



Benefit Information Request

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

This is not an application for benefits nor a beneficiary designation.

| Member Contact Information | |
|---|----------------------------------|
| Name (first, middle, last, former/maiden) | ETF ID or Social Security number |
| Street Address | Birth date (MM/DD/YYYY) |
| City State ZIP code | Telephone |
| WRS Employer | Home: () Work: () |
| Signature | Date (MM/DD/YYYY) |

Request a Benefit Application: Check the appropriate box(es) and provide the requested information.

Separation Benefit Application
You are only eligible for a separation benefit if you are:

- Under age 55 (50 if protective);
- You are over age 55 (50), but you began covered WRS employment after 1989, terminated employment prior to April 24, 1998, and do not have some WRS service in five calendar years; or
- You are over 55 (50), but you began WRS employment on or after July 1, 2011, and do not have five years of WRS creditable service.

Last day of work or end of layoff/leave of absence: _____(MM/DD/YYYY).

| | |
|--|--|
| <input type="checkbox"/> Retirement Annuity Estimate Estimates cannot be calculated without the information below and will only be provided 12 months in advance of your anticipated termination date or benefit effective date. This does <i>not</i> commit you to retiring or beginning benefits on that date. Active members: What is your anticipated termination date? _____(MM/DD/YYYY) Inactive members: What (future) date would you like to begin your benefit? _____(MM/DD/YYYY) | <input type="checkbox"/> Disability Annuity Estimate: Is the disability work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked: _____(MM/DD/YYYY) Last day paid after all accrued leave used: _____ |
|--|--|

Complete this section if requesting a retirement and/or a disability estimate:

1. **Earnings:** Members actively working in a WRS covered position must provide their estimated gross earnings below. Teachers, educational support staff and justices use *fiscal year* earnings (July 1 to June 30). All others use *calendar year* (Jan. 1 to Dec. 31).

| Calendar Year | Fiscal Year |
|--|-------------------------------|
| Last year's estimated earnings: 1/1/____ - 12/31/____ \$ _____ | 7/1/____ - 6/30/____ \$ _____ |
| This year's estimated earnings: 1/1/____ - 12/31/____ \$ _____ | 7/1/____ - 6/30/____ \$ _____ |

2. **Military Service:** Do you have active military service prior to January 1, 1974? Yes No
If yes, send a copy of your military discharge papers with this request (i.e., DD-214) if you have not previously done so.

3. **Named Survivor:** This information is needed to calculate joint and survivor estimates and is *not* a beneficiary designation. Name: _____
Birth date: _____(MM/DD/YYYY) Relationship to member: _____

Use the reverse side to request other information, report a member death or request death benefit information.



| Request Other Information: Check applicable box(es) | |
|---|--|
| <input type="checkbox"/> Beneficiary Designation (ET-2320) form | <input type="checkbox"/> Elect participation in the Variable Trust (active WRS members only) |
| <input type="checkbox"/> Duplicate <i>Statement of Benefits</i> . This document provides an annual account summary for divorce and/or mortgage verification purposes. | <input type="checkbox"/> Cost of purchasing six-month qualifying service (active WRS members only) Non-teachers only, if WRS service began before Jan. 1, 1973. |
| <input type="checkbox"/> Cancel participation in the Variable Trust | <input type="checkbox"/> Cost of purchasing forfeited service (service forfeited if you previously closed your account by taking a separation benefit) (active members only) Approx. begin/end dates of service forfeited: _____ |
| <input type="checkbox"/> Other _____ | Other name(s) used: _____ Name of former employer(s): _____ |

Complete the following sections to report the death of a WRS member and to request information about potential death benefits. *This is not an application for death benefits. A Death Benefit Estimates & Application (ET-6309) will be sent to eligible beneficiary(ies) after ETF reviews this request.*

Necessary Documentation:

- ETF requires a copy of the member's death certificate. If the deceased member was enrolled in the Wisconsin Public Employers' Group Life insurance program, a certified copy of the death certificate is required. ETF will forward the certified copy of the death certificate to the life insurance carrier with notification of the amount of coverage in force at the time of death.
- If the deceased member had active military service prior to January 1, 1974, ETF may be able to add a military service credit to his/her account which may increase the amount of the death benefit payable. If the deceased member was age 55 or older (age 50 for protective category employees) and was still actively employed in a covered WRS position at the time of death, send a copy of their military service discharge papers (i.e., DD-214). These papers must show the date of entry into active service, the discharge date and type of discharge (must be other than "Dishonorable").

| Information About the Deceased Member: | | |
|---|----------------------------|----------------------------------|
| Name (First, middle, last, previous/maiden) | | Social Security number or ETF ID |
| Birth date (MM/DD/YYYY) | Date of death (MM/DD/YYYY) | Last WRS Employer |

| Your Contact Information: | | |
|--|---|---|
| Name (first, middle, last, former/maiden) | | |
| Address | | |
| City | State | ZIP code |
| Telephone | | Relationship to deceased |
| Home: () | | Work: () |
| Birth date (MM/DD/YYYY) <i>(complete only if you may be a beneficiary)</i> | | Social Security number <i>(complete only if you may be a beneficiary)</i> |
| Survivor's name <i>if other than yourself (i.e., spouse or domestic partner, if no spouse or domestic partner, list child(ren) or next of kin)</i> | | |
| Survivor's birth date (MM/DD/YYYY) <i>(if available)</i> | Survivor's Social Security number <i>(if available)</i> | Survivor's relationship to deceased |
| Survivor's telephone | | |
| Home: () | | Work: () |

