



Employer Certification of Other Governmental Service

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

Employee: Complete parts A and B of this form and send to the employer where you rendered the service you wish to purchase. If the employer participated in a multi-employer public retirement system, it is advisable to send this form directly to that retirement system. **Have the employer return this form to you.** If you have received a *Summary of Other Governmental Service* (ET-2210), submit both completed forms to the Wisconsin Department of Employee Trust Funds.

A. Employee Data		
Name (first, middle, last, former/maiden)		Social Security number (last four) XXXX-XX-
Street address		Other employee ID number (if any)
City, state, ZIP code	Daytime telephone, inc. area code	Birth date (MM/DD/YYYY)
Dates of employment to be purchased (MM/DD/YYYY) From: _____ to: _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time _____ hours per week		
Occupation	Agency name/Location where you worked	

B. Employer Data	
Employer or retirement system name	
Street address	City, state, ZIP code

C. Employer Certification	
Employer or retirement system: Complete Part C and return to the employee listed in Part A.	
Your former employee, named above, wishes to purchase creditable service ("Other Governmental Service") in the Wisconsin Retirement System based on employment with your agency. Under Wis. Stat. § 40.285(2)(b)4, and Wis. Admin. Code § ETF 20.17(4)(b)(3)(b), service may not be purchased if the employee is entitled to receive a retirement benefit paid by or on behalf of the original employer based on this service. A retirement benefit means one or more payments from a plan regulated by § 401 or § 403 of the Internal Revenue Code. Payments from IRAs or Section 457 (Deferred Compensation) plans do not disqualify the purchase.	
Name of retirement system or third-party retirement administrator (if any):	
I certify, based on the dates provided, that the employee named above: <input type="checkbox"/> is entitled to receive a current or future retirement benefit based on the service described above. <input type="checkbox"/> is not entitled to receive a current or future retirement benefit based on the service described above. <input type="checkbox"/> is not entitled to receive a retirement benefit based on the service described above once the plan-to-plan transfer of funds has been completed.	
If employee is not entitled to receive a retirement benefit, please give reason: <input type="checkbox"/> Withdrew contributions <input type="checkbox"/> Not vested <input type="checkbox"/> Was not eligible for retirement coverage <input type="checkbox"/> No record of employee <input type="checkbox"/> Other (specify): _____	
Telephone, including area code	Title
Signature	Date (MM/DD/YYYY)

