



# Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

You are responsible for distributing the annual Wisconsin Retirement System *Statement of Benefits* to your individual employees who were active as of December 31, 2008. The Statement, dated January 1, 2009, will be sent to you during the month of April 2009. To assist in the distribution, please review the **sorting options** offered by the Department of Employee Trust Funds (ETF), the **detail for each option**, and the **important deadlines** relative to the Statement distribution process.

## Important Deadlines:

February 27, 2009 Deadline for submitting the *Distribution Code/Address Option Selection* form (ET-9061). Select a sort option for your January 1, 2009 *Statements of Benefits* and indicate the method you will use to report the distribution code and address information to ETF. If you do not return form ET-9061 by the due date, ETF will use Option D, Alphabetical Order, by default to sort your employees' *Statements of Benefits*. No addresses or distribution data will be printed on the *Statements* in this case, unless you supply ETF with that information. Please refer to form ET-9060, included with this bulletin, for distribution and address data reporting instructions.

March 20, 2009 Deadline for submitting all Distribution Code and Address Data to ETF based on the sort option selected.

## WRS *Statement of Benefits Distribution Code/Address Option Selection* Form (ET- 9061)

Attached is the WRS *Statement of Benefits Distribution Code/Address Option Selection* form (ET-9061). You may also access form ET-9061 at <http://etf.wi.gov/publications/employer.htm>. Please complete and return the form to ETF by mail, fax, or e-mail before the due date. Your completed form instructs ETF how to sort your active employees' January 1, 2009 WRS *Statements of Benefits*. The *statements* will be printed and delivered in the order indicated on the form for your convenience

Please select one of the 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/Address Data (CDAD) information. ETF encourages you to use electronic reporting to increase accuracy and efficiency.

### INSIDE

\* Important Deadlines for WRS Statement of Benefits Distribution Code/Address Reports

\* *Distribution Code/Address Option Selection* Form (ET-9061)

\* *Distribution Code/Employee Address Report Information* (ET-9060)

**Note:** ETF's Online Network for Employers (ONE) site is unable to accept CDAD reports at this time.

OPTION A: Distribution Codes:

You will receive the *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:

You will receive the *Statements* by your employees' home addresses in zip code order. The address sort option enables you to attach postage and mail the *Statements* directly to employees, rather than distributing them at the work sites. The *Statements* will be printed with your return address displayed in the return address window of the envelope.

OPTION C: Sort by Distribution Codes and Also Print Home Addresses:

You will receive the *Statements* in alphabetical order within distribution code order, with home addresses of your employees printed on the documents. This allows you to distinguish between different buildings/work sites, but retain the option to mail some *Statements* to employees who might not be present at the time of distribution.

OPTION D: Sort in Alphabetical Order:

You receive *Statements* in alphabetical order. Distribution codes and/or addresses of employees can be printed on the *Statements*, provided you supply ETF with that information.

Mail, fax or e-mail the *Distribution Code/Address Option Selection* form (ET-9061) to ETF by February 27, 2009, using the address indicated on the form. When completing this form, please provide your WRS Employer Identification Number (69 036 XXXX XXX).

## **Distribution Code/Address Data (CDAD)**

If sort option A, B or C is selected on the *Distribution Code/Address Option Selection* form (ET-9061), you must submit your CDAD report for the purpose of updating WRS member files by March 20, 2009. CDAD reporting is optional for sort option D. Please note that information should only be submitted for employees who were active as of December 31, 2008.

The CDAD report must follow data format specifications defined in the *Distribution Code/Address Data Specifications for WRS Statement of Benefits* form (ET-9060) included with this bulletin. This form also contains instructions for using an Excel spreadsheet to create the CDAD report in an electronic format acceptable by ETF. Form ET-9060 can also be found at <http://etf.wi.gov/publications/employer.htm>.

**Note: Files not meeting the reporting format will be returned to you for correction.  
Corrections will NOT be made at ETF.**

You are required to keep a copy for your records of all reports sent to ETF as reference in facilitating the resolution of problems that may exist in the file. Please contact Michelle Solberg at (608) 266-6553 or by e-mail at [michelle.solberg@etf.state.wi.us](mailto:michelle.solberg@etf.state.wi.us) if you have questions regarding this bulletin.

**DISTRIBUTION CODE/ADDRESS DATA (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 the CDAD report on paper must use the same information required for electronic reports, indicated under **Field Name** column below. A sample form (ET-9066) is attached with this bulletin.

**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.

**A. Preferred Method: Create the data file using the indicated specific format**

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.

**B. Alternative Method: Create 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 heading (Column, Field Name, Etc...) on your spreadsheet. The first row on your spreadsheet should contain 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 CDADXXXXXXX; where x is the last seven digits of your EIN number. Example: For an EIN of 69-036-1234-000, the naming convention would be CDAD1234000. 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 disks in the following formats:

- 3.5 inches, double-sided, 1.44MB
- 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).

A file may consist of multiple disks as long as it complies with file name conventions.

If a file consists of more than one disk, the filename **CDAD1234000** 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 **CDAD1234000.001**, the second disk will be **CDAD1234000.002**, etc.

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

Michelle Solberg  
Department of Employee Trust Funds  
P. O. Box 7931  
Madison, WI 53707-7931.  
Phone: (608) 266-6553 FAX: (608) 266-5801  
e-mail: michelle.solberg@etf.state.wi.us

**DISTRIBUTION CODE/ADDRESS OPTION SELECTION  
FOR JANUARY 1, 2009 WRS STATEMENTS OF BENEFITS**

You must complete this form to select a sort option for your January 1, 2009 *Statements of Benefits*. CHECK ONLY ONE OPTION and be sure to indicate if you will report Distribution Code/Employee Address report (CDAD) on FTP, disk or paper. This form must be returned to the Department of Employee Trust Funds (ETF) by the due date indicated below.

Employer Name: \_\_\_\_\_ Employer Number: 69-036-\_\_\_\_\_

Name of Person completing this Form: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

<input type="checkbox"/>	<b>OPTION A</b>	<b>Distribution Code Order</b>	
			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"/>	<b>OPTION B</b>	<b>Employee Home Address</b>	
			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"/>	<b>OPTION C</b>	<b>Distribution Code Order with Home Address Printed</b>	
			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"/>	<b>OPTION D</b>	<b>Alphabetical Order</b>	
			Statements will be sorted by employee last name in alphabetical order.
			<b>Note:</b> By choosing this sort option, you need to submit CDAD <u>only</u> if you would like to include employees' addresses on the Statements as well.
			Will Report CDAD On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> Paper

Return this selection form by February 27, 2009 to:

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

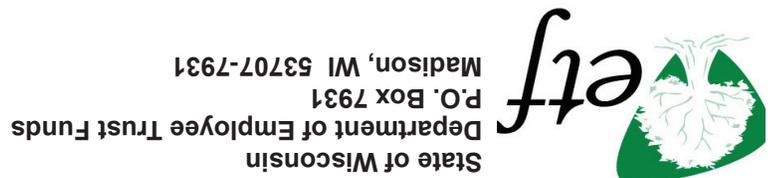
FAX: (608) 266-5801

e-mail: [rolanda.franklin@etf.state.wi.us](mailto:rolanda.franklin@etf.state.wi.us)



## FIRST CLASS

Address Service Requested



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 the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Retirement Services (DRS). Call Jean Gilding, DRS Administrator, at (608) 266-1210. Employer agents may copy this Bulletin 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 the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931  
<http://etf.wi.gov>