



How to Join the Wisconsin Retirement System

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53713

Employer Communications Center
1-877-533-5020
etf.wi.gov

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About the Wisconsin Retirement System and Department of Employee Trust Funds

The Wisconsin Retirement System (WRS) is a pension plan with both defined benefit and defined contribution components. The WRS is nearly 100% funded while the average for other U.S. public pension plans is less than 75%.

The Department of Employee Trust Funds (ETF) also oversees and manages the following benefit programs for WRS-enrolled employees (members):

- Disability retirement
- Duty disability
- Optional insurance programs
 - Health insurance
 - Life insurance
 - Income Continuation Insurance (ICI)
- Wisconsin Deferred Compensation

To learn more about these programs, see the *Other Benefits* section at the end of the brochure.

Benefit to Enrolled Employees

The WRS provides lifetime retirement benefits to members who are vested and have reached minimum retirement age.

The Disability Retirement program provides a lifetime monthly benefit to members who:

1. Become disabled, **and**
2. Must stop working before their normal retirement age.

The Duty Disability program provides a lifetime monthly benefit to protective category employees (e.g. police officers and firefighters) who:

1. Are hurt while working or get a disease due to their job, **and**
2. Can't perform full protective job duties.

To learn more about member benefits, see: [Our Wisconsin Retirement System ET-7100](#) and [YourBenefit Handbook ET-2119](#).

Employee and Employer Cost

The WRS is a retirement plan to which the employee and employer make contributions [Wis. Stat. §40.05 (1) (a)].

State statute and the Employee Trust Funds Board determine contribution rates. Rates are subject to change each year and are usually announced in June. A [WRS Contribution Rates History](#) is available online.

Employee-required contributions are deducted on a pre-tax basis. The employer is responsible for deducting contributions from each eligible employee and remits the employee and employer share to ETF each month. In most cases, Wisconsin Act 10 prohibits employers from paying the employee share.

Employer-required contributions differ by employment category. If you cover protective category employees (e.g., police officers and firefighters), a Duty Disability rate is added on. We calculate this rate based on claims experience. New WRS employers have no claims, so the rate for the first year would be in the lowest category.

Example: Employer ABC has three WRS-eligible general category employees and one protective employee. The employer did not buy prior service. The rates for that year are:

- General Category: 6.9% employee, 6.9% employer
- Protective Category: 6.9% employee, 14.3% employer
- Protective Employer Duty Disability Contribution: 0.02%

		Employee 1 (General)	Employee 2 (General)	Employee 3 (General)	Employee 4 (Protective)	TOTAL
EMPLOYEE	Annual Gross Wages	\$43,500	\$24,000	\$32,000	\$58,250	\$157,750
	Employee Contribution Rate	6.9%	6.9%	6.9%	6.9%	
	Employee-Paid Contribution	\$3,001.50	\$1,656.00	\$2,208.00	\$4,019.25	\$10,884.75
EMPLOYER	Employer Contribution Rate	6.9%	6.9%	6.9%	14.3% + 0.02%	
	Employer-Paid Contribution	\$3,001.50	\$1,656.00	\$2,208.00	\$8,341.40	\$15,206.90

Employee Eligibility

Wisconsin Statute mandates that **the employer must evaluate WRS eligibility for all employees** who receive pay for their services, whether they are paid hourly, salary, or stipend. This includes employees hired as:

- Volunteer firefighters or EMS
- Seasonal
- Project
- Temporary and part-time
- Members of boards and commissions
- Elected officials
- Poll workers

If an employee meets WRS eligibility criteria, they must be enrolled. **The employer or its board may not exclude employees or limit participation to:**

- A department
- A classification of employees
- Special interest groups
- Union contract groups
- Only full-time employees

Employees not expected to meet eligibility upon hire may become eligible at a later date. See Chapter 3 of the [WRS Employer Administration Manual \(ET-1127\)](#) for details.

WRS Eligibility for Employees

When determining an employee's eligibility, it is important to note the following:

- WRS eligibility is defined in Wis. Stat. §40.22. Participating employers must adhere to these rules.
- **All employees** must be evaluated for WRS participation and any employee who meets eligibility must be enrolled in the WRS.
- The employer or its board may not exclude employees or limit participation.
- There is no enrollment waiting period for eligible employees.
- If an employee works for more than one WRS-participating employer, WRS eligibility criteria must be met separately at each employer.

There are one-time enrollment exceptions for employers who:

- file a resolution to participate in the WRS for employees hired on or after the effective date,
- offer a one-time waiver of participation to eligible employees on the employer's WRS effective date, or
- exclude their public utility workers from participation per Wis. Stat. § 40.21 (7).

WRS eligibility is based on the employee's:

- Past WRS enrollment with *any* WRS employer,
- Number of hours expected to work each year, **and**
- Expected duration of employment.

The employee must meet all criteria to be eligible. WRS eligibility rules are based on previous participation:

Employees covered by *any* WRS employer **before July 1, 2011** (who have not taken a benefit) must be:

- Expected to work 440 hours for teachers and educational support staff, and 600 hours for all others, **and**
- Expected to work at least one year (365 consecutive days, 366 in leap year) from date of hire.

Employees covered by *any* WRS employer **on or after July 1, 2011** (or never enrolled in the WRS) must be:

- Expected to work 880 hours for teachers and educational support staff, and 1,200 hours for all others, **and**
- Expected to work at least one year (365 consecutive days, 366 in leap year) from date of hire.

Note: *If an employee works 9 or 10 months per year but is expected to return year after year, the 1-year rule is met.*

Important: If an employee receives a stipend/salary and the expected number of hours is unknown, the employer must determine a reasonable number of hours necessary to perform the job in comparison to the paid compensation. For example, a board chairperson receives a \$5,000 stipend each year for the following duties:

- Attending a monthly board meeting for 12 months and any special meetings as they arise.
- Reviewing and signing resolutions, ordinances, and contracts.
- Approving financial disbursements.
- Participating in additional duties outlined in Wisconsin Statutes.

The employer determines these duties require about 160 hours per year and is not eligible for WRS participation.

Once an employer is participating in the WRS, they must track and document hours worked for all employees. This includes employees who were not initially eligible for WRS enrollment.

Rehired Annuitant Information

An annuitant is a person who is receiving a retirement benefit (also called an annuity) from the WRS. When an annuitant returns to work for a WRS-participating employer, they are called *rehired annuitants*. All WRS-participating employers are required to use the online *Previous Service and Benefit Inquiry* application to determine their employee's annuitant status.

Under Wis. Stat. §40.26, any employee who is a rehired annuitant must complete a [Rehired Annuitant Form \(ET-2319\)](#), even if they are not eligible.

Annuitants returning to work have the same WRS eligibility requirements as active employees. Mandatory enrollment and annuity suspensions are based on their original termination date.

1. Eligible annuitants with a termination date **before July 2, 2013** may:
 - Choose to return to active WRS participation and suspend their WRS annuity; **or**
 - Continue their WRS annuity and *not* receive WRS credit for their return to work

If they choose to enroll in the WRS, the annuity is suspended the first of the month following ETF's receipt of the ET-2319.

2. Eligible annuitants with a termination date **on or after July 2, 2013**:
 - May continue their WRS annuity and *not* receive WRS credit for their return to work if they are not expected to work at least 880 (teachers and educational support) or 1,200 (all other categories) hours and work at least 12 months.
 - Must return to active WRS participation and suspend their WRS annuity if they are expected to work at least 880 (teachers and educational support) or 1,200 (all other categories) hours and work at least 12 months. **This includes eligible annuitants of employers who select the one-time WRS waiver.**

If they are required to enroll in the WRS, the annuity is suspended the first of the month following the date they became eligible.

For more details, see [Information for Rehired Annuitants \(ET-4105\)](#).

How to Join the WRS

Employer Eligibility

Participation in the WRS is open to any public employer. Statute requires some public employers to participate, while others are voluntary. Nonprofit corporations under IRC Section 501(c)(3) and Indian Tribal Governments are not eligible to join the WRS.

Voluntary employers must submit a resolution of inclusion to join the WRS no later than November 15 for participation beginning January 1.

Once an employer's participation in the WRS is effective, that decision is irrevocable — that is, they may not leave the WRS unless the entity is formally dissolved and/or consolidated with another employer.

Required Public Employers	Voluntary Public Employers
<ul style="list-style-type: none">• State agencies, including the University of Wisconsin System• Villages with a population of 5,500 or more must cover police officers and firefighters¹. They may choose to cover their non-protective employees.• Second-, third- and fourth-class cities must cover police officers and firefighters (except volunteer firefighters)². They may choose to cover their non-protective employees.• All school districts must cover their teaching personnel. They may choose to cover non-teaching employees (educational support).	<ul style="list-style-type: none">• Joint police commissions• Housing authorities• Cooperative education service agencies• Joint health departments• Sanitary districts• Regional planning commissions• Federated library systems

¹ Wis. Stat. § 61.65 (7) 1975, repealed by Wis Stat. § 40.21 (4), Chapter 96, Laws of 1981.

² Wis. Stat. § 62.13 (9) (e), (9a), (10) (f) and (g), 1975, repealed by Wis. Stat. §40.21 (4), Chapter 96, Laws of 1981.

Social Security Coverage and the WRS

Employers joining the WRS must be covered by Wisconsin's Section 218 Agreement. This is a voluntary agreement between the State and the Social Security Administration (SSA) to provide Social Security coverage for public employees.

