



# Employee Identification Correction

Wis. Stat. § 40.03 and 40.07

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

**Please type or print in ink.**

Refer to Chapter 6, subchapter 606, of the [WRS Employer Manual \(ET-1127\)](#) for additional information.

Report date (MM/DD/YYYY)		Correct Social Security number	Incorrect Social Security number <i>(only required for P030)</i>
Employee Name <i>(last, first, middle)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (MM/DD/YYYY)
Address <i>(street, city, state, ZIP, and if not USA, also add foreign country and mail code.)</i>			
ETF employer identification number <b>69-036-</b>		Employer Name <i>(if State of Wisconsin, include department)</i>	
<b>Account correction</b> <input type="checkbox"/> <b>P030</b> Social Security Number <input type="checkbox"/> <b>P032</b> Birthdate <i>Complete the <a href="#">Employer Attestation for Documentation Received (ET-1908)</a> form and include with this form. Refer to our <a href="#">website</a> for more information.</i> <input type="checkbox"/> <b>P036</b> Gender Correction		<b>For ETF Use Only</b> <input type="checkbox"/> <b>P041</b> Verification <i>(Only check this box to change verification code)</i> SS No. Verified <input type="checkbox"/> Yes <input type="checkbox"/> No DOB Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>AGENT MUST SIGN HERE</b> 		I understand that Wis. Stat. § 943.395 provides 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 coverage information to the Wisconsin Retirement System.	
		Date Signed (MM/DD/YY/YY)	Signature and Title of Agent

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.

