



Statement of Annual Earnings for Disability Benefits

Wis. Stat. § 40.62, 40.63
ETF Adm. Code § 50.54 (4)

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

**Due date to return this form to ETF is April 1, 2025
or your Disability Benefits will be suspended.**

Instructions

Complete sections 1-3, even if you have no earnings to report. Return the form to ETF by mail, fax, or complete and submit on the ETF website.

- Earnings means wages, salary, or other earned income received for providing personal services, including services performed on a contractual basis or self-employment (net-profit from business).
- Do not include earnings received before your disability benefit effective date or income received from Social Security, Wisconsin Retirement System benefits, interest, dividends, inheritance, sale of home, or winnings from the lottery, etc.

| Section 1: Benefit Recipient | | | |
|--------------------------------------|---------------|---------------|----------|
| Recipient Name (first, middle, last) | | SSN or ETF ID | |
| Street Address/PO Box | City | State | ZIP Code |
| Telephone, including area code | Email address | | |

| Section 2: Earnings Information | |
|--|-------------|
| Did you receive earnings during calendar year 2024? (Paychecks dated 1/1/24 through 12/31/24.) | |
| <input type="checkbox"/> No. Go to Section 3, below. | |
| <input type="checkbox"/> Yes. How much were your total gross earnings (before taxes and deductions)? \$ _____ If you are self-employed, how much is your <i>net profit</i> ? \$ _____ List your job title(s) and employer(s) below. | |
| Job Title(s) | Employer(s) |
| | |
| ETF will contact you if additional information or documents are needed. | |

| Section 3: Certification | |
|---|-------------------|
| 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. | |
| Signature | Date (MM/DD/YYYY) |
| | |

Important Information

- If you receive Income Continuation Insurance Benefits (ICI) from ETF's third-party administrator, The Hartford**, please take note that this form is not a replacement for the required ICI Annual Income Certification (DTPA – 5905). You must submit the ICI Annual Income Certification and the Statement of Annual Earnings for Disability Benefits (ET-5905). Failure to complete and submit both required forms could cause a disruption to your ICI and/or Disability Retirement Benefits.
- You must complete this form and return to ETF even if you had no earning to report in 2024.
- Failure to submit this form to ETF by the deadline of April 1, 2025 will cause your disability retirement benefits to be suspended.

Questions? Call 1-877-533-5020 and ask to speak with a disability specialist.