Employers must meet Wisconsin's three-part test to join the 218 Agreement:

1. The entity or entities which created the new entity must have the power to do so under Wisconsin statutes.
2. Must be an independent legal entity, this includes powers to:
 - Levy taxes.
 - Borrow money and to issue bonds.
 - Hold and to convey real and personal property.
 - Sue and to be sued in its own name.
 - Enter into contracts.
 - Hire, supervise, and fire its own employees.
3. Must perform a governmental function. For example:
 - Police and fire protection.
 - Education.
 - Sanitation.
 - Flood control.

ETF may request creation documents to determine an employer's eligibility. Creation documents establish:

- How an employer was created.
- When the employer was created.
- Legal authorities of the employer.
- Whether the employer is a public employer eligible to join the WRS.

Please see ETF's [218 Agreement](#) webpage for more information.

Important: Employers with a FICA alternative plan (also called a social security replacement plan) are not eligible to join the WRS or the 218 Agreement. To join the 218 Agreement and the WRS, the employer must:

1. End the FICA alternative/replacement plan;
2. Begin deducting FICA taxes from its employees; and
3. Meet Wisconsin's three-part test.

ETF is not involved with the process of dissolving the FICA alternative/replacement. Please work with your attorney to ensure compliance with federal law.

Employer Responsibilities

All WRS employers are required to have at least one employee attend training and administer WRS benefits. This person is called the **employer agent** or **retirement contact**.

When an employer first begins WRS participation, their employer agent and/or retirement contact will be required to watch a series of recorded webinars and complete e-learning related to WRS administration. They will also be required to complete a series of tasks such as eligibility determinations and paperwork distribution.

The table below lists some responsibilities the employer agent and/or retirement contact must complete. The amount of time required for these tasks will vary based on experience and the total number of employees.

For a complete list, see Chapter 2, Subchapter 201: *Employer Agent Responsibilities* in the [WRS Administration Manual \(ET-1127\)](#). You may also view the [WRS Employer Agent Responsibilities](#) e-learning.

WRS Employer Responsibilities		
Ongoing	Monthly	Yearly
<p>WRS Eligibility and Employment Category Determination</p> <ul style="list-style-type: none"> Determine WRS eligibility and employment category for all employees. Track and re-evaluate ineligible employees. Track and report rehired annuitants. Track hours worked for all employees. <p>Periodic Transaction Reporting</p> <ul style="list-style-type: none"> Report WRS enrollments within 14 days of event. Report terminations within 7 days of event. Report unpaid leave of absence (LOA) and military USERRA. Report employment category changes. <p>Other On-Going Duties</p> <ul style="list-style-type: none"> Respond to inquiries from ETF staff. Submit account corrections. Distribute materials to all WRS-enrolled employees. Maintain employee records. 	<p>Earnings and Contributions Reporting</p> <ul style="list-style-type: none"> Understand WRS reportable hours, earnings, and contributions. Submit monthly remittance report. 	<p>Contribution Rates</p> <ul style="list-style-type: none"> Review contribution rate changes for the upcoming year. Notify employees of rate changes. Update rate by first payroll in January. <p>Annual Reconciliation</p> <ul style="list-style-type: none"> Submit annual hours, earnings, and contributions for all enrolled employees. Reconcile remittance reports against employee transactions.

Timeline to Join

ETF must receive the resolution and other required documentation by **November 15** for coverage beginning January 1 [Wis. Admin. Code ETF §20.017].

If the resolution is received after November 15, the effective date will be the January 1 *after* the upcoming January 1. For example:

- If the resolution is received on or before 11/15/2024, coverage is effective 01/01/2025.
- If the resolution is received after 11/15/2024, coverage is effective 01/01/2026.

Rescinding a Resolution

To rescind the Resolution of Inclusion, send a written request to ETF *before* November 15. **An employer's WRS resolution is irrevocable on or after November 15.**

Complete Required Paperwork

ETF must receive all four of the forms below no later than November 15.

1. [*Resolution of Inclusion under the Wisconsin Retirement System \(ET-1319\)*](#)
2. [*Designation of Agent \(ET-1313\)*](#)
3. [*Online Access Security Agreement \(ET-8928\)*](#)
4. [*Automated Clearing House \(ACH\) Direct Withdrawal Authorization \(ET-1734\)*](#)

We have provided instructions for completing these forms on the following pages. To avoid delays, please ensure all forms are complete, accurate, and legible. All forms are available on our website as a fillable PDF.

You may send completed forms directly to ETF using the information below. We recommend sending all paperwork by fax or email to ensure timely receipt.

- ETFSMBEmployerWRS@etf.wi.gov
- Fax: 608-266-5801, Attn: WRS Unit

Resolution of Inclusion under the Wisconsin Retirement System (ET-1319)

- **Governing Body:** A group of people that has the authority to exercise governance over an organization or political entity. For example, a town or village board.
- **Employer Legal Name:** Listed exactly as it appears on government and legal forms
- **Employee Participation Options:** Employers must choose **one** eligible employee participation option for initial enrollment. ETF cannot advise on which option is the best for an employer.

Option 1: Enroll all eligible employees in the WRS as of the effective date.

Option 2: Offer a one-time waiver to all *current* eligible employees to enroll in the WRS. If choosing this option, note the following:

- Employees that waive WRS coverage and continue to be employed by the same employer will:
 - Never be enrolled in the WRS; and
 - Never be eligible for any ETF-administered insurance programs.
- Eligible employees hired on or after the WRS effective date can't waive WRS coverage and must be enrolled.
- Eligible Rehired Annuitants with a WRS termination date on or after 07/01/2013 can't waive WRS coverage and must be enrolled.

Option 3: Enroll all *future* eligible employees hired on or after the effective date of WRS coverage. This option excludes all employees hired before the employer's WRS effective date.

- **Prior Service:** Optional. Please carefully read pages 2-4 of the ET-1319 before making your selection, as prior service may be prohibitively expensive.
- **Eligible Employee Participation Exclusion:** Only applicable to employers with public utility employees.
- **Certification:** Include the date the resolution to join the WRS was passed and check the box to certify the employer is not operating a FICA alternative plan. Refer to page 8 of this brochure for details.
- **Total Number of All Employees:** For compliance reasons, ETF must know the size of the employer upon joining the WRS. *This is not the number of employees you will be enrolling the WRS.* This is the number of employees who receive pay for services rendered and have Social Security withheld and reported.
- **Federal Tax Identification Number**
- **Employer County**
- **Certifying Officer Name, Signature, and Title:** A Certifying Officer is a senior official who is authorized to act on behalf of the employer's governing body. Examples include: mayor, president, chairman, superintendent, or administrator.
- **Employer Benefit Contact Email Address:** The email address of the individual who will be acting as the employer's WRS Agent or Retirement Contact.

EXAMPLE



Resolution of Inclusion Under the Wisconsin Retirement System

Wis. Stat. §§ 40.21, 40.22

Wisconsin Department of Employee Trust Funds
1-877-533-5020 (toll free)
Fax 608-266-5801
etf.wi.gov

The (Governing Body) Board of the (Employer Legal Name) Town of Anytown authorizes and approves participation in the Wisconsin Retirement System on the effective date of January 1, 2024

Eligible employees will participate in the WRS beginning on the effective date pursuant to the participation option chosen below. **This resolution must be received by, and is irrevocable after, November 15 prior to the effective date.**

Eligible Employee Participation Options (check one)

- All current and future eligible employees will participate in the WRS.
- This employer will provide a one-time offer to current eligible employees to elect or waive WRS participation as of the above effective date. All eligible employees hired after the above effective date must be enrolled in the WRS.
Note: Employees who waive WRS coverage and continue to be employed by this employer will never be eligible for future WRS coverage and any other related benefits that may be available because of WRS participation.
- Only future eligible employees hired by this employer on or after the effective date of this resolution will be enrolled in the WRS.

Prior Service (Optional)
If nothing is selected, the default is 0%. Read page 2 of this form for information about Prior Service.

The employer will pay the cost of providing _____% prior service credit for WRS-eligible employees who worked for the employer before the WRS effective date.

Eligible Employee Participation Exclusion (Applies to all participation options — check only if applicable)

- This employer will exclude employees of a public utility under Wis. Stat. § 196.01(5) from WRS participation pursuant to Wis. Stat. § 40.21(7)(b).

Certification

I hereby certify that this resolution is a true, correct, and complete copy of the resolution adopted by the above governing body on 08/13/2023 (MM/DD/YYYY).

- I further certify that this employer is not operating, administering, or otherwise participating in an alternative or replacement retirement plan which replaces or exempts the employer from FICA taxes.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

15

Total number of all employees (includes WRS eligible and ineligible)

01-00000234

Anywhere

Federal tax identification number

Employer County

Debra Smith

Certifying Officer signature

Debra Smith

Certifying Officer printed name

Board Chair

Certifying Officer title

david.smith@anytown.wi.gov

Employer benefit contact email address

For ETF use only	
Date Received:	ETF Employer ID:
Effective Date:	Initials:



Designation of Agent (ET-1313) – Page 1 of 2

This form is used to name an employee or employees to represent the employer for matters related to ETF-administered benefit programs.

Email addresses provided on this form will be automatically subscribed to ETF E-mail Updates. This service provides important information about ETF benefits administration. It is your responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update.

Employer Information Section

- **Employer Name:** Listed exactly as it appears on government and legal forms
- **ETF Employer ID Number:** Leave blank. ETF will assign a number to you once your resolution is received.
- **Employer Address:** The address the employer may receive mail. This is required.

Agent Information Section

The Agent is responsible for understanding and administering all aspects of the WRS. They serve as the primary contact for matters related to the WRS and ETF-administered insurance benefits. *All fields in this section are required.*

- **Name (first, middle, last)**
- **Title**
- **Work telephone**
- **Work email address**

Alternate Agent Information Section

The Alternate Agent acts on the agent's behalf if the agent is unavailable. Alternate agents are recommended but not required. To name an alternate agent, complete all fields in the **Alternate Agent Information** section.

- **Name (first, middle, last)**
- **Title**
- **Work telephone**
- **Work email address**

NOTE: If your employer doesn't want to name an alternate, put a check mark in the box stating: *Check here if the employer does not want to name an alternate agent.* No additional information is required.

Designation of Agent (ET-1313) – Page 2 of 2

WRS Contact Information Section

The WRS Contact is responsible for WRS eligibility determinations, reporting, etc. They serve as the primary contact for all WRS inquiries from ETF. Some employers choose the same person to act as Agent and WRS Contact.

If the WRS Contact will be the **same** as the Agent, put a check mark in the box stating: *Check here if the WRS contact is the same as the designated agent or if the employer does not participate in the WRS.* No additional information is required.

To name a WRS Contact that is **different** than the Agent, complete all fields in the **WRS Contact Information** section.

- **Name (first, middle, last)**
- **Title**
- **Work telephone**
- **Work email address**

Insurance Contact Information Section

The Insurance Contact is responsible for ETF-administered insurance program eligibility determinations, reporting, etc. They serve as the primary contact for insurance inquiries.

If the employer does not participate in ETF-administered insurance, put a check mark in the box stating: *Check here if the insurance contact is the same as the designated agent or if the employer does not participate in any ETF-administered insurance programs.* No additional information required.

If the Insurance Contact will be the **same** as the Agent, put a check mark in the box stating: *Check here if the insurance contact is the same as the designated agent or if the employer does not participate in any ETF-administered insurance programs.* No additional information required.

To name an Insurance Contact that is **different** than the Agent, complete all fields in the **Insurance Contact Information** section.

- **Name (first, middle, last)**
- **Title**
- **Work telephone**
- **Work email address**

Certification Section

This section should be completed by the same certifying officer who signed the Resolution of Inclusion Under the WRS (ET-1319) form. The Certifying Official *must be* different than the Agent. Examples include: mayor, president, chairperson, superintendent, or administrator. All fields in this section are required.

- **Date**
- **Signature of Certifying Official**
- **Title of Certifying Official**
- **Work telephone**
- **Work email address**

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Designation of Agent

Wis. Stat. § 40.03 (2) (j)

Wisconsin Department
of Employee Trust Funds
1-877-533-5020 (toll free)
Fax 608-266-5801
etf.wi.gov

Employer Instructions

- Use this form to name an employee or employees to represent the employer for matters related to ETF-administered benefit programs.
- Required fields must be completed even if you are updating contact information. Incomplete forms will be rejected.
- The current agent or other certifying official must complete the **Certification** section. A newly designated agent may not sign this section. Certifying officials include but are not limited to: mayor, president, chairman, superintendent, administrator, or board member.
- Email the completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov. Do not mail. If you cannot email, please fax to: 608-266-5801.
- If you have questions about completing this form, please call Employer Services at 1-877-533-5020, Option 2.

Employer Information	
Employer Name <i>Town of Anytown</i>	ETF Employer ID Number -
Employer Address <i>123 Main Street, Anytown, WI 55555</i>	
<i>Designation will be effective on the date received by ETF. Otherwise, a future effective date (MM/DD/YYYY format) may be provided:</i>	

Agent Information (Required)	
The agent handles ETF-administered benefit eligibility and reporting. They also serve as the primary contact for matters related to ETF-administered benefit programs.	
Name (first, middle, last) <i>David Smith</i>	Title <i>Clerk/Treasurer</i>
Work telephone <i>(715) 123-4567</i> Ext. <i>3</i>	Work email address <i>david.smith@anytown.wi.gov</i>

Alternate Agent Information	
The alternate agent may act on behalf of the agent if they are unable to perform their duties. An alternate agent is not required but is encouraged.	
<input type="checkbox"/> Check here if the employer does not want to name an alternate agent (no additional information is required)	
Name (first, middle, last) <i>Sandra Jones</i>	Title <i>Deputy Clerk/Treasurer</i>
Work telephone <i>(715) 123-4567</i> Ext. <i>4</i>	Work email address <i>sandra.jones@anytown.wi.gov</i>



