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

Employee Identification Correction/Change

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

	Correct Social Security number
	Incorrect Social Security number

Please type or print in ink.

Please refer to Chapter 6 of the WRS Employer Manual (ET-1127) for instructions on completing this form.

Report date *(MM/DD/CCYY)*

Employee Name *(Last, First, Middle)*	Gender ☐ Male ☐ Female	Birth date *(MM/DD/YYYY)*

Address *(Street, City, State, ZIP, Foreign Country & Mail Code – if not USA)*

ETF Employer Identification Number **69-036-**	Employer Name *(if State of Wisconsin, include department)*

Account correction *(See descriptions on other side.)*

☐ **P030** Social Security Number
☐ **P032** Birthdate *(certified birth certificate required)*

For ETF Use Only

☐ **P041** Verification *(Only check this box to change verification code)*

☐ Yes ☐ No SS No. Verified
☐ Yes ☐ No DOB Verified

Incorrect Birthdate:
☐ Keying Error

AGENT MUST SIGN HERