



Online Access Security Agreement

Wis. Stat. § 40.07 (1)

Wisconsin Department
of Employee Trust Funds

1-877-533-5020 (toll free)
Fax 608-266-5801
etf.wi.gov

Both pages of this form must be completed, and an agent signature is required. Please email the completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov. Do not mail. If you cannot email, please fax to: 608-266-5801.

Please note the following:

- A WRS Case Manager will contact new users directly with their username and temporary password.
- Existing users requiring a change in access, contact information, or a name change will be notified by email once the request is complete.
- Updating an existing user's last name will result in a new username. The existing password and security questions will not change.
- New users are automatically subscribed to ETF E-mail Updates, an ETF email service providing employers with important ETF benefits administration information. **It is the user's responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update.** Add etfwi@public.govdelivery.com to your email address book to prevent news from ETF from ending up in a SPAM folder.
- If a user account is not used over a six-month period, the account will be disabled and deleted. An Online Access Security Agreement will need to be resubmitted if the impacted user needs to regain access.

Request Type	
Select <u>one</u> . Please complete a new form for additional requests.	
<input type="checkbox"/> Add access for new employee/third-party vendor <input type="checkbox"/> Delete access for existing employee/third-party vendor <input type="checkbox"/> Change access for existing employee/third-party vendor <input type="checkbox"/> Name/Contact Information change for existing employee/third-party vendor Former name:	

Employee/Vendor Information <i>All fields are required for all request types.</i>	
Employee name (first, middle, last)	
Vendor name (if applicable)	
Work Address	Work telephone ()
IAM Username <input type="checkbox"/> Check here if you <i>do not</i> currently have an IAM Username	Work email address

Employee/Vendor Online Access Security Agreement <i>Required for add access or change access requests <u>only</u>.</i>	
By signing and dating below, you are agreeing to the following terms and conditions:	
<ul style="list-style-type: none"> • Security measures are required to provide inquiry and update abilities for the Wisconsin Retirement System (WRS) and other Department of Employee Trust Funds (ETF)-administered benefit programs. • I will not share my username and password with any other person. • I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. • Information in these accounts is not a public record and disclosure to any person or organization is prohibited. • ETF Web Applications, myETF Benefits, and Access Management (IAM) is intended for use by employers and vendors to administer WRS and other ETF-administered benefit programs. It is not intended to provide information to members or to assist members in making retirement or other benefit decisions. • I understand Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my online access to member accounts and/or termination of my employer's online access to member accounts. 	
Employee or vendor signature	Date (MM/DD/YYYY)

Employer Agent must complete Page 2.

Employer Agent: Select Access *Required for add access or change access requests only.*

Check all applications this individual is authorized to use.

If this is a change access request, check systems this employee previously had (and should continue to have) access to.

The Insurance section is for employers participating in ETF-administered health and/or ICI programs.

<p>WRS (ETF Web Applications for Employers)</p> <p><input type="checkbox"/> WRS Previous Service & Benefit Inquiry</p> <p><input type="checkbox"/> WRS Contribution Remittance</p> <p><input type="checkbox"/> WRS Account Update*</p> <p>*Also includes access to: WRS Transaction Upload, WRS Earnings Reports (On-going), and WRS Earnings Reconciliation Reports (Final).</p>	<p>Insurance (myETF Benefits)</p> <p><input type="checkbox"/> ICI premium payment</p> <p>Health Eligibility (<i>check one</i>)</p> <p><input type="checkbox"/> read only <input type="checkbox"/> full access</p> <p>Health Premium (<i>check one</i>)</p> <p><input type="checkbox"/> read only <input type="checkbox"/> full access</p> <p>Note for STAR agencies: Select <i>Read Only</i> for Health Eligibility and Health Premium. Full access can only be designated by DOA.</p>
<p>SFTP Server (for FTP users only)</p> <p><input type="checkbox"/> Access to SFTP server</p>	<p>Accumulated Sick Leave</p> <p><i>State agencies, UW System, and UWHC only (check one)</i></p> <p><input type="checkbox"/> full-submit to ETF</p> <p><input type="checkbox"/> restricted-submit for review</p> <p>STAR Super User (DOA Approval Required) <input type="checkbox"/></p>

Employer Information *All fields are required for all request types.*

Employer name
ETF Employer ID Number(s)

Certifying Signature *Required for all requests.*

This section must be completed by the designated employer agent or alternate agent.

By signing and dating below, you are agreeing to the following terms and conditions:

- I certify that I am responsible for reporting information to the Wisconsin Retirement System, and the above employee/vendor is authorized to gain access to online accounts.
- I understand it is the employer's responsibility to notify ETF immediately if a user terminates employment or loses authorization.
- I understand Wisconsin Statutes, § 943.395, provide 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.

Employer agent name	Telephone ()
Employer agent signature	Date (MM/DD/YYYY)

ETF Use Only: Security Administrator

Logon ID	ETF security administrator signature	Date (MM/DD/YYYY)
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