

ONLINE NETWORK FOR EMPLOYERS SECURITY AGREEMENT

Wis. Stat. § 40.07 (1)

REQUEST TYPE (please check (√) one):

- | | |
|--|---|
| <input type="checkbox"/> Add access for new employee | <input type="checkbox"/> Name change for existing employee (please provide previous name) |
| <input type="checkbox"/> Delete access for existing employee | <input type="checkbox"/> Change access for existing employee |

I. **Employee:** Read the provision set forth below and complete your name, work address, work phone number, e-mail, signature and date below.

I understand that Security measures have been established to provide necessary inquiry and update abilities for the Wisconsin Retirement System (WRS) and other Department of Employee Trust Funds (ETF)-administered benefit programs. I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited.

I further understand that the Online Network for Employers is intended for use by employers to administer WRS and other ETF-administered benefit programs and is not intended to provide information to members or to assist members in making retirement or other benefit decisions. I also understand that the Previous Service and Benefit Inquiry Application is not intended to provide complete information to make important decisions regarding a member's WRS benefits.

I have read the provision set forth above. I understand that Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my online access to member accounts and/or termination of my Employer's online access to member accounts.		
Employee Name/Work Address/Work Phone Number:	ETF Security Administrator Use Only	
Employee Signature/Date:	Logon ID	ETF Security Administrator Signature/Date
Employee E-mail Address:		

II. **Employer WRS Agent:** Certify that the above employee is authorized to gain access to the Online Network for Employers by completing the area below and checking all applications for which this individual should be authorized. Please notify ETF immediately if your authorized employee terminates or loses authorization.

- | | |
|---|---|
| <input type="checkbox"/> WRS Previous Service & Benefit Inquiry | myETF Benefits for Administrators: |
| <input type="checkbox"/> WRS Contribution Remittance | <input type="checkbox"/> Health Eligibility Inquiry or <input type="checkbox"/> Health Eligibility Update |
| <input type="checkbox"/> WRS Account Update | <input type="checkbox"/> Health Premium Inquiry or <input type="checkbox"/> Health Premium Payment |
| | <input type="checkbox"/> ICI Premium Payment |

(Caution: Authorization for the WRS Account Update, myETF Benefits Inquiry and Payment, and ICI Premium Payment applications will enable your authorized employee(s) to perform any and all functions, including those implemented in the future. Additional authorization will not be required.)

I understand that Wisconsin Statutes, § 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. I certify that I am responsible for reporting information to the Wisconsin Retirement System.	
Employer Name:	Employer ID Number: 69-036-
WRS Agent Name:	Phone Number:
WRS Agent Signature:	Date:

III. **ETF Security Officer:** Will issue each designated employee a Logon ID, password and PIN to gain access to the system. Please allow two to three weeks to receive authorization and instructions for access.