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 bend☐ Is an annuitant:☐ WRS Termination o☐ Retirement Annuity	efit on	on		
Additional Comments:		Con	npletion 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:		Con	Completion Date:	
	Loon.	Di-th data.	Dete Cont.	
Employee:	SSN:	Birthdate:	Date Sent:	
ETF Review ☐ No previous service.				
□ Qualifying state service □ Qualifying local service □ Took a separation benee □ Is an annuitant: □ WRS Termination of Retirement Annuity	e months. e months. efit on date is y application received by ETF y effective date is	on		
Additional Comments:		Con	npletion Date:	