



# Reciprocity: Employee Summary

Wis. Stat. § 40.30

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

Member Information		
Name (first, middle, last)		
SSN or ETF ID	Birth date (MM/DD/CCYY)	Telephone (     )
Street address	Current retirement system (check one):	
City, state, ZIP code	<input type="checkbox"/> City of Milwaukee Employees' Retirement System <input type="checkbox"/> Milwaukee County Employees' Retirement System <input type="checkbox"/> Wisconsin Retirement System	

**Important: Read the information on the back of this form before completing the following sections.**

Employment Certification		
<p>Check one box only. If more than one applies, complete a separate copy of this form for each system. Forms with employment from more than one retirement system will be rejected.</p> <p>I certify that prior to my current retirement coverage I was covered under:</p>		
<input type="checkbox"/> City of Milwaukee Employees' Retirement System 789 N Water Street Suite 300 Milwaukee, WI 53202	<input type="checkbox"/> Milwaukee County Employees' Retirement System 901 North 9 <sup>th</sup> Street Room 210 C Milwaukee, WI 53233	<input type="checkbox"/> Wisconsin Retirement System Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

Employment History			
List each period of employment covered by the retirement system checked in the "Employment Certification" section above. Do not include employment during which you were not eligible for retirement coverage.			
Employer/department name	Date employment		Corrections – for retirement system use only
	Began	Ended	

Authorization	
I authorize the City of Milwaukee Employees' Retirement System, the Milwaukee County Employees' Retirement System and the Wisconsin Retirement System to disclose information to one another regarding my employment, dates of service, military service, vested status and years of creditable service in each system. I acknowledge and accept responsibility for verifying with each applicable retirement system how my benefits will be affected by this election.	
Signature	Date (MM/DD/CCYY)

**Submit this completed form to the retirement system you checked in the "Employment Certification" section. Make a copy for your records.**

***This section to be completed by a retirement system representative***

<b>Retirement System Verification</b>		
1. Is the above-named employee vested in this system on the basis of service credited by this system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Sum of all service (creditable service, plus service credited to alternate payees(s), plus military service granted): _____.		
3. Does the employee's creditable service include active military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. If yes, give dates of military service credited: _____ to _____. Total military service granted: _____.		
5. Last calendar year in which employee earned creditable service: _____.		
Signature of retirement system representative	Telephone  (     )	Date (MM/DD/CCYY)

**Reciprocity Information**

Wis. Stat. § 40.30 provides for a limited reciprocity between the three public employee retirement systems in Wisconsin (the Wisconsin Retirement System, the Milwaukee County Employees' Retirement System and the City of Milwaukee Employees' Retirement System).

If you were covered under more than one of these systems, reciprocity may allow you to count your vested service earned under your old retirement system toward the vesting requirement in your new system and may increase your retirement benefit earned under the previous system.

You should file a copy of this form with each of your former retirement systems each time you become covered under a new retirement system. *Do not apply for any retirement benefit* before asking your retirement system(s) how reciprocity may benefit you.