

WISCONSIN RETIREMENT SYSTEM ENROLLMENT

Wis. Stat. § 40.22

Is employee receiving an annuity from the WRS? ☐ NO ☐ YES

If yes, do not complete this form. Instead, refer to Chapter 15 of the *WRS Administration Manual* and form ET-2319.

EMPLOYER: PLEASE TYPE OR PRINT IN INK – All Information Must Be Legible

Please refer to Chapter 5 of the *WRS Administration Manual* for instructions on completing this form. *Complete all areas below.*

EMPLOYER: PLEASE TYPE OR PRINT IN INK – All Information Must Be Legible		Report Date (MM/DD/CCYY)	
		Social Security Number	
Employee Name (Last, First, Middle)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/CCYY)
Address (Street, City, State, Zip)			
Employer Name (if State of Wisconsin, include department)		Statements of Benefits Distribution Code	
ETF Employer ID No. 69-036-	Date WRS Participating Employment Began With This Employer	(MM/DD/CCYY) ____/____/____	Date of Hire (MM/DD/CCYY)

EMPLOYMENT CATEGORY

- ☐ 00 General Employee
- ☐ 01 Court Reporter
- ☐ 02 State Executive Retirement Plan [Wis. Stat. § 20.923 (4), (8), or (9)]
- ☐ 03 Protective Occupation Under Social Security
- ☐ 04 Protective Occupation Not Under Social Security
- ☐ 05 Supreme Court Justice
- ☐ 06 Legislator or State Constitutional Officer
- ☐ 07 Court of Appeals Judge
- ☐ 08 Circuit Judge
- ☐ 09 Elected Official or Appointed to Fill an Elected Office
- ☐ 10 Teacher
- ☐ 11 Executive Teacher (State Agencies Only)
- ☐ 12 Educational Support Personnel

AGENT MUST SIGN HERE	I hereby certify the named is an employee of this participating employer normally performing at least 600 hours of work in a year (or 1/3 of full-time if a teacher which is at least 440 hours per ETF 20.015) and is otherwise eligible as an "employee" pursuant to Wis. Stat. § 40.02 (26). 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 (MM/DD/CCYY)	Signature & Title of Agent	Telephone No.

Make a copy for your records and one for your employee. Submit original to address at top of form.

Wisconsin Retirement System Enrollment

Please see Chapter 5 of the *WRS Administration Manual*
For Assistance in Completing This Form

It is the **employer's responsibility** to complete this form. Complete all information accurately and legibly and give a copy to your employee for their records.

Tips for completing the *Wisconsin Retirement System Enrollment (ET-2316)*:

- **All fields are required** except the Statement of Benefits Distribution Code.
- **Report Date:** The date the form was completed or the individual was added to your payroll system. This date cannot be prior to the WRS Participating Employment Begin Date.
- **SSN and Birthdate:** Critical for the identification of an individual. Documentation in the form of a Social Security card or birth certificate is necessary to correct either of these fields.
- **Employee Name:** Print or type the participant's name clearly and legibly. Use the complete name as it appears on their Social Security card or birth certificate and enter Last, First, and Middle Initial. Illegible printing may result in an employee being enrolled under an incorrect name.
- **Sex:** Check the correct box. ETF cannot assume the participant's sex and will call to verify.
- **ETF Employer ID No.:** Used for setting up the employee's account.
- **Date WRS Participating Employment Began With This Employer:** The first day a person works for you as a WRS eligible employee. *Note: In most cases this will be the same date as the Hire Date. See the Hire Date bullet for possible discrepancies.*
- **Hire Date:** The first day the employee worked for you. May differ from the *Date WRS Participating Employment Began With This Employer* if the employee is not WRS eligible on their date of hire.
- **Employment Category:** Check the appropriate box. *Note: All educational institutions (other than the University System) have employees in the Teacher (10) and Educational Support (12) categories only.*
- **Date, Signature, & Telephone No.:** The Employer Agent or Alternate Employer Agent must date, sign, and list their telephone number. This is **not** the employee's signature.