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WRS Contact Information (Required for WRS-participating employers)	
The WRS contact acts on the agent's behalf for Wisconsin Retirement System (WRS) eligibility and reporting. They will also serve as the contact for WRS questions.	
<input checked="" type="checkbox"/> Check here if the WRS contact is the same as the designated agent or if the employer does not participate in the WRS (no additional information required)	
Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

Insurance Contact Information (Required for employers with ETF-administered insurance)	
The insurance contact acts on the agent's behalf for ETF-administered insurance program eligibility and reporting. They will also serve as the contact for insurance questions.	
<input checked="" type="checkbox"/> Check here if the insurance contact is the same as the designated agent or if the employer does not participate in any ETF-administered insurance programs (no additional information required)	
Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

Certification		
This section must be completed by an authorized individual who is <u>not</u> listed as the agent above, unless that individual is the current designated agent. ETF retains the right to reject an employer's designee under authority of Wis. Stat. § 40.03.		
Note: For State Government only, the designation must be certified by the head of that agency.		
Date (MM/DD/YYYY)	Signature of certifying official	Title of certifying official
08/13/2023	<i>Debra Smith</i>	Board Chair
Work telephone (715 123-4567 ext. 1		Work email address chairperson@anytown.wi.gov



Stay Connected

Email addresses provided on this form will be automatically subscribed to ETF E-mail Updates. This service provides important information about ETF benefits administration. **It is your responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update.**

Add etfwi@public.govdelivery.com to your email address book to prevent news from ETF from ending up in a SPAM folder. If you have questions, please call Employer Services at 1-877-533-5020.



Online Access Security Agreement (ET-8928)

This form is used to add, delete, and change employer access to ETF Web Applications for Employers. *Online access is only available to employers or authorized third parties (i.e. CPA firms) for reporting and administering ETF benefits.* Employees do not have online access to their individual retirement accounts.

Complete one form per person or request. At a minimum, the designated Agent and/or WRS Contact (whoever is responsible for WRS reporting on behalf of the employer) should have access.

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Request Type: check the box *Add access for a new employer/third-party vendor.*

Employee/Vendor Information section

- **Employee Name** (first, middle, last)
- **Vendor Name:** Leave blank unless you are granting access to a third party such as a CPA firm.
- **Work Address**
- **Work Telephone**
- **IAM Username:** If you do not currently have access to ETF Web Applications for Employers08, check the box. Otherwise, provide your current ETF logon ID.
- **Work Email Address:** If requesting access for more than one person, they must provide *unique* email addresses. Shared email addresses are not permitted.

Employee/Vendor Online Access Security Agreement section

The named employee receiving access should read all of the terms and conditions, then sign and date to agree.

- **Employee or vendor signature**
- **Date**

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Employer Agent: Select Access section

Check all applications the named employee will need access to. If you will only be participating in the WRS at this time, only check the following boxes:

- **WRS Previous Service and Benefit Inquiry:** Allows the employer to verify an employee's previous WRS service, eligibility criteria, and Rehired Annuitant status.
- **WRS Contribution Remittance:** Allows the employer to report WRS earnings and contributions to ETF.
- **WRS Account Update:** Allows employers to enroll WRS-eligible employees, update employee account information, report WRS terminations, and view previously submitted reporting details.

Employer Information

- **Employer Name**
- **ETF Employer ID Number:** Leave blank. ETF will assign a number to you once your resolution is received.

Certifying Signature

The designated WRS Employer Agent (named on the ET-1313 *Designation of Agent* form) should read all of the terms and conditions, then sign and date to agree. This is authorizing an employee to report on behalf of the employer to ETF.

EXAMPLE – PAGE 1 of 2



Online Access Security Agreement

Wis. Stat. § 40.07 (1)

Wisconsin Department
of Employee Trust Funds

1-877-533-5020 (toll free)
Fax 608-266-5801
etf.wi.gov

Both pages of this form must be completed, and an agent signature is required. Please email the completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov. Do not mail. If you cannot email, please fax to: 608-266-5801.

Please note the following:

- A WRS Case Manager will contact new users directly with their username and temporary password.
- Existing users requiring a change in access, contact information, or a name change will be notified by email once the request is complete.
- Updating an existing user's last name will result in a new username. The existing password and security questions will not change.
- New users are automatically subscribed to ETF E-mail Updates, an ETF email service providing employers with important ETF benefits administration information. **It is the user's responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update.** Add etfwi@public.govdelivery.com to your email address book to prevent news from ETF from ending up in a SPAM folder.
- If a user account is not used over a six-month period, the account will be disabled and deleted. An Online Access Security Agreement will need to be resubmitted if the impacted user needs to regain access.

