

## **Employee Identification Correction**

Wis. Stat. § 40.03 and 40.07

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

## Please type or print in ink.

Refer to Chapter 6, subchapter 604, of the WRS Employer Manual (ET-1127) for additional information.

Report date (MM/DD/YYYY)		Correct Social Security number		number	Incorrect Social Security number	
					(only required for P030)	
Employee Name (last, first, middle)				Gender	Birth date (MM/DD/YYYY)	
				☐ Male ☐ Female		
Address (street, city, state, ZIP, and if not USA, also add foreign country and mail code.)						
ETF employer identification nun	Employer Name (if State of Wisconsin, include department)					
69-036-						
Account correction				For ETF Use Only		
☐ P030 Social Security number				☐ <b>P041</b> Verification (Only check this box to		
P032 Birthdate				char	nge verification code)	
P036 Gender Correction				SS No. Verified	☐ Yes ☐ No	
				DOB Verified	☐ Yes ☐ No	
			,			
				Incorrect Birthdate:		
				☐ Keying Error		
AGENT	I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief,					
MUST	the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.					
SIGN HERE						
	Date Signed (MM/DD/	Signature and Title of WRS Agent or WRS Alternate Agent				

The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.

