

EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 6 of the WRS Employer Manual (ET-1127) for instructions on completing this form.

Report Date (MM/DD/CCYY)

Correct Social Security Number

Incorrect Social Security Number
(Submit a Copy of SS Card)

Employee Name (Last, First, Middle)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Name (Birth/Married)
Address (Street, City, State, Zip, Foreign Country & Mail Code – if not USA)		Birthdate (MM/DD/CCYY)	
Date Participating Employment Began With This Employer (MM/DD/CCYY)	Statement of Benefits Distribution Code	Incorrect ETF Employer Identification Number 69-036-	
Correct ETF Employer Identification Number 69-036-	Employer Name (if State of Wisconsin, include department)		
Incorrect Employment Category	Correct Employment Category		

ACCOUNT CORRECTION (See descriptions on other side.)

- P030** Social Security Number (copy of SSN card required)
- P031** Name
- P032** Birthdate (certified birth certificate required)
- P033** Employment Begin Date
- P034** Statement of Benefits Distribution Code
- P035** ETF Employer Number
- P036** Gender Indicator
- P063** Employment Category-*This correction code can only be used if an incorrect employment category was indicated when enrolling the employee in WRS (cannot involve hours or earnings).*

FOR ETF USE ONLY

- P039** Coverage Begin
Date _____
- P041** Verification (Only check this box to change verification code)

 Yes No SS No. Verified
 Yes No DOB Verified
- P065** Delete incorrect employment category

Incorrect Birthdate _____

Keying Error

**AGENT
MUST
SIGN HERE**



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, the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.

Date Signed (MM/DD/CCYY)

Signature and Title of Agent



