



Online Network for Employers Security Agreement

Wis. Stat. § 40.07 (1)

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

Mail or email completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov

Request Type Please check <i>one</i> .	
<input type="checkbox"/> Add access for new employee	<input type="checkbox"/> Delete access for existing employee
<input type="checkbox"/> Name change for existing employee	<input type="checkbox"/> Change access for existing employee
Former name: _____	

Employee Read the provision set forth below and complete information below.

I understand that Security measures have been established to provide necessary inquiry and update abilities for the Wisconsin Retirement System and other Department of Employee Trust Funds-administered benefit programs. I agree to maintain the confidentiality of all information that I obtain through online access to participant accounts. I understand that information in these accounts is not a public record and disclosure to any person or organization is absolutely prohibited. A new *Online Network for Employers Security Agreement* (ET-8928) will be required for new or additional system access requests.

I further understand that the Online Network for Employers (ONE) and access via the Wisconsin Identity and Access Management (IAM) is intended for use by employers to administer WRS- and other ETF-administered benefit programs and is not intended to provide information to members or to assist members in making retirement or other benefit decisions. I also understand that the Previous Service and Benefit Inquiry Application is not intended to provide complete information to make important decisions regarding a member's WRS benefits.

The ETF security officer will issue each designated employee a logon ID and password to gain access to the system. Please understand that it can take up to three weeks to receive authorization and instructions for access.

I have read the provision set forth above. I understand that Wisconsin Statutes, § 943.70 provide criminal penalties for offenses against computer data and programs. Violation of this provision will result in termination of my online access to member accounts and/or termination of my Employer's online access to member accounts.

Employee name (first, middle, last)		
Employee work address		
IAM login ID <input type="checkbox"/> Check here if you <i>do not</i> currently have an IAM log in	Employee email address	
Employee signature	Work telephone ()	Date (MM/DD/CCYY)

ETF Security Administrator Use Only

Logon ID	ETF security administrator signature	Date (MM/DD/CCYY)
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Employer Agent Check all applications for which this individual should be authorized.

If this is a request for additional system access, also check systems this employee previously had (and should continue to) have access to. **Notify ETF immediately if an authorized employee terminates or loses authorization.**

WRS (ONE Site) <input type="checkbox"/> WRS Previous Service & Benefit Inquiry <input type="checkbox"/> WRS Contribution Remittance <input type="checkbox"/> WRS Account Update	Insurance (myETF Benefits) <input type="checkbox"/> ICI premium payment Health Eligibility (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access Health Premium (<i>check one</i>) <input type="checkbox"/> read only <input type="checkbox"/> full access <i>STAR Agencies Only (check one)</i> <input type="checkbox"/> Health full access (<i>STAR superuser</i>) <input type="checkbox"/> Health read only access (<i>STAR agency HR</i>)	Sick Leave (myETF Benefits) <i>State Employers Only</i> Accumulated Sick Leave (<i>check one</i>) <input type="checkbox"/> full-submit to ETF <input type="checkbox"/> restricted-submit for review
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Employer agent must sign on page 2.



Employer Agent Certify that the above employee is authorized to gain access to the ONE site.

I understand that Wisconsin Statutes, § 943.395, provide 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 information to the Wisconsin Retirement System.

Employer name

Employer ETF ID (0001999 for STAR superusers)	Is your agency a STAR agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer agent name	Telephone ()
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Employer agent signature	Date (MM/DD/CCYY)
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