



EMPLOYER BULLETIN

Employer Communication Center
(608) 264-7900, toll free 1-888-681-3952

Vol. 24, No. 3
February 1, 2007

- **Important Deadlines for WRS Statement of Benefits Distribution Code/Address Reports**
- ***Distribution Code/Address Option Selection Form***
- **Distribution Code/Employee Address Report Information**
- **Update Employee Addresses**

Each year you are responsible for distributing the annual *Statement of Benefits* to your employees. The statement dated January 1, 2007 will be sent sometime in April 2007. To assist in the distribution of these statements, please review the sorting options offered by the Department of Employee Trust Funds (ETF), with the detail for each option and important deadlines relative to the statement process.

Important Deadlines:

February 23, 2007

Deadline for submitting the *Distribution Code/Address Option Selection* form. Select a sort option for your January 1, 2007 *Statements of Benefits* to indicate the method you will use to report the information to ETF.

March 20, 2007

Deadline for submitting all *Distribution Code* and *Address Reports* to ETF based on the sort option selected.

WRS Statement of Benefits *Distribution Code/Address Option Selection Form*

Attached is the WRS Statement of Benefits *Distribution Code/Address Option Selection* form. Please complete and return the form to ETF by the due date. This allows ETF to sort your active employees' January 1, 2007 *Statements of Benefits* in the order most convenient for you (i.e., by distribution code, by employee home address, etc.). The statements will be printed and delivered in the order indicated on the form for your convenience.

Please select one of four sort options described below, by checking the appropriate box on the form. Also, please indicate the reporting type (File Transfer Protocol [FTP], disk or paper) by which you plan to submit your *Distribution Code/Employee Address Report (CDAD)*. ETF encourages you to use electronic reporting to increase accuracy and efficiency.

NOTE: ETF's ONE site is unable to accept CDAD reports at this time.

OPTION A: Distribution Codes

Under this option, you receive your statements in alphabetical order by employee last name within a distribution code order specified by you. Example: You could provide us with distribution codes that group your employees' statements by departments, individual buildings where employees work, or by different cities where employees work.

OPTION B: Employee Home Addresses

Under this option, you receive your statements by your employees' home addresses in zip code order.

**DISTRIBUTION CODE/ADDRESS OPTION SELECTION
FOR JANUARY 1, 2007 WRS STATEMENTS OF BENEFITS**

You must complete this form to select a sort option for your January 1, 2007 *Statements of Benefits*. CHECK ONLY ONE OPTION and be sure to indicate the format by which you will submit the Distribution Code/Employee Address report (CDAD) - FTP, disk or paper. This form must be returned to the Department of Employee Trust Funds.

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

Name of Person completing this Form: _____

Telephone Number: _____

E-mail: _____

<input type="checkbox"/>	OPTION A	Distribution Code Order	
Statements will be sorted in distribution code order and then alphabetically within distribution code.			
Will Report CDAD On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> Paper			
<input type="checkbox"/>	OPTION B	Employee Home Address	
Statements will be sorted by employee home address in zip code order.			
Will Report CDAD On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <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.			
Will Report CDAD On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> Paper			
<input type="checkbox"/>	OPTION D	Alphabetical Order	
Statements will be sorted by employee last name in alphabetical order.			
Will Report CDAD On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> Paper			

Return this selection form by February 23, 2007 to:

Rolanda Franklin
Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

FAX: (608) 266-5801

e-mail: rolanda.franklin@etf.state.wi.us

**DISTRIBUTION CODE/EMPLOYEE ADDRESS REPORT (CDAD) SPECIFICATIONS
FOR
STATEMENT OF BENEFITS
WISCONSIN RETIREMENT SYSTEM**

NOTE: The Statements of Benefits will be delivered to you consistent with your selection of one of the four available options:

- Option A: Distribution Code Order
- Option B: Employee Home Address
- Option C: Distribution Code Order with Home Address
- Option D: Alphabetical Order

Statements of Benefits for employees with no distribution code or address on file will be grouped in alphabetical order, by employee last name.

1. Specifications for Paper Reporting:

Employers submitting CDAD report on paper must follow the same data format explained below for electronic (disk or FTP) reporters.

