



Limited Power-of-Attorney for Appeal

Wis. Stat. § 11.03 (9)(a)

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

State of Wisconsin Department of Employee Trust Funds Attached Boards [§§ 15.16 & 15.165, Stats.]

Employee Trust Funds Board • Deferred Compensation Board • Group Insurance Board
Teachers Retirement Board • Wisconsin Retirement Board

Information About You	
Your name (Last, First, MI)	
Member ID	Appeal case number, if known

Attorney-In-Fact Information	
I am a party to an appeal pending before the Employee Trust Funds Board, Group Insurance Board, Deferred Compensation Board, Teachers Retirement Board or Wisconsin Retirement Board. I desire to be represented in those proceedings by a person who is not an attorney-at-law in the State of Wisconsin. Accordingly, I hereby appoint the following identified person as my attorney-in-fact with the limited powers described below:	
Name of Attorney-In-Fact	
Street address	P.O. Box, if any
City, State, ZIP Code	
Weekday telephone ()	

My attorney-in-fact named above is authorized to act in my stead and to bind me in all matters involving the appeal with the same authority and effect as I personally possess. This includes, without limitation, receiving notices, appearing in my place at pre-hearing conferences or hearings, examining and cross-examining witnesses, raising and waiving issues, arguments and objections, filing briefs, executing any stipulation of facts and agreeing to any settlement.

The powers granted hereby do not include any other matter outside the pending appeal and do not include any authority to execute any application or beneficiary designation for any benefit under ch. 40 Wis. Stats., to which I am or may become entitled.

This is *not* a durable power-of-attorney and shall expire two years from the date it is signed unless sooner revoked by me in writing or revoked by reason of my death or incompetency. The Department of Employee Trust Funds, Employee Trust Funds Board, Group Insurance Board, Deferred Compensation Board, Teachers Retirement Board or Wisconsin Retirement Board and any court reviewing this appeal may rely upon the original of this power-of-attorney until receipt of its revocation by me or express, written notice of my death or incompetency.

Signed before me this _____ day of _____, 20____.

Notary Public, State of Wisconsin My commission expires _____.

Signature _____

Date signed _____

