

Department of Employee Trust Funds
WISCONSIN RETIREMENT SYSTEM ADMINISTRATION MANUAL

CHAPTER 2 — EMPLOYER RESPONSIBILITIES

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200 Naming an Employer Agent

The governing body of each WRS participating employer must file with the Department of Employee Trust Funds (ETF) a written designation authorizing an agent or agents to act on its behalf in all matters pertaining to the WRS and all other ETF administered programs (Wis. Stat. § 40.03 (2) (j)). The agent(s) so designated shall be responsible for WRS eligibility determinations, reporting, insurance administration, etc., and serve as the contact through which all WRS transactions shall be channeled. However, ultimate responsibility for the actions of the designated agent(s) lies with the governing body.

Refer to subchapter 202 for the *Designation of Agent* form (ET-1313).

201 Employer Agent Responsibilities

Employers are responsible for effective administration of WRS. This role includes, but is not limited to, the following tasks:

Administration	<ol style="list-style-type: none">1. Understand WRS participation and coverage provisions.2. Understand proper forms used in administering the WRS.3. Determine WRS eligibility for each employee.4. Determine proper employment category for each WRS eligible employee.5. Determine WRS previous service for each employee.6. Certify necessary information on behalf of the employer.7. Maintain employee records used in the proper administration of the WRS.8. Maintain adequate supplies of forms used in WRS administration.9. Maintain historical WRS information.
Reporting	<ol style="list-style-type: none">1. Comply with Chapter 40, Wis. Stat. and Wis. Admin. Code reporting requirements.2. Certify necessary information on behalf of the employer.3. Sign and transmit forms containing information used by ETF to determine eligibility or benefit amounts.

Transmit Contributions	<ol style="list-style-type: none"> 1. Transmit required employee and employer contributions by established due date. 2. Transmit contributions using proper reporting methods.
Advise Employees	<ol style="list-style-type: none"> 1. Communicate to employees your determination of eligibility and employment category for participation in the WRS. <ul style="list-style-type: none"> • The <i>New Employee Benefit Checklist</i> (ET-2572) is a valuable tool to document when and how the employee met WRS eligibility criteria, dates insurance applications, were provided, etc. 2. Inform employees that the Secretary of the Department of Employee Trust Funds is authorized under Wis. Stat. § 40.03 (2) (h), to request from any participating employee or employer any information deemed necessary for the proper operation of the WRS, such as Social Security numbers, dates of birth, etc. 3. Refer WRS participating employees to the ETF Member Call Center toll free at (877) 533-5020 for any benefit-related questions and/or information regarding their individual accounts. 4. Provide a <i>Request for Benefit Information</i> (ET-7301) when an employee terminates WRS employment or plans to retire. 5. Provide a <i>Disability Benefits</i> brochure (ET-5102) and/or <i>Long-Term Disability Insurance</i> brochure (ET-5314), a <i>Request for Benefit Information</i> (ET-7301) and ETF contact numbers to employees who become disabled to ensure they are aware of all possible disability benefits available to them.
Distribute materials	<ol style="list-style-type: none"> 1. Ensure staff responsible for the day-to-day administration of the WRS and ETF administered benefit programs receives all ETF communications sent to the designated WRS agent. 2. Distribute all materials necessary for the effective administration of the WRS to each WRS participating employee, including but not limited to: <ul style="list-style-type: none"> • Copy of the WRS enrollment form validating WRS eligibility and employment category determinations. • Variable election form. Eligible employees can designate that 50% of their WRS contributions be invested in the variable trust fund. • <i>Your Benefit Handbook</i> (ET2119). (You can distribute paper copies or provide employees with the link to the electronic copy from ETF's website. • <i>WRS Annual Statement of Benefits</i> (ET-7365). • <i>Disability Benefits</i> brochure (ET-5102) and/or <i>Long-Term Disability Insurance</i> brochure (ET-5314), and a <i>Request for Benefit Information</i> (ET-7301) as well as ETF contact numbers to employees who become disabled to ensure the employee is aware of all possible disability benefits available to them.

202 *Designation of Agent (ET-1313)*

Each WRS participating employer **must** submit a completed *Designation of Agent* (ET-1313) form to:

- Designate a WRS agent
- Designate a WRS alternate agent
- Change your existing WRS agent
- Change your existing WRS alternate agent

You must include both the title and name of the WRS agent, since ETF communications are mailed directly to each employers' designated agent. The designated agent is then responsible for forwarding all ETF communications to any staff designated to administer the WRS and any ETF administered benefit programs.

This form may also be used to designate and/or change the name of a retirement and/or insurance contact. The retirement and/or insurance contact may also be changed by calling the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900. However, to designate or change the WRS agent or alternative agent, you must complete the *Designation of Agent* form.

The *Designation of Agent* form is available in the Employer section on ETF's Internet site at etf.wi.gov. You may also make a copy of the following page to complete and submit.

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

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____

INSURANCE CONTACT _____

PHONE NUMBER _____

Designation Certified By:

Date (MM/DD/CCYY)	Signature and Title of Certifying Official	Phone Number

NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.

ET-1313 (REV 4/99)