

**DISTRIBUTION CODE/ADDRESS OPTION SELECTION
FOR JANUARY 1, 2005 WRS STATEMENTS OF BENEFITS**

You must complete this form to select a sort option for your January 1, 2005 *Statements of Benefits*. CHECK ONLY ONE OPTION and be sure to indicate if you will report on FTP, diskette 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 (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.
			Will Report 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 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 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 On: <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> Paper

Return this selection form by February 25, 2005 to:

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

FAX: (608) 266-5801

e-mail: dale.ferron@etf.state.wi.us