



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

Please email the completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov. Do not mail. (If you cannot email, please fax us at: 608-266-5801.)

Request Type
<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 change for existing employee/third-party vendor Former name:

Employee/Vendor Information <small>Read Page 2 and complete information below.</small>
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I have read the provisions set forth on Page 2 of this form. I understand that 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 name (first, middle, last)		
Vendor name (if applicable)		
Work address		
IAM login ID <input type="checkbox"/> Check here if you <i>do not</i> currently have an IAM login	Work email address	
Employee or vendor signature	Work telephone ()	Date (MM/DD/CCYY)

ETF Use Only: Security Administrator

Logon ID	ETF security administrator signature	Date (MM/DD/CCYY)
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Employer Agent <small>Check all applications for which this individual should be authorized.</small>
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If this is a request for additional system access, also check systems this employee previously had (and should continue to have) access to. **Notify ETF immediately if an authorized employee terminates or loses authorization.**

WRS (ONE Site) <input type="checkbox"/> WRS Previous Service & Benefit Inquiry <input type="checkbox"/> WRS Contribution Remittance <input type="checkbox"/> WRS Account Update	Insurance (myETF Benefits) <input type="checkbox"/> ICI premium payment Health Eligibility (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access Health Premium (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access <i>STAR Agencies Only (check one)</i> <input type="checkbox"/> Health full access (<i>STAR superuser</i>) <input type="checkbox"/> Health read only access (<i>STAR agency HR</i>)	Sick Leave (myETF Benefits) <i>State Employers Only</i> Accumulated Sick Leave (<i>check one</i>) <input type="checkbox"/> full-submit to ETF <input type="checkbox"/> restricted-submit for review
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Employer agent must sign on Page 2.

Employer Agent

I understand that 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. I certify that I am responsible for reporting information to the Wisconsin Retirement System, and that the above employee/vendor is authorized to gain access to online accounts.

Employer name

Employer ETF ID (0001999 for STAR superusers)

Is your agency a STAR agency?

Yes No

Employer agent name

Telephone

()

Employer agent signature

Date (MM/DD/CCYY)

Online Access Security Agreement

I understand that security measures have been established to provide necessary inquiry and update abilities for the Wisconsin Retirement System and other Department of Employee Trust Funds-administered benefit programs. I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited. A new *Online Access Security Agreement* (ET-8928) will be required for new or additional system access requests.

I further understand that the online networks and Access Management (IAM) is intended for use by employers and vendors to administer WRS and other ETF-administered benefit programs and is not intended to provide information to members or to assist members in making retirement or other benefit decisions. I also understand that the Previous Service and Benefit Inquiry Application is not intended to provide complete information to make important decisions regarding a member's WRS benefits.

ETF will issue each designated employee a logon ID and password to gain access to the system.