



Reciprocity: Employee Summary

Wis. Stat. § 40.30

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

Section 1: Member Information

Name (first, middle, last)		
SSN or ETF Member ID	Birth date (MM/DD/YYYY)	Telephone, including area code
Street address		
City, State, ZIP code		
Which system do you currently participate in? (check one): <input type="checkbox"/> City of Milwaukee Employees' Retirement System <input type="checkbox"/> Milwaukee County Employees' Retirement System <input type="checkbox"/> Wisconsin Retirement System		

Important: Read the information on the back of this form before completing the following.

Section 2: Prior Retirement System

Check only one box. Complete a separate copy of this form for each prior system.

I certify that my prior retirement coverage was with (check only one box):

<input type="checkbox"/> City of Milwaukee Employees' Retirement System 789 N Water Street Suite 300 Milwaukee, WI 53202-3584	<input type="checkbox"/> Milwaukee County Employees' Retirement System 901 N 9 th Street Room 210 C Milwaukee, WI 53233-1434	<input type="checkbox"/> Wisconsin Retirement System Department of Employee Trust Funds PO Box 7931 Madison, WI 53707-7931
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Section 3: Prior Retirement System Enrollment History

List each period of employment covered by the retirement system checked in Section 2 above.

Employer/Department	Start Date	End Date	<i>For retirement system use only</i>

Section 4: Employee Authorization

I authorize the City of Milwaukee Employees' Retirement System, the Milwaukee County Employees' Retirement System, and the Wisconsin Retirement System to disclose information to one another regarding my employment, dates of service, military service, vested status and years of creditable service in each system. I acknowledge and accept responsibility for verifying with each applicable retirement system how my benefits will be affected by this election.

Signature	Date (MM/DD/YYYY)
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**Submit this completed form to the retirement system you checked in Section 2.
Make a copy for your records.**

This section to be completed by a retirement system representative identified in Section 2.

Section 5: Retirement System Verification		
1. Is the employee vested in your system on the sole basis of service credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Sum of all service (creditable service, including service transferred to alternate payees and military service): _____.		
3. Does the employee's creditable service include active military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, dates of military service credited: _____ to _____. Total military service granted: _____.		
4. Last calendar year in which employee earned creditable service: _____.		
5. Did the employee close the account? <input type="checkbox"/> Yes – Date: _____ <input type="checkbox"/> No		
Retirement system representative signature	Telephone, including area code	Date (MM/DD/YYYY)

Reciprocity Information

Wis. Stat. § 40.30 provides for a limited reciprocity between the three public employee retirement systems in Wisconsin (City of Milwaukee Employees' Retirement System, Milwaukee County Employees' Retirement System, and Wisconsin Retirement System).

If you were covered under more than one of these systems, reciprocity may:

- Allow you to count your vested service earned under your old retirement system toward the vesting requirement in your new system.
- May increase your retirement benefit earned under the previous system.

You should file a copy of this form with each of your former retirement systems each time you become covered under a new retirement system. *Do not apply for any retirement benefit* before asking your retirement system(s) how reciprocity may benefit you. For more information, see the *Reciprocity* (ET-7364) brochure at etf.wi.gov.

Instructions

Section 1: If you are unsure which of the three systems is your current retirement system, contact your employer for assistance.

Section 2: Indicate for which system you are submitting this form. If you were covered by more than one of these systems, submit a separate form for each.

Section 3: List each period of employment covered by the retirement system selected in Section 2. Do not list employment that was ineligible for retirement coverage. For assistance, contact your employer or the retirement system.

Section 4: Your signature and today's date are required. Once you have completed Sections 1 through 4, submit this form to the retirement system that you checked in Section 2.

Section 5: Completed by the retirement system representative you checked in Section 2. The retirement system will send a copy to you, and to the current retirement system you selected in Section 1.