Request Type	
Select <u>one</u> . Please complete a new form for additional requests.	
<input checked="" type="checkbox"/> Add access for new employee/third-party vendor <input type="checkbox"/> Delete access for existing employee/third-party vendor <input type="checkbox"/> Change access for existing employee/third-party vendor <input type="checkbox"/> Name/Contact Information change for existing employee/third-party vendor Former name:	
Employee/Vendor Information <i>All fields are required for all request types.</i>	
Employee name (first, middle, last) David Smith	
Vendor name (if applicable)	
Work Address 123 Main Street, Anytown, WI 55555	Work telephone (715)123-4567 Ext. 3
IAM Username <input checked="" type="checkbox"/> Check here if you <i>do not</i> currently have an IAM Username	Work email address david.smith@anytown.wi.gov
Employee/Vendor Online Access Security Agreement <i>Required for add access or change access requests <u>only</u>.</i>	
By signing and dating below, you are agreeing to the following terms and conditions:	
<ul style="list-style-type: none"> • Security measures are required to provide inquiry and update abilities for the Wisconsin Retirement System (WRS) and other Department of Employee Trust Funds (ETF)-administered benefit programs. • I will not share my username and password with any other person. • I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. • Information in these accounts is not a public record and disclosure to any person or organization is prohibited. • ETF Web Applications, myETF Benefits, and Access Management (IAM) is intended for use by employers and vendors to administer WRS and other ETF-administered benefit programs. It is not intended to provide information to members or to assist members in making retirement or other benefit decisions. • I understand 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 or vendor signature <i>David Smith</i>	Date (MM/DD/YYYY) 08/13/2023



EXAMPLE – PAGE 2 of 2

Employer Agent must complete Page 2.

Employer Agent: Select Access <i>Required for add access or change access requests only.</i> Check all applications this individual is authorized to use. If this is a change access request, check systems this employee previously had (and should continue to have) access to. The Insurance section is for employers participating in ETF-administered health and/or ICI programs.	
WRS (ETF Web Applications for Employers) <input checked="" type="checkbox"/> WRS Previous Service & Benefit Inquiry <input checked="" type="checkbox"/> WRS Contribution Remittance <input checked="" type="checkbox"/> WRS Account Update* *Also includes access to: WRS Transaction Upload, WRS Earnings Reports (On-going), and WRS Earnings Reconciliation Reports (Final).	Insurance (myETF Benefits) <input type="checkbox"/> ICI premium payment Health Eligibility (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access Health Premium (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access Note for STAR agencies: Select <i>Read Only</i> for Health Eligibility and Health Premium. Full access can only be designated by DOA.
Accumulated Sick Leave <i>State agencies, UW System, and UWHC only (check one)</i> <input type="checkbox"/> full-submit to ETF <input type="checkbox"/> restricted-submit for review	
SFTP Server (for FTP users only) <input type="checkbox"/> Access to SFTP server	STAR Super User (DOA Approval Required) <input type="checkbox"/>

Employer Information <i>All fields are required for all request types.</i>

Employer name <p style="text-align: center; margin: 0;">Town of Anytown</p>
ETF Employer ID Number(s)

Certifying Signature <i>Required for all requests.</i>

This section must be completed by the designated employer agent or alternate agent. By signing and dating below, you are agreeing to the following terms and conditions:	
<ul style="list-style-type: none"> I certify that I am responsible for reporting information to the Wisconsin Retirement System, and the above employee/vendor is authorized to gain access to online accounts. I understand it is the employer's responsibility to notify ETF immediately if a user terminates employment or loses authorization. I understand 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. 	

Employer agent name <p style="text-align: center; margin: 0;">David Smith</p>	Telephone <p style="text-align: center; margin: 0;">(715) 123-4567 Ext. 3</p>
Employer agent signature <p style="text-align: center; margin: 0;"><i>David Smith</i></p>	Date (MM/DD/YYYY) <p style="text-align: center; margin: 0;"><i>08/13/2023</i></p>

ETF Use Only: Security Administrator		
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Logon ID	ETF security administrator signature	Date (MM/DD/YYYY)
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Automated Clearing House (ACH) Direct Withdrawal Authorization (ET-1734)

WRS-participating employers are required to report eligible employee earnings and pay contributions on a monthly basis. This form allows ETF to automatically withdraw monthly remittance contributions from the employer's bank account after the employer has submitted their report. ETF does not accept payment by check.

To avoid delays, please verify the transit routing number and account number are correct before submitting the form. All fields on this form are required.

