January 1, 2006) is enclosed for each of your active employees with WRS contribution balances as of December 31, 2005. Please distribute these according to the instructions and guidelines provided below.

The Department of Employee Trust Funds (ETF) must verify that all participants receive a *WRS Statement of Benefits*. Once you distribute the statements to your employees, complete the Distribution Report included with this Bulletin and return it to ETF by May 31, 2006.

Changes to the January 1, 2006 *Statement of Benefits*:

- Internal Revenue Code (IRC) references 401(a) and 403(b) appear at the top of the statement.
- ETF added a WRS Retirement Plan Structure section in the Explanation page of the statement specifying that the WRS retirement plan is a qualified pension plan that satisfies the requirements of the Internal Revenue Code (IRC) under sections 401 (a) and 403 (b). The plan is considered a hybrid pension plan combining features of both a defined benefit plan and a defined contribution plan.

Instructions and Guidelines for *Statement Distribution*

Employers are responsible for distributing the *Statement of Benefits* to their active WRS covered employees. You may send the statements to your employees via U.S. mail in the provided

ETF envelopes but make sure that you change the return address from that of ETF to your address and attach postage. It is important that you change the return address to ensure that undeliverable statements are returned to you for address correction and proper distribution. Be sure to send statements to employees on leave of absence.

If a statement is included for an employee who recently terminated or for whom a termination report has not yet been sent to ETF:

- Mail the statement to the participant. Remember to change the return address from ETF's to your address.
- In the event a termination report has not been sent to ETF, immediately submit an *Employee Transaction Report* (ET-2533) (or report using the Employer Extranet Application) including the employee's employment termination date, applicable WRS earnings and hours of service, and last known address. ETF will update the employee's WRS account information.

NOTE: Statements for employees working for more than one WRS employer are sent to the employer with the employee's most recent WRS begin date.

January 1, 2006 statements will not be sent to you for:

- Employees who terminated employment and for whom you reported the employment termination to ETF on an *Employee Transaction Report* (ET-2533) prior to the statement printing date.
- New WRS participants who enrolled in late

December 2005 whose first wages were paid in January 2006. These employees will not receive statements because no WRS contributions were paid in 2005.

Employees Should Carefully Review Statements

The annual *Statement of Benefits* provides WRS participants the opportunity to review important WRS account information that will eventually be used in benefit calculations. Therefore, we ask that you encourage employees to carefully review their statements and the enclosed supporting explanation. Most questions can be answered by reading this information.

Your employees should contact you for clarification of the WRS information that you have reported to ETF: employment category, earnings, and hours worked (ETF converted the hours worked to WRS creditable service). It is critical that you immediately correct any reporting errors. Please refer to Chapter 10 of the *WRS Administration Manual* (ET-1127) for instructions and guidance on making prior year account adjustments.

Employer Feedback on *Statement of Benefits* Format

ETF continually seeks to improve the annual *Statement of Benefits* format and we welcome your feedback. Please address all comments to Marilyn Lim, Department of Employee Trust Funds, Division of Trust Finance & Employer Services, P.O. Box 7931, Madison WI 53707-7931. You may also contact her via e-mail: marilyn.lim@etf.state.wi.us.

Questions

Employees having questions after reviewing the information supplied with the *Statement of Benefits* and/or after discussing their account balances with you, may contact ETF's Member Call Center toll free at (877) 533-5020 or by calling (608) 266-3285 in the Madison area. Employers with questions should contact ETF's Employer Communication Center at (608) 264-7900.

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• The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech, hearing or visually impaired and need assistance, call (608) 266-0728 or TTY (608) 267-0676. We will try to find another way to get the information to you in a usable form.
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The ETF EMPLOYER BULLETIN is published by the Wisconsin Department of Employee Trust Funds. There are three editions: one for all employers, one for local employers with items just for their interest, and one for state agencies. Questions should be directed to contact persons listed, or to the Division of Trust Finance & Employer Services. Call John Vincent at (608) 261-7942.

EMPLOYER AGENTS: This Bulletin may be copied for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our internet site at <http://etf.wi.gov>.

JANUARY 1, 2006 WRS ANNUAL STATEMENT OF BENEFITS DISTRIBUTION REPORT

Employer Name	EIN #
	69 036-

I certify that:

- 1) I received the January 1, 2006 *Statement of Benefits* forms for my organization's employees from the Department of Employee Trust Funds on _____;
(month/day)

- 2) I distributed all Statements to employees beginning on _____ (month/day), except for the following due to reasons (for example, they no longer work here) indicated below. Use reverse side of form if more space is needed:

Name	Social Security #	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN THIS FORM BY MAY 31, 2006 TO: Department of Employee Trust Funds, Division of Trust Finance & Employer Services, Attn: Marilyn Lim, 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 TRUST FINANCE AND EMPLOYER SERVICES
 ATTN: MARILYN LIM
 PO BOX 7931
 MADISON WI 53707-7931