

MILITARY SERVICE CERTIFICATION AND AFFIDAVIT – QDRO

Wis. Stat. § 40.02 (15) and (48m) (f)

Wisconsin law requires the WRS participant to complete this form and submit it to the Department of Employee Trust Funds when a portion of the participant's account is awarded to an alternate payee via a Qualified Domestic Relations Order (QDRO). This form must be completed even if you do not have any active-duty military service. **It is strongly recommended that the military affidavit be submitted with the QDRO** to ensure prompt and accurate division of the participant's account and avoid potential delays in benefits for both parties.

PARTICIPANT: Enter the following information in the spaces provided on the *Military Service Certification and Affidavit – QDRO* form:

> **SECTION 1:** Name and current address
Social Security Number
Birthdate

> **SECTION 2:** Check the one appropriate box that describes the applicant's situation. If you check the second box, "I did serve active military service," **you must complete parts a. and b. and submit a copy of your discharge papers with the affidavit.**

The Department **must** receive military service documents that include your date of entry into active service (not just your enlistment date), your discharge date, and the type of discharge (honorable, dishonorable, etc.). Discharge papers, such as DD214, DDForm 256CG, WDAGO 53-55, or equivalent, are generally acceptable.

Your County Veterans Officer may be able to assist you if you cannot locate your discharge papers or you can contact:

Wisconsin Department of Veterans Affairs
Records Section
P.O. Box 7843
Madison, WI 53707-7843
(608) 266-1311

> **SECTION 3:** Sign the form in the presence of a notary public.

If all Sections are not properly completed, the form will be returned to the participant for completion, resulting in delays in benefits for both the participant and the alternate payee.

MILITARY SERVICE CERTIFICATION AND AFFIDAVIT – QDRO

Wis. Stat. § 40.02 (15) and (48m) (f)

Wisconsin Statute requires that the Wisconsin Retirement System participant complete this form in its entirety and have it notarized. The participant must return the notarized copy within 30 days of the receipt of this notice to the Department of Employee Trust Funds at the above address, regardless of military service status. Failure to do so will result in the court being notified of the participant’s non-compliance with the court’s order.

1. _____

Member ID
Social Security Number XXX-XX-
Birthdate (MM/DD/CCYY)

2. MILITARY SERVICE. Check the appropriate box:

- I did **NOT** serve any active military service (please sign, have notarized, and return).
- I did serve active military service.

a. Please send a copy of your discharge papers and provide the dates below.

PERIOD(S) OF ACTIVE MILITARY SERVICE	
From (MM/DD/CCYY)	To (MM/DD/CCYY)

b. Check the one box below which best describes the applicant’s military pension rights.

- I am **NOT receiving, nor eligible to receive**, any federal retirement benefit based on this active military service. This does NOT include Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337).
- I am **receiving or will receive** a federal retirement benefit based on this active military service. This benefit is something other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337). (The name and address of the federal retirement system **must be entered in the box below**.)
- I am **eligible to, but I certify that I will NOT**, use this active military service for any federal retirement benefit other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337).

Name of Federal Retirement System (Do NOT include your WRS employer, WRS benefit or ETF.)	Address

3. I understand that Wis. Stat. § 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.

Date (MM/DD/CCYY)	Signature	Telephone Number ()
-------------------	-----------	-----------------------------

NOTARY SEAL. Subscribed and sworn to before me
 this _____ day of _____, Year _____.

Notary Public _____
 County of _____
 State of _____
 My Commission Expires _____

RETURN ORIGINAL TO EMPLOYEE TRUST FUNDS; MAKE A PHOTOCOPY FOR YOUR RECORDS.