



Employer *Bulletin*

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

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

Each year you are responsible for distributing the annual Wisconsin Retirement System *Statement of Benefits* to your employees. The statements, dated January 1, 2008, will be sent sometime in April 2008. To assist in the distribution of these statements, please review the sorting options offered by the Department of Employee Trust Funds (ETF), the detail for each option, and important deadlines relative to the statement process.

Important Deadlines:

February 22, 2008 Deadline for submitting the *Distribution Code/Address Option Selection* form (ET-9061). Select a sort option for your January 1, 2008 *Statements of Benefits* and indicate the method you will use to report the distribution code and address information to ETF.

March 20, 2008 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). Please complete and return the form to ETF by the due date. Your completed form instructs ETF how to sort your active employees' January 1, 2008 *Statements of Benefits*. The form is also available online at <http://etf.wi.gov>. 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/Address Data (CDAD) information. 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.

INSIDE

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

* Distribution Code/Address Option Selection
Form

* Distribution Code/Address Data Specifications

OPTION A: Distribution Codes:

You receive 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 receive statements by your employees' home addresses in zip code order. This address sort option enables you to attach postage and mail the statements directly to employees, rather than distributing statements 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 receive statements in alphabetical order within distribution code order, with home addresses of your employees printed on the statements. 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 you distribute statements.

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) by February 22, 2008, to the Department of Employee Trust Funds at 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)

All WRS employers must submit their CDAD report for purposes of updating WRS member files by March 20, 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 electronic format acceptable by ETF.

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 of all reports sent to ETF for your records and to be used as reference to facilitate resolving problems that may exist in the file. Please contact Marilyn Lim at (608) 266-0778 or by e-mail at marilyn.lim@etf.state.wi.us if you have questions regarding this bulletin.

DISTRIBUTION CODE/ADDRESS DATA (CDAD) SPECIFICATIONS WRS FOR STATEMENT OF BENEFITS

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.

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 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 CDADXXXXXXXX; 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 **CDAD**1234000 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 **CDAD**1234000.001, the second disk will be **CDAD**1234000.002, 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:

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

**DISTRIBUTION CODE/ADDRESS OPTION SELECTION
FOR JANUARY 1, 2008 WRS STATEMENTS OF BENEFITS**

You must complete this form to select a sort option for your January 1, 2008 *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 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"/>	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 22, 2008 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

