



## Military Service Certification – QDRO

Wis. Stat. § 40.02 (15) and (48m) (f)

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

Wisconsin law requires the WRS participant to complete this form and submit it to the Department of Employee Trust Funds when a portion of the participant's account is awarded to an alternate payee via a Qualified Domestic Relations Order (QDRO). This form must be completed even if you do not have any active-duty military service.

**Participant:** Enter the following information in the spaces provided on the *Military Service Certification – QDRO* form:

**Section 1:** Name and current address  
ETF ID or the last 4 digits of your Social Security Number  
Birthdate

**Section 2:** Check the one appropriate box that describes your situation. If you check the second box, "I did serve active military service," **you must complete parts a. and b. and submit a copy of your discharge papers with the affidavit.**

The Department **must** receive military service documents that include your date of entry into active service (not just your enlistment date), your discharge date, and the type of discharge (honorable, dishonorable, etc.). Discharge papers, such as DD214, DDForm 256CG, WDAGO 53-55, or equivalent, are generally acceptable.

Your County Veterans Officer may be able to assist you if you cannot locate your discharge papers or you can contact:

Wisconsin Department of Veterans Affairs  
Records Section  
P.O. Box 7843  
Madison, WI 53707-7843  
(608) 266-1311

**Section 3:** Sign and date the form. Return to Department of Employee Trust Funds.

If all sections are not properly completed, the form will be returned to the participant for completion, resulting in delays in benefits for both the participant and the alternate payee.





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Wisconsin Statute requires that the Wisconsin Retirement System participant complete this form in its entirety. The participant **must** return this form within 30 days of the receipt of this notice to the Department of Employee Trust Funds at the above address, regardless of military service status. Failure to do so will result in the court being notified of the participant's non-compliance with the court's order.

1. Applicant Information				
Name <i>First</i>	<i>M.I.</i>	<i>Last</i>	ETF ID	or last four digits of SSN XXXX-XX-
<i>Former/Maiden</i> (if applicable)		Telephone (    )	Birth date	
Mailing address (Street)	City	State	ZIP code	Country
2. Military Service				
Check the appropriate box:				
<input type="checkbox"/> I <b>did not</b> serve any active military service.				
<input type="checkbox"/> I <b>did</b> serve active military service.				
Please send a copy of your discharge papers and provide the dates below for period(s) of active military service				
From (MM/DD/CCYY)		To (MM/DD/CCYY)		
Check the one box below which best describes your military pension rights.				
<input type="checkbox"/> I am <b>not</b> receiving, nor eligible to receive, any <i>federal retirement benefit</i> based on this active military service. This does <b>not</b> include Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337).				
<input type="checkbox"/> I am <b>receiving or will receive</b> a <i>federal retirement benefit</i> based on this active military service. This benefit is something other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337). (The name and address of the federal retirement system <b>must be entered in the box below.</b> )				
<input type="checkbox"/> I am <b>eligible to, but I certify that I will not</b> , use this active military service for any <i>federal retirement benefit</i> other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay (under Title 10, US Code, Sec. 1331 to 1337).				
Name of Federal Retirement System (Do <b>not</b> include your WRS employer, WRS benefit or ETF.)			Address	
3. Signature Required				
I understand that Wis. Stat. § 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.				
Signature			Date Signed (MM/DD/CCYY)	

Return original to employee trust funds. Make a photocopy for your records.

