



Retirement Estimate Request

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

To Request a Retirement Benefit Estimates and Application, fill in the appropriate section(s) below.

Note: This is *not* an application for benefits or a beneficiary designation.

Personal Information			
Name (Last, First, MI, Previous/Maiden)			ETF ID or Social Security Number
Street Address		E-mail	Birth Date (MM/DD/YYYY)
City	State	ZIP Code	Telephone Number(s) Home: () Work: () Cell: ()
Employer			

Information required to calculate your retirement benefit	
Estimates will only be provided 12 months in advance of your estimated termination date of employment.	
What is your estimated termination date? (MM/DD/YYYY): ___ / ___ / ___ (You are <i>not</i> committed to this date.)	
Estimate Your Gross Calendar Year Earnings (For use by all, except teachers, educational support staff and justices.) Last year: 1/1/___ - 12/31/___ \$ _____ This year: 1/1/___ - 12/31/___ \$ _____	Estimate Your Gross Fiscal Year Earnings (For use by teachers, educational support staff and justices only .) Last year: 7/1/___ - 6/30/___ \$ _____ This year: 7/1/___ - 6/30/___ \$ _____
Do you work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time ___% of Full Time	
Do you have active military service before 1/1/1974? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, send a copy of your military discharge papers (i.e., DD-214) with this request (unless ETF already has your documentation on file). If you have military service after 12/31/1973, go to ETF's website at etf.wi.gov for more information on USERRA Military Service Credit.	
Named Survivor Information: This refers to the ONE person of your choice to receive a lifetime benefit upon your death. If not applicable, leave blank.	
Name: _____ Birth Date: ___ / ___ / ___	
Relationship to Participant: _____ (If not a spouse, all options may not be available.)	

If requesting other related information, check applicable box(es)	
<input type="checkbox"/> Cost of purchasing forfeited service. This is the years of service you lost by taking a separation benefit. Purchasing Forfeited Service will increase your retirement benefit. Approx. begin/end dates of service you forfeited: _____ Name(s) used if different than now: _____ Name of former employer(s): _____	
<input type="checkbox"/> Other: _____	
Date (MM/DD/YYYY)	Employee Signature

Visit our website at etf.wi.gov for information on retirement benefits, calculators, and other learning opportunities.