

WAIVER OF PART-TIME ELECTED SERVICE

Wis. Stat. § 40.23 (1) (am)

FOR ETF USE ONLY

- Annuitant
 Active Employer

INSTRUCTIONS FOR COMPLETION AND MAILING:


1. Employee must complete the Employee Identifying Information section.
2. Employer must complete the Employer Certification section.
3. Employee must certify the form by signing and dating the Employee Waiver section.
4. Employee is responsible for sending the completed copy to the address above. If you are applying for a benefit from the Wisconsin Retirement System (WRS), send this form with your benefit application.
5. A separate waiver must be filed for each employer at which you wish to waive WRS participation as an elected official.

1. Employee Identifying Information:

Employee Name:	Employee Social Security Number:
Employee Address:	Employee Telephone Number:

2. Employer Certification:

As the designated agent for the named employer, I hereby certify that the above-named employee is an elected official whose position requires less than 1,044 hours per calendar year, and is not employed by the named employer in any other capacity.

SIGN HERE 	Employer Name	Employer Number
	Signature of Employer Agent (<i>in ink</i>)	69-036 Date (MM/DD/CCYY)

3. Employee Waiver:

I hereby certify that I am at least 55 years old (50 years old for a protective occupation participant) and have terminated, or will terminate within the next 90 days, all WRS-covered employment other than service as a part-time elected official and that my elected official position requires less than 1,044 hours per calendar year. I hereby irrevocably waive further participation in the WRS for my current, and any future, service as an elected official that does not exceed 1,044 hours per year.

I understand that it is my responsibility to mail this waiver to the Department of Employee Trust Funds (ETF), that it will become effective on the day after its receipt by ETF, or, if more than one waiver is being submitted, on the first day after the first waiver is received by ETF, and that date, or the date I have terminated all WRS-covered employment other than service as a part-time elected official, whichever is later, will be my WRS termination date.

SIGN, DATE AND MAIL 	Signature of Part-Time Elected Official (<i>in ink</i>)	Date (MM/DD/CCYY)
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