

Department of Employee Trust Funds
WISCONSIN RETIREMENT SYSTEM ADMINISTRATION MANUAL

CHAPTER 6 — EMPLOYEE'S INDIVIDUAL WRS ACCOUNT

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600 Creating a New Individual WRS Account

Creation or reactivation of an individual's WRS account requires that an enrollment be completed for each eligible employee. An enrollment must be completed and submitted to ETF by the employer agent within 10 days of an employee becoming eligible. A WRS enrollment:

- Creates an employee (participant) account at ETF;
- Adds the employee to the employer's Annual Coverage Detail Report or pre-list (not produced for electronic media reporters);
- Meets initial eligibility requirements for insurance enrollment; and
- Reactivates an employee's existing WRS account when rehired or reinstated.

A late enrollment may cause a benefit from a previous segment of WRS covered employment to be paid in error, as well as delay application processing for ETF administered insurances.

601 Methods Available for Reporting WRS Enrollments and Correcting or Updating WRS Enrollment Information

Several methods are available for reporting a WRS enrollment and making subsequent corrections/changes to employee descriptive data. ETF encourages employers to automate WRS enrollment along with other WRS reporting transactions. Available methods include:

A. Online Network for Employers (ONE):

Once authorized for ONE access, employers can use the Internet to create an eligible employee's individual WRS account, reactivate an inactive WRS participant account, and update or correct the account's descriptive data fields such as name and/or address, employment begin date, gender and/or employment category. Refer to Chapter 23 for further information regarding ONE.

B. File Transfer Protocol (FTP):

FTP provides electronic transmission of WRS enrollments as well as updates or corrections to an account's descriptive data fields such as name and/or address, employment begin date, Statement of Benefits codes, gender and/or employment category. An electronic version of the *Electronic Reporter Transmittal* (ET-2536) must accompany FTP files (refer to subchapter 608). Refer to Appendix A for FTP data description and formatting requirements; deviations from the prescribed formats will not be accepted.

C. Disk Reporting:

Disk reporting provides electronic transmission of WRS enrollments as well as updates or corrections to an account's descriptive data fields such as name and/or address, employment begin date, Statement of Benefits codes, gender and/or employment category. An *Electronic Reporter Transmittal* (ET-2536) must accompany diskettes (refer to subchapter 608). Refer to Appendix A for data description and formatting requirements; deviations from the prescribed formats will not be accepted.

D. Paper Reporting:

Employers can create an eligible employee's individual WRS account or reactivate an inactive WRS participant account by completing and submitting a *Wisconsin Retirement System Enrollment* (ET-2316). Refer to subchapter 604.

Updates or corrections to an account's descriptive data fields such as name and/or address, Social Security number, date of birth, employment begin date, employer identification number, Statement of Benefits codes, gender and/or employment category by completing and submitting an *Employee Identification Correction/Change* form (ET-2810). Refer to subchapter 606.

602 Specifications for File Transfer Protocol (FTP) Reporting

An electronic version of the *Electronic Reporter Transmittal* (ET-2536) must accompany the FTP file for enrollments and descriptive data corrections/changes. In order to utilize FTP, you must install the necessary software on your computer system. ETF has purchased the hardware and software required for the FTP method of transmission and will provide employers with the necessary software and software licenses **free of charge**.

To ensure you have the capability to perform FTP transmissions, you should discuss the system requirements with your Information Technology Department. ***Please make sure you will be able to send data even if you have a firewall on your system.***

Employers interested in using FTP should contact the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900.

603 Specifications for Disk Reporting

- DISK FORMATS: We can process disks in the following formats:

- IBM PC-DOS or MS-DOS compatible:**
3.5 inches, double-sided, 1.44MB
CD-ROM

- RECORDING MODE: ASCII standard code

- RECORD LENGTH: 360 bytes per record, fixed length

- FILE NAME: Use **WRS** and the first four digits of your Employer Identification Number (EIN). If your EIN is 4623000 then file name would be WRS4623.

- A disk may consist of multiple files as long as the following file name conventions are adhered to:

- If a disk consists of more than one file, the file name WRS4623 will contain a three digit numeric extension. This extension will indicate the sequence of the files within the disk. For example, the first file will be named WRS4623.001, the second file will be WRS4623.002, etc.

- DISK LABEL: A label must be properly secured to the disk and show the internal file name, your employer number and reporting period. Sample:

- File Name WRS4623
EIN: 4623000
Report Period: 10/2007

- WRITE-PROTECT: All disks must be write-protected prior to submitting to ETF.

- RETURNS: Once the disk files have been processed, they are retained for three months and then destroyed. The disk will not be returned.

