Employer Attestation
For Documentation Received

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

Employers, please use this form to verify that you viewed the employee's original required document(s) to verify the employee or dependent(s) is eligible for benefit coverage, as administered by the Department of Employee Trust Fund, and that the date provided is what was on the viewed document.

Attestation	
Employee name	Employee ETF ID
1. Dependent name	1. Dependent ETF ID
2. Dependent name (if applicable)	2. Dependent ETF ID (if applicable)
3. Dependent name (if applicable)	3. Dependent ETF ID (if applicable)

I have viewed the originals of the following document(s) to verify eligibility for benefit coverage and listed the relevant event date:

- ☐ 1. Birth Certificate Date of birth: _____ ☐ Subscriber or spouse is parent
- ☐ 2. Birth Certificate Date of birth: _____ ☐ Subscriber or spouse is parent
- ☐ 3. Birth Certificate Date of birth: _____ ☐ Subscriber or spouse is parent
- ☐ Divorce Certificate Date of divorce: _____
- ☐ Marriage Certificate Date of marriage: _____
- ☐ Death Certificate Date of death: _____

Employer Information	
Name	ETF Employer ID
Representative name	
Representative signature	Date signed (MM/DD/YYYY)

Submit this completed form to ETF.