2. Specifications for Electronic Reporting:

The file content of the CDAD report for employers submitting via File Transfer Protocol (FTP) or on a disk must follow the data format specifications indicated below.

FIELD NAME	FIELD POSITION	LENGTH	TYPE*
Employer Number	1 – 7	7	Numeric
Employee Social Security Number	8 – 16	9	Numeric
Employee Name	17 – 46	30	Unspecified
Distribution Code	47 – 59	13	Unspecified
Address (line 1)	60 – 89	30	Unspecified
Address (line 2)	90 – 119	30	Unspecified
City	120 – 147	28	Unspecified
State	148 – 149	2	Unspecified
Zip	150 – 154	5	Numeric or blank
Zip Extension	155 – 158	4	Numeric or blank

Numeric = Field must be numeric.

Unspecified = Any combination of character allowed—alpha/numeric/blank.

Numeric or Blank = Field must be numeric or blank.

Instructions for creating CDAD data file using an Excel spreadsheet:

1. Set each column to the specified width identified in the chart. Note: Setting the columns to the specified width will produce the field length indicated in the chart when you save the file as a *.prn file;

2. Create a column for each field even if you do not intend to use it. Do not type the column headings (Column, Field Name, etc.) on your spreadsheet. Row 1 of your spreadsheet should contain data for your first employee in the report.

Column	Field Name	Field Position	Length	Column Width	Cell Format
A	Employer Number	1 – 7	7	7.22	General
B	Employee SS #	8 – 16	9	9.22	General
C	Employee Name	17 – 46	30	30.22	General
D	Distribution Code	47 – 59	13	13.22	General
E	Address (line 1)	60 – 89	30	30.22	General
F	Address (line 2)	90 – 119	30	30.22	General
G	City	120 – 147	28	28.22	General
H	State	148 – 149	2	2.22	General
I	Zip	150 – 154	5	5.22	General
J	Zip Extension	155 – 158	4	4.22	General

Your file cannot be uploaded to our system if the above format is not followed.

NOTE: When entering your Employer Identification Number (EIN), you may need to format the cell to text, enter the information, and change the cell format back to general after you enter the EIN.

After all of the information has been entered, save the data by following the steps below:

1. Select 'File.'
2. Select 'Save as.'
3. Name your document CDADXXXXXXXX; XXXXXXXX is the last seven digits of your EIN number. Example: For an EIN of 69-036-9999-000, the naming convention would be CDAD9999999. No other naming convention is acceptable.
4. Change the file type to a Formatted Text (Space delimited) (*.prn) file.
5. Select 'Save.'

NOTE: After this file has been created, you can either send the CDAD file to ETF via disk or by the FTP method of transmission.

DISK/FTPFORMATS: We can process floppy disks (3.5 inches) or compact discs

RECORDING MODE: ASCII standard code

RECORD LENGTH: 158 bytes per record, fixed length

FILE NAME: Use **CDAD** and the last seven digits of your EMPLOYER IDENTIFICATION NUMBER (EIN). If your EIN is 69-036-4623-000, the naming convention would be **CDAD4623000**.

A disk file may consist of multiple disks as long it complies with the following filename conventions:

If a file consists of more than one disk, the filename **CDAD4623000** will contain a 3 digit numeric extension. This extension will indicate the sequence of the disks within the file. For example, the first disk will be named **CDAD4623000.001**, the second disk will be **CDAD4623000.002**, etc.

FILE CONTENT: File content must follow specific data format specifications as defined in this section. Deviations from the prescribed formats are not

acceptable. Files with unrecognized data or critical errors will not be processed and disks will be returned for correction. If errors exist on the FTP file, ETF will contact you and request that you send a corrected FTP file. The file with the error will be deleted.

SUBMIT DATA FILES TO ETF:

- DISKS: Department of Employee Trust Funds
Technical & Network Services Bureau
P.O. Box 7931
Madison, WI 53707-7931
- FTP The "ETF-Secure FTP Site"
Please follow the instructions you received when first approved for FTP transmittal.
- PAPER REPORTS: Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

Questions should be directed to:

Marilyn Lim
Department of Employee Trust Funds
P. O. Box 7931
Madison, WI 53707-7931.
Phone: (608) 266-0778 FAX: (608) 266-5801
e-mail: marilyn.lim@etf.state.wi.us