604 Completing the *Wisconsin Retirement System Enrollment* (ET-2316)

This section provides instructions on completing a paper *Wisconsin Retirement System Enrollment* (ET-2316). The numbered descriptions on the chart below

Wisconsin Retirement System
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correspond to the numbers on the sample form in subchapter 605. Complete the *WRS Enrollment* in a clear, legible manner, using the following instructions:

NOTE: The *Wisconsin Retirement System Enrollment* (ET-2316) must be legibly completed and submitted to ETF by the WRS agent – **not the participant.**

#	Item Name	When Completing WRS Enrollment Form
1	Is Employee Receiving an Annuity from the WRS?	Check the appropriate box. If yes, refer to Chapter 15.
2	Report Date (MM/DD/CCYY)	Enter the date this transaction was added to your payroll system. Note: The report date cannot be earlier than the WRS begin date in #11, below.
3	Social Security Number	Obtain Social Security number directly from the employee's Social Security card. Attach a copy of the card to the enrollment (if available). The Social Security number becomes the employee account number for ETF. Accuracy is extremely important. Maintain a copy for your records.
4	Employee Name	Use the complete name as it appears on the Social Security card or birth certificate. Enter the last name, first name, and middle initial.
5	Address	Enter the employee's complete permanent home address.
6	Gender	Check the correct box.
7	Birthdate (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. The birthdate is used for benefit entitlement calculations. The member may encounter difficulty when applying for a benefit if this date is not reported accurately.
8	Employer Name	Enter the name as it appears on the <i>WRS Monthly Remittance Report</i> (ET-1515). State employers should use their electronic reporting method.
9	Statement of Benefits Distribution Code	Use of this eight-digit code is optional. Choose one of four options to sort the Statement of Benefits by alphabetical order, zip codes, or combinations.
10	ETF Employer ID Number	Enter the employer identification number for social security reporting, as it appears on the <i>WRS Monthly Remittance Report</i> (ET-1515). All numbers are seven digits and begin with 69-036-.
11	Date WRS Participating Employment Began with this Employer	Enter the date (MM/DD/CCYY) WRS eligible employment began with this employer. Refer to Chapter 3 of the WRS manual for determining eligibility. For most employees this will be their first day worked.
12	Date of Hire	Enter the date the employee started working with the employer. This date may be different from the beginning WRS participation date (e.g., the employee may not have been WRS eligible upon hire).
13	Employment Category	Determine the appropriate Employment Category from the categories listed in subchapter 401. Category determination must be based on duties performed by the employee, not licenses or certifications.
14	Date, Signature, Title of Agent, and Telephone No.	Only the WRS agent (or alternate agent) is authorized to sign this form. The agent, by signing this form, is certifying the information regarding the employee is correct.

605 Wisconsin Retirement System Enrollment (ET-2316)

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

WISCONSIN RETIREMENT SYSTEM ENROLLMENT

Wis. Stat. § 40.22

Is employee receiving an annuity from the WRS? NO YES 1

If yes, do not complete this form. Instead, refer to Chapter 15 of the *WRS Administration Manual* and form ET-2319.

EMPLOYER: PLEASE TYPE OR PRINT IN INK – All Information Must Be Legible		Report Date (MM/DD/CCYY)	2
Please refer to Chapter 5 of the <i>WRS Administration Manual</i> (ET-1127) for instructions on completing this form. Complete all areas below.		Social Security Number	3
Employee Name (Last, First, Middle)	4	Gender 6	Birthdate (MM/DD/CCYY)
		<input type="checkbox"/> Male	7
		<input type="checkbox"/> Female	
Address (Street, City, State, Zip)		5	
Employer Name (if State of Wisconsin, include department)		8	
		Statements of Benefits Distribution Code	9
ETF Employer ID No.	10	Date WRS Participating Employment Began With This Employer (MM/DD/CCYY)	Date of Hire (MM/DD/CCYY)
69-036-		11	12

EMPLOYMENT CATEGORY

- 00 General Employee
- 01 Court Reporter
- 02 State Executive Retirement Plan [Wis. Stat. § 20.923 (4), (8), or (9)]
- 13 03 Protective Occupation Under Social Security
- 04 Protective Occupation Not Under Social Security
- 05 Supreme Court Justice
- 06 Legislator or State Constitutional Officer
- 07 Court of Appeals Judge
- 08 Circuit Judge
- 09 Elected Official or Appointed to Fill an Elected Office
- 10 Teacher
- 11 Executive Teacher (State Agencies Only)
- 12 Educational Support Personnel

AGENT MUST SIGN HERE	I hereby certify the named is an employee of this participating employer normally performing at least 600 hours of work in a year (or 1/3 of full-time if a teacher which is at least 440 hours per ETF 20.015) and is otherwise eligible as an "employee" pursuant to Wis. Stat. § 40.02 (26). I understand that Wis. Stat. § 943.395 provides 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 coverage information to the Wisconsin Retirement System.		
	Date (MM/DD/CCYY)	Signature & Title of Agent	Telephone No.
	14		

Make a copy for your records and one for your employee. Submit original to address at top of form.

606 Correcting or Changing Enrollment Information

Should it be necessary to correct or change information reported to ETF through the WRS enrollment process, use the Online Network for Employers (ONE), File Transfer Protocol (FTP), Disk reporting or the *Employee Identification Correction/Change* form (ET-2810). (Refer to Chapter 23 for information on ONE.)

Table 6.1 – Employee Identification Correction/Change Codes

Code	Corrects	Description
P030	Social Security Number* (Verification Required)	Social Security numbers are used by ETF as the major identifier for participant records; ensure it is correct on all forms. You must complete an <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2; attach a copy of the employee's Social Security card.
P031	Name/Address	To correct or change a name or address use either the WRS Account Update application on the ONE system or complete an <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2.
P032	Birthdate** (Certified Copy of Birth Certificate Required for Verification)	Date of birth is crucial in computing benefits and is used by ETF as the second identifier (in addition to the Social Security number) to further identify a participant's record. You must complete an <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2; attach a certified copy of their birth certificate, which will be returned to the employee at their request.
P033	Employment Begin Date	It is critical that WRS records reflect the participant's correct employment begin date. To correct a begin date, use either the WRS Account Update application on the ONE system or complete an <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2; attach an explanation for the change.
P034	Statement of Benefits Distribution Code	To correct/change or add a statement of benefit distribution code, you must complete the <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2.
P035	ETF Employer Identification Number (EIN)	To correct the employee's ETF Employer Identification Number you must complete the <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2.
P036	Gender	To correct the employee's Gender Indicator, use either the WRS Account Update application on the ONE system or complete the <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2.
P063	Employment Category***	To correct the employee's employment category, use either the WRS Account Update application on the ONE system or complete the <i>Employee Identification Correction/Change</i> form, filling in the required fields as listed in Table 6.2. This correction code can only be used if an incorrect employment category was indicated when enrolling the employee in WRS.

* P030 (Social Security Number Correction): Under federal regulations individuals requested to furnish their Social Security numbers are to be informed that disclosure of such number is required under policies established pursuant to the authority of Wis. Stat. § 40.03 (2) (h). The number is used to maintain a record of contributions and other data needed for providing retirement benefits as well as for required reports to the Federal Internal Revenue Service.

** P032 (Birthdate Correction): In the event an employer indicates they made an error in reporting the date of birth during the enrollment process, the date of birth can be corrected without birth evidence if:

1. The error is discovered before a second WRS *Annual Statement of Benefits* is issued to the participant after the error was made,

AND

2. The employer submits a signed and dated statement indicating the correct date of birth and that they made an error in the participant's date of birth when they previously reported the WRS enrollment.

***P063 (Employment Category Change): The *Employee Identification Correction/Change* form must not be used if earnings and hours have already been reported to an incorrect category; contact the Employer Communication Center for assistance. [To report current year category changes, submit an *Employee Transaction Report* (ET-2533) using Action Code 10 as instructed in Chapter 11.]

607 Completing the *Employee Identification Correction/Change* (ET-2810)

Subchapter 608 provides a sample of the *Employee Identification Correction/Change* form. Please note that the boxed numbers on the sample form correspond to the numbers in the table below. Required fields for each type of correction are indicated in **Table 6.2**, with the letter R.

Table 6.2 – *Employee Identification Correction/Change* (ET-2810) - Field Requirements

Fields:	Account Correction Codes							
	P030	P031	P032	P033	P034	P035	P036	P063
1. Report Date	R	R	R	R	R	R	R	R
2. Social Security Number Correct	R	R	R	R	R	R	R	R
3. Social Security Number Incorrect	R							
4. Employee Name (Last, First, Middle)	R	R	R	R	R	R	R	R
5. Gender	R	R	R	R	R	R	R	R
6. Former Name		R						
7. Address								
8. Birthdate (Correct)	R	R	R	R	R	R	R	R
9. Employment Begin Date				R				R
10. SOB Code					R			
11. ETF Employer No. (Incorrect)						R		
12. ETF Employer No. (Correct)	R	R	R	R	R	R	R	R
13. Employer Name								
14. Employment Category (Incorrect)								R
15. Employment Category (Correct)	R	R	R	R	R	R	R	R
16. Account Correction (Check Box)	R	R	R	R	R	R	R	R
17. Signature & Title of Agent/Date	R	R	R	R	R	R	R	R

R = Required Field

608 Employee Identification Correction/Change (ET-2810)

Department of Employee Trust Funds
Wisconsin Retirement System
801 W. Badger Rd. — P.O. Box 7931
Madison, WI 53707-7931

EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 5 of the WRS Employer Manual (ET-1127) for instructions on completing this form.

