

**Department of Employee Trust Funds
WRS ONLINE NETWORK FOR EMPLOYERS USER MANUAL**

APPENDIX B – ONLINE NETWORK FOR EMPLOYERS SECURITY AGREEMENT

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

ONLINE NETWORK FOR EMPLOYERS SECURITY AGREEMENT
Wis. Stat. § 40.07 (1)

- I. **Employee:** Read the provision set forth below and complete your name, work address, work phone number, e-mail, signature and date 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 Online Network for Employers 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 *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.		
Employee Name/Work Address/Work Phone Number:	DETF Security Administrator Use Only	
Employee Signature/Date:	Logon ID	DETF Security Administrator Signature/Date
Employee E-mail Address:		

- II. **Employer WRS Agent:** Certify that the above employee is authorized to gain access to the Online Network for Employers 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-
WRS Agent Name:	Phone Number:
WRS Agent Signature:	Date:

- III. **DETF Security Officer:** Will issue each designated employee a Logon ID, password, and PIN to gain access to the system. Please allow two to three weeks to receive authorization and instructions for access.