



Waiver/Election of Participation in the Wisconsin Retirement System

Wis. Stat. §40.21 (7) and §40.22 (2) (cm).

Wisconsin Department of Employee Trust Funds
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etf.wi.gov

The Wisconsin Retirement System is the retirement system for state employees and most local government employees throughout Wisconsin.

Your employer has elected to enroll eligible new hires in the WRS and elected to give you and all its current eligible employees the option to enroll in the WRS. You need to choose whether to participate in the WRS below.

Not all employees are eligible to participate in the WRS. Eligibility is based on the number of hours worked and expected duration of employment. Consult with your employer's payroll agent for more information.

What You Need to Do

You need to make a choice by checking one of the boxes below. You must choose to either:

- participate in the WRS, or
- not participate in the WRS.

Please Be Aware of the Following

Before you make your choice, please be aware of the following:

- You must meet eligibility criteria to participate in the WRS.
- If you do not submit this form to your employer payroll agent within the time limit determined by your employer, you will not be given another chance to enroll in the WRS with your current employer.
- Your decision to participate in the WRS is a one-time, irrevocable choice (for the duration of your current term of employment with your current employer).
- If you elect to participate, you will not be able to withdraw from the WRS unless you terminate employment.
- If you elect to participate in the WRS, only your future service with your employer will be covered unless your employer elects to pay for your past service.
- For more information about the WRS, consult with your employer payroll agent and visit www.etf.wi.gov.

Employee Must Complete This Section:

I, _____ (print name), elect to **participate in the Wisconsin Retirement System.**

or

I, _____ (print name), elect to **waive participation in the Wisconsin Retirement System.** I have read the above waiver and by signing it agree that it is my intention *not* to participate in the WRS and any other related benefits that may be available as a result of WRS participation. I understand that by signing this waiver, I am making an irrevocable choice to waive WRS participation in connection with my continued employment with my current employer.

Signature	Date (MM/DD/CCYY)	SSN XXX-XX-	Telephone ()
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Employer Must Complete This Section:

Keep this form for your records in the event a question arises later regarding the employee's choice. Please submit a copy of this form to the Department of Employee Trust Funds. You will submit the information for the employees who elected to participate in the WRS to ETF all at once during the time of enrollment.

I, _____ (print name), acknowledge receipt of this form from the employee.

Employer	Employer ETF ID	Telephone ()
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Signature	Date (MM/DD/CCYY)	Telephone ()
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