- **Employer Name:** Listed exactly as it appears on government and legal forms
- **ETF Employer ID Number:** Leave blank. ETF will assign a number to you once your resolution is received.
- **Requested Effective Date:** 01/01/CCYY (input the year WRS participation will begin)
- **Banking Institution**
- **Branch:** Primary branch of the bank where your account is located
- **City, State, ZIP code:** Location of the branch
- **Transit Routing Number**
- **Account Number**
- **Account to be debited:** Select either Checking or Saving, based on your account type
- **Date**
- **Print Name:** Printed name of the designated WRS Agent
- **WRS Agent Signature**
- **ETF Contact Email Address:** Email address of the WRS Agent
- **Telephone Number**

EXAMPLE



Automated Clearing House (ACH) Direct Withdrawal Authorization

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

Completing and signing this agreement authorizes the Department of Employee Trust Funds to withdraw funds through the Automated Clearing House (ACH) procedure from the Wisconsin Retirement System employer account listed below. Transactions submitted for this ACH process must be remitted to ETF at least four (4) business days prior to the debiting date. This will ensure the timely processing of the ACH transaction. Prior to the first transaction, a prenote file will be forwarded to the employer's banking institution for the verification of information. ETF will notify employers by e-mail or telephone if the prenote process fails within seven working days.

Authorization Agreement for ACH Withdrawals		
Employer Name	Employer EIN number	Requested Effective Date
Town of Anytown	69-036-	01/01/2024

I (we) hereby authorize the Department of Employee Trust Funds to automatically initiate debit entries to our Checking or Savings account indicated below and to the banking institution named below, hereinafter called the BANKING INSTITUTION, to debit the same to such account for payment of Wisconsin Retirement System (WRS) contributions.

Banking institution	Branch	
Sample Bank & Trust	Anytown	
City, State, ZIP code		
Anytown, WI 55555		
Transit routing number	Account Number	Account to be debited:
123456789	01230044567	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving

This authorization will remain in effect until I, as the WRS Agent or any future designated WRS Agent for the above named WRS Employer, notify ETF of its termination in writing and in such manner to afford ETF and the Banking Institution reasonable time and opportunity to act on it.

Date (MM/DD/YYYY)	Print name
08/13/2023	David Smith
WRS agent signature	
<i>David Smith</i>	
ETF contact email address:	Telephone number
david.smith@anytown.wi.gov	715-123-4567 ext 3

Please email the completed, signed form to ETFSMBEmployerWRS@etf.wi.gov. Do not mail. If you cannot email, please fax to 608-266-5801.



After the Resolution is Submitted

When ETF receives the resolution, we will send an acknowledgment letter by email and assign required training and tasks to the employer agent. It is the agent's responsibility to complete all training and tasks by the due dates provided.

If the employer selected the option to offer eligible employees a one-time waiver of WRS participation, the waiver form and instructions will be sent on or after November 15.

On or after November 15, the employer will be assigned a WRS Case Manager at ETF. Your case manager will:

- Send your online username and help with account activation,
- Be available to answer any questions you may have about the WRS, and
- Check the progress of your onboarding checklist.

The employer must:

- Complete required WRS-administration training by the outlined due dates,
- Use the *Previous Service and Benefit Inquiry* to determine and document eligibility for all employees,
- Distribute paperwork to all eligible employees, and
- Enter employee enrollments on the *WRS Account Update* application between January 1 – 15.

Employer FAQ

Please visit the [WRS for Employers](#) webpage to view the WRS Onboarding FAQ.

Other Benefits

Note: All the programs listed below require a separate resolution.

Group Health Insurance

The Wisconsin Public Employers (WPE) Group Health Insurance Program gives employers the option to select a benefit design with Uniform Benefits to offer its eligible employees. The employer can also choose to offer Uniform Dental Benefits as a part of this plan.

For more information, see:

- [How to Join the Wisconsin Public Employer's Group Health Insurance Program \(ET-1139\)](#) manual
- [Health Insurance for Employers](#) webpage

Note: Employers must be enrolled in the WRS and be covered by the Section 218 agreement to join the group health insurance program.

Group Life Insurance

The Wisconsin Public Employers Group Life Insurance Program is a benefit available to all state employees and local government employees whose employers participate in the program. Members may even be able to continue coverage in retirement.

An employer may choose to offer only the Basic life insurance coverage, all levels of coverage at once, or any combination of coverage levels.

For more information, see:

- [How to Become a Participating Employer Under the Wisconsin Public Employers Group Life Insurance Program \(ET-1117\)](#) manual
- [Life Insurance for Employers](#) webpage

Income Continuation Insurance (ICI)

ICI is a voluntary income replacement benefit payable to an enrolled employee if they become disabled. ETF contracts with a third-party administrator to issue eligibility determinations and process claims.

For more information, see:

- [How to Become a Participating Employer Under the Wisconsin Public Employers' Group ICI](#) manual
- [ICI for Employers](#) webpage

Wisconsin Deferred Compensation Program

The Wisconsin Deferred Compensation Program is an optional, supplemental retirement savings plan available to Wisconsin Public Employers participating in the WRS. The Deferred Compensation Board oversee the program. The investment options are offered at no cost to employers and at a low cost to employees.

For more information, see the [Wisconsin Deferred Compensation Program](#) webpage.