

## **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 604, of the WRS Employer Manual (ET-1127) for additional information.

Report date (MM/DD/YYYY)		Co	Correct Social Security number		Incorrect Social Security number (only required for P030)
Employee Name (last, first, middle)				Sex  Male Female	Birth date (MM/DD/YYYY)
Address (street, city, state, ZIP, and if not USA, also add foreign country and mail code.)					
ETF employer identification number E169-036-			Employer name (if State of Wisconsin, include department)		
Account correction  P030 Social Security number P032 Birthdate  *Updates to Sex are now available through WRS Account Update and WRS Transaction Upload.			ccount Update	☐ <b>P041</b> Verifi	cation (Only check this box to ge verification code)  Yes No Yes No
			Incorrect Birthdate:  Keying Error		
AGENT MUST SIGN HERE	above information is true and correct. I certify that I am responsible for reporting coverage				
<b></b>	Date Signed (MM/DD/YYYY) Signature and Title of WRS Agent or WRS Alternate 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.

