



Address/Name/Gender Change

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 provide your date of birth, name, and your Social Security number or ETF ID. Sign at the bottom of the page; unsigned forms will be rejected. If you are a representative signing on behalf of the member, the Department of Employee Trust Funds must have a copy of your approved power of attorney on file. ETF will not accept this form from any unauthorized third party. Make changes to your insured dependent's information on the back of this form. Mail or fax the completed form to ETF.

Active employees: Notify your employer to update your name, address, or gender on file with ETF *instead* of submitting this form. They must update your information on file with ETF. Your employer may request you complete this form only if you are changing your gender; they will submit your completed form to ETF.

1. Information About You	
Your name (first, middle, last)	Birth date (MM/DD/YYYY)
Your SSN or ETF ID	(For Beneficiaries only: original participant's SSN or ETF ID)

2. Address (You can also change your address by calling 1-877-533-5020 or send a secure email by going to the "Contact Us" section at etf.wi.gov.) Missing address information could result in undeliverable mail.	
Current or new mailing address (street address including apartment or P.O. Box)	
(City, State, ZIP code)	(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address change and provide your former address below.	<input type="checkbox"/> Effective immediately <input type="checkbox"/> Effective on (MM/DD/YYYY): _____ <i>Please submit within 30 days of your move.</i>
Former mailing address (street address including apartment or P.O. Box)	
(City, State, ZIP code)	(Foreign country, if applicable)

3. Name Change (Leave this section blank if not applicable.)
Current name (first, middle, last)
Former name (first, middle, last)

4. Change Your Gender On ETF's Records (Leave this section blank if not applicable.) No documentation is necessary. ETF systems are currently unable to process other gender identities.
Change Gender to: <input type="checkbox"/> Male <input type="checkbox"/> Female

5. Contact Information <input type="checkbox"/> Check here for ETF to remove the current phone number(s) on file.	
Primary phone number, including area code	Secondary phone number, including area code
Email address	

6. Authorization By signing, you authorize ETF to update your account with the information provided above.	
Your signature / authorized third party (required)	Today's date (MM/DD/YYYY)



Change Your Insured Dependent's Name and/or Gender

1. Information About Your Insured Dependent	
Dependent's current name on ETF records (first, middle, last)	Dependent's birth date (MM/DD/YYYY)
Dependent's SSN or ETF ID	

2. Name Change (Leave this section blank if not applicable.)
Current name (first, middle, last)
Former name (first, middle, last)

3. Change Your Insured Dependent's Gender On ETF's Records (Leave this section blank if not applicable.) No documentation is necessary. ETF systems are currently unable to process other gender identities.
Change Your Dependent's Gender to: <input type="checkbox"/> Male <input type="checkbox"/> Female

4. Authorization By signing, you authorize ETF to update the information provided above.	
Your signature / authorized third party (required)	Today's date (MM/DD/YYYY)

Mail or fax the completed form to ETF.

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.