APPENDIX B – EMPLOYER EXTRANET APPLICATION SECURITY AGREEMENT

Department of Employee Trust Funds
P. O. Box 7931
Madison, WI 53707-7931

EMPLOYER EXTRANET APPLICATION SECURITY AGREEMENT

Wis. Stats. § 40.07 (1)

I. Employee: Read the provision set forth below and complete your name, home address, Social Security Number, home phone number, signature and date below. If you are a state Central Payroll agency employee with a Department of Administration (DOA) Mainframe Logon ID (i.e., ETF222), or have a unique Logon ID to access secure State of Wisconsin internet applications (e.g., Z999999), enter your ID number in the DOA Mainframe Logon ID space provided below.

I understand that Security measures have been established to provide necessary inquiry and update abilities for the Wisconsin Retirement System (WRS). I agree to maintain the confidentiality of all information that I obtain through on-line access to WRS accounts. I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited.

I further understand that the Employer Extranet Application(s) is intended for use by employers to administer WRS and other Department of Employee Trust Funds (DETF) administered benefit programs and is not intended to provide information to members or to assist members in making retirement decisions. I also understand that the *Employer Extranet Previous Service and Benefit Inquiry Application* is not intended to provide complete information to make important decisions regarding a member's WRS benefits.

I have read the provision set forth above. I understand that Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my on-line access to WRS active member accounts and/or termination of my Employer's on-line access to WRS active member accounts.

		DETF Security Administrator Use Only	
Employee Name/Home Address/Home Phone Number:	DOA Mainframe Logon ID	New DOA Mainframe Logon ID	DETF Security Administrator Signature/Date
Employee Social Security Number/Signature/Date:			

II. Employer WRS Agent: Certify that the above employee is authorized to gain access to the WRS employer Extranet application by completing the area below and checking those applications for which authorization is being given. Please notify DETF immediately if your authorized employee terminates or loses authorization.

- ☐ WRS Previous Service & Benefit Inquiry
- ☐ WRS Contribution Remittance
- ☐ WRS Account Update
  (Caution: Authorization for the WRS Account Update application will enable your authorized employee(s) to perform any and all WRS account updates, including those implemented in the future. Additional authorization will not be required.)

I understand that Wisconsin Statutes, § 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting information to the Wisconsin Retirement System.

Employer Name:		Employer ID Number: 69-036-
E-mail Address:	Fax Number:	Phone Number:
WRS Agent Name:	WRS Agent Signature:	Date:

III. DOA Security Officer: Will issue each designated employee a Logon ID, password, and identifier codes, if applicable, to gain access to the system. Please allow two to three weeks to receive authorization and instructions for access.

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