



County Jailer Election of Protective or General Category Status

Wis. Stat. § 59.52 (8m) and 2023 Wisconsin Act 4 § 20 (1)

Wisconsin Department of Employee Trust Funds
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Fax 608-267-4549
etf.wi.gov

The Wisconsin Retirement System (WRS) provides retirement, disability, and death benefits for state and local government employees in Wisconsin. You are employed as a county jailer/correctional officer (herein jailer) and must make a choice to be either a general category employee or a protective category employee for WRS benefit purposes.

Before you make your choice, please be aware of the following:

- Your decision is a one-time, **irrevocable** choice (for the duration of your employment with your current employer). You cannot change your mind.
- This choice affects the amount of required WRS contributions that you will pay and the benefits that you will be entitled to as a WRS- participating employee.
- If you become a protective employee, the required WRS contributions you pay will increase, and your take-home pay will decrease. You will pay all increased costs of being a protective employee.
- If you do not submit this form to your employer within the time limit, you will be enrolled as a protective category employee for the duration of your employment with your current employer. **You cannot submit a late form.**
- This election affects only future service that you earn as a WRS participating employee.
- For more information about how this decision will affect your benefits, please speak with your employer’s payroll agent, and visit etf.wi.gov and search for “Act 4”.

There are strict time limits for submitting this form to your employer:

- Jailers who are hired after January 1, 2024, at a county that is impacted by or opted into Act 4, must return their form to their employer within 60 days of starting their job.
- Jailers working in counties that decide to change their jailer classification from protective to general after January 1, 2024, must return their form within 60 days of the day the county decides to classify jailers as general.

Employee Must Complete This Section. Choose One.

I, _____ (print name), elect to be a protective category employee. I understand that this is an **irrevocable choice** for the duration of my employment with this employer.

or

I, _____ (print name), elect to be a general category employee. I understand that this is an **irrevocable choice** for the duration of my employment with this employer.

Signature	Date (MM/DD/YYYY)	ETF ID or last four of SSN*	Telephone
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Employer Must Complete This Section:

Keep this form for your records in the event a question arises regarding the employee’s choice. Please submit a copy of this form to the Department of Employee Trust Funds after you have done the necessary transaction on the ETF online system to change the employee’s category (if necessary).

I, _____ (print name), acknowledge receipt of this form from the employee.

Employer	Employer ETF ID	Telephone
Signature	Date (MM/DD/YYYY)	Telephone

*The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.