



Employer Affidavit
 Employee, Spouse and/or Dependent
 Without Taxpayer Identification Number
 Wis. Stat. § 40.22

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 form is an acknowledgement by the Wisconsin Retirement System (WRS) employer that the employer has requested and performed due diligence to obtain the WRS eligible employee¹ Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN). Providing the Department of Employee Trust Funds (ETF) with accurate identifying information for WRS benefit and/or Insurance Program (if applicable) purposes is a WRS employer responsibility.

If an SSN or ITIN is not available, the employer is responsible for completing and signing Section 3 of this affidavit. The employer is also responsible for providing a nine-digit number that will be used to identify this employee in ETF systems.

Section 1: Complete only if employee/subscriber does not have a taxpayer identification number. Must also complete Section 3.		
Employee Name	Date of birth (MM/DD/YYYY)	Nine-digit number

Section 2: Complete only if employer participates in ETF-administered insurance program(s) and the spouse and/or dependent(s) do not have a taxpayer identification number. Must also complete Section 3.		
Employee		
Last name, first, middle initial	Date of birth (MM/DD/YYYY)	SSN or ETF ID

Spouse	
Last name, first, middle initial	Date of birth (MM/DD/YYYY)

Dependent Child(ren) (Use additional sheets if necessary)		
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)

¹ Wis. Stat. § [40.22](#) does not distinguish, for participating employees, between citizens and non-citizens or by place of residence. Anyone who receives earnings for personal services rendered to or for an employer, must be evaluated for WRS eligibility. If WRS eligibility requirements are met, the employee must be enrolled in the WRS.

Section 3: Employer Section – For completion by the Employer only. Must be Completed.	
Employer name (if state of Wisconsin, include department)	ETF Employer ID 69-036-
<p>Certifying Signature: This section must be completed by the designated employer agent or alternate agent.</p> <p>By signing and dating below, you are agreeing to the following terms and conditions:</p> <ul style="list-style-type: none"> I, the undersigned, on behalf of the Wisconsin Retirement System (WRS), have complied with Treasury Regulation Section 301.6109 1(b), regarding taxpayer identification numbers. Although requests have been made, the named nonresident alien (spouse and/or dependent) has not provided the WRS with a valid taxpayer identification number (Social Security Number or Individual Taxpayer Identification Number). I certify that the nine-digit number was of my own creation, and it will be my responsibility to make any changes if it is requested by the Department of Employee Trust Funds. 	
Employer agent name	Telephone ()
Employer agent signature	Date (MM/DD/YYYY)