Correct Social Security Number 2					
Incorrect Social Security Number <i>(Submit a Copy of SS Card)</i> 3					
Report Date (MM/DD/CCYY) 1					
Employee Name (Last, First, Middle) 4	Gender <input type="checkbox"/> Male 5 <input type="checkbox"/> Female				
Former Name (Birth/Married) 6					
Address (Street, City, State, Zip, Foreign Country & Mail Code — if not USA) 7					
Birthdate (MM/DD/CCYY) <i>(Submit a copy of Birth Certificate)</i> 8					
Date Participating Employment Began With This Employer (MM/DD/CCYY) 9	Statement of Benefits Distribution Code 10				
Incorrect ETF Employer Identification Number 69-036- 11					
Correct ETF Employer Identification Number 69-036- 12	Employer Name (If State of Wisconsin, include department) 13				
Incorrect Employment Category 14	Correct Employment Category 15				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> ACCOUNT CORRECTION (See descriptions on other side.) <input type="checkbox"/> P030 Social Security Number (Identification required) <input type="checkbox"/> P031 Name <input type="checkbox"/> P032 Birthdate (Identification required) 16 <input type="checkbox"/> P033 Employment Begin Date <input type="checkbox"/> P034 Statement of Benefits Distribution Code <input type="checkbox"/> P035 ETF Employer Number <input type="checkbox"/> P036 Gender Indicator <input type="checkbox"/> P063 Employment Category </td> <td style="width: 50%; padding: 5px;"> FOR ETF USE ONLY <input type="checkbox"/> P039 Coverage Begin Date _____ <input type="checkbox"/> P041 Verification (Only check this box to <u>change</u> verification code) <input type="checkbox"/> Yes <input type="checkbox"/> No SS No. Verified <input type="checkbox"/> Yes <input type="checkbox"/> No DOB Verified <input type="checkbox"/> P065 Delete incorrect employment category Incorrect Birthdate _____ <input type="checkbox"/> Keying Error </td> </tr> </table>		ACCOUNT CORRECTION (See descriptions on other side.) <input type="checkbox"/> P030 Social Security Number (Identification required) <input type="checkbox"/> P031 Name <input type="checkbox"/> P032 Birthdate (Identification required) 16 <input type="checkbox"/> P033 Employment Begin Date <input type="checkbox"/> P034 Statement of Benefits Distribution Code <input type="checkbox"/> P035 ETF Employer Number <input type="checkbox"/> P036 Gender Indicator <input type="checkbox"/> P063 Employment Category	FOR ETF USE ONLY <input type="checkbox"/> P039 Coverage Begin Date _____ <input type="checkbox"/> P041 Verification (Only check this box to <u>change</u> verification code) <input type="checkbox"/> Yes <input type="checkbox"/> No SS No. Verified <input type="checkbox"/> Yes <input type="checkbox"/> No DOB Verified <input type="checkbox"/> P065 Delete incorrect employment category Incorrect Birthdate _____ <input type="checkbox"/> Keying Error		
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Date Signed (MM/DD/CCYY)	Signature and Title of Agent 17				

609 Electronic Reporter Transmittal (ET-2536)

ELECTRONIC REPORTER TRANSMITTAL
 Totals of Transactions Included

Department of Employee Trust Funds
 WISCONSIN RETIREMENT SYSTEM
 P. O. Box 7931 — Madison, WI 53707-7931

Check one:
 Current Year Transactions
 Prior Year Transactions
 NOTE: This is not needed for your annual report

Employment Category	FISCAL YEAR EMPLOYEES ONLY JANUARY THROUGH JUNE		CALENDAR YEAR-TO-DATE		EMPLOYEE PAID CONTRIBUTIONS		Report Date
	Service Hours	Earnings Dollars	Service Hours	Earnings Dollars	Employee Required Contribution Dollars	Benefit Adjustment Contribution Dollars	
00, 01 (Includes 12)							
02 (Includes 05, 06, 07, 08, 09)							
03							
04							
10							

Employment Category	Employee-Paid		Employer-Paid		Tax Deferred (Teachers & Educational Support Only)	
	Core* Dollars	Variable Dollars	Core* Dollars	Variable Dollars	Core* Dollars	Variable Dollars
00, 01 (Includes 12)						
02 (Includes 05, 06, 07, 08, 09)						
03						
04						
10						

I understand that Wis. Stat. § 943.395 provides 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. The totals reported here are the same as those on the magnetic media records.

Employer Agent Signature _____ Date _____
 Prepared by _____ Telephone Number _____
 I.T. Support Contact Person _____ Area Code and Telephone No. _____

*Core (previously referred to as the Fixed Fund).