Department of Employee Trust Funds
Division of Trust Finance & Employer Services
PO Box 7931 - Madison WI 53707-7931
Fax: (608) 266-0133

WRS PREVIOUS SERVICE CHECKS

To verify previous Wisconsin Retirement System (WRS) service, complete the following information: your name/agency, phone number, fax, EIN, re: employee's name, Social Security Number, birthdate and date sent. Do not write in the ETF Review area, additional comments or completion date.

From: Name/Agency	**Phone Number:**	**Fax:**	**EIN:** **69-036-**
Employee:	**SSN:**	**Birthdate:**	**Date Sent:**

ETF Review

- ☐ No previous service.
- ☐ Qualifying state service. _____ months.
- ☐ Qualifying local service. _____ months.
- ☐ Took a separation benefit on _____.
- ☐ Is an annuitant:
  - ☐ WRS Termination date is _____.
  - ☐ Retirement Annuity application received by ETF on _____.
  - ☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date:

Employee:	**SSN:**	**Birthdate:**	**Date Sent:**

ETF Review

- ☐ No previous service.
- ☐ Qualifying state service. _____ months.
- ☐ Qualifying local service. _____ months.
- ☐ Took a separation benefit on _____.
- ☐ Is an annuitant:
  - ☐ WRS Termination date is _____.
  - ☐ Retirement Annuity application received by ETF on _____.
  - ☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date:

Employee:	**SSN:**	**Birthdate:**	**Date Sent:**

ETF Review

- ☐ No previous service.
- ☐ Qualifying state service. _____ months.
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- ☐ Took a separation benefit on _____.
- ☐ Is an annuitant:
  - ☐ WRS Termination date is _____.
  - ☐ Retirement Annuity application received by ETF on _____.
  - ☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date: