



Pre-Retirement Planning Program

Offered Through the Wisconsin Technical College System in Your Area

To increase your understanding of what to expect and how to plan for your retirement, the Department of Employee Trust Funds encourages all Wisconsin Retirement System (WRS) participants and their spouses to attend the pre-retirement classes offered through the Wisconsin Technical College System (WTCS).

Course Content

The pre-retirement planning program is usually a 12-hour course presented in a series of evening classes held weekly for 4-6 weeks. The content of the course may include:

Financial Planning

- Social Security
- Retirement Benefits (some include a presentation by WRS representative)

Insurance

- Life Insurance
- Health Insurance/Medicare

Consumerism

Housing

Legal Tips

- Taxes
- Wills and Lawyers

Employment and Retirement

Wellness in Retirement

Leisure

WTCS Pre-Retirement Coordinators

Contact the pre-retirement coordinator in your area for dates of sessions.

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If the State of Wisconsin Is Your Employer

If you are a state employee interested in attending a Wisconsin Technical College Pre-Retirement Program, check with your supervisors or your agency Human Resources office for information about the possibility of having the fee for this course paid by your employer.

Retirement – A New Beginning

PRE-REGISTRATION FORM

After contacting a WTCS Pre-Retirement Coordinator to verify course dates and availability, fill out this form and return it to your local WTCS campus at least four (4) weeks before the course is scheduled to begin.

(Please Print)

Last Name _____ First Name _____

Social Security Number _____ Birthdate _____

Home Address – Street _____

City _____ State _____ Zip _____ Phone _____

Spouse's Name (if attending) _____

Social Security Number _____ Birthdate _____

Employer _____

Work Address – Street _____

City _____ State _____ Zip _____ Phone _____

Name of Class _____ Date of Class _____

Name of Technical College _____

FOR STATE EMPLOYEES APPLYING FOR PAYMENT OF FEES

Department Name _____ Supervisor's Signature _____

Billing Information: Photocopy this pre-registration form after you fill it out and mail four (4) weeks before the class.
Send: one copy to local WTCS (see brochure); one copy to your personnel office.