



Address/Name/Gender Change

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

Active employees: Do not submit to ETF. Contact your employer. They must update ETF.

Retirees, inactive members, other benefit recipients: Submit to ETF by mail, fax, or drop off.

Sign at the bottom of the page(s); unsigned forms will be rejected. If you are a representative signing on behalf of the member, the Department of Employee Trust Funds must have a copy of your approved power of attorney on file. ETF will not accept this form from any unauthorized third party.

1. Information About You	
Your current name (first, middle, last)	Birth date (MM/DD/YYYY)
Your SSN or ETF ID	(For Beneficiaries only: original participant's SSN or ETF ID)
2. Address (You can also change your address by sending a secure email by going to the "Contact Us" section at etf.wi.gov.) Missing address information could result in undeliverable mail.	
Current mailing address (street address or P.O. Box)	Apt/Unit
(City, State, ZIP code)	(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address change and provide your former address below.	
Former mailing address (street address or P.O. Box)	Apt/Unit
(City, State, ZIP code)	(Foreign country, if applicable)
3. Name Change (Leave this section blank if not applicable.)	
Current name (first, middle, last)	
Former name in ETF records (first, middle, last)	
4. Change Your Gender On ETF's Records (Leave this section blank if not applicable.) No other documentation is necessary. ETF systems are currently unable to process other gender identities.	
Change Gender to: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Contact Information <input type="checkbox"/> Check here for ETF to remove the current phone number(s) on file.	
Primary phone number, including area code	Secondary phone number, including area code
Email address	
6. Authorization By signing, you authorize ETF to update your account with the information provided above.	
Your signature / authorized third party (required)	Today's date (MM/DD/YYYY)



Change Your Insured Dependent's Name and/or Gender

Do not use this form to update or change your beneficiaries. You must submit a new [Beneficiary Designation \(ET-2320\)](#) form.

1. Information About Your Insured Dependent	
Dependent's current name (first, middle, last)	Dependent's birth date (MM/DD/YYYY)
Dependent's SSN or ETF ID	

2. Name Change (Leave this section blank if not applicable.)
Dependent's current name (first, middle, last)
Dependent's former name in ETF records (first, middle, last)

3. Change Your Insured Dependent's Gender On ETF's Records (Leave this section blank if not applicable.) No other documentation is necessary. ETF systems are currently unable to process other gender identities.
Change Your Dependent's Gender to: <input type="checkbox"/> Male <input type="checkbox"/> Female

4. Authorization By signing, you authorize ETF to update the information provided above.	
Your signature / authorized third party (required)	Today's date (MM/DD/YYYY)

Submit to ETF by mail, fax, or drop off.

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.