



# 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

**IMPORTANT: Submit this form to the Department of Employee Trust Funds by June 13, 2024. Your benefit payments will stop if ETF does not receive this form by that date.**

Please complete all sections below and return this form to ETF, even if you received no earnings.

- You may return the form by mail, fax, or complete it on the ETF website.
- Questions? Call 1-877-533-5020 and ask to speak with a disability specialist.

**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 income received from Social Security, any Wisconsin Retirement System benefits, interest, dividends, inheritance, sale of home, or winnings from the lottery, etc.
- Do not include earnings received before your disability benefit effective date.

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				
<p>Did you receive earnings during calendar year 2023? (Paychecks dated 1/1/23 through 12/31/23.)</p> <p><input type="checkbox"/> No. Go to Section 3, below.</p> <p><input type="checkbox"/> Yes. How much were your total <b>gross</b> earnings (before taxes and deductions)? \$ _____</p> <p>If you are self-employed, how much is your <i>net profit</i>? \$ _____</p> <p>List your job title(s) and employer(s) below:</p> <table border="1"> <thead> <tr> <th>Job Title(s)</th> <th>Employer(s)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Job Title(s)	Employer(s)		
Job Title(s)	Employer(s)			
<b>ETF will contact you if additional information or documents are needed.</b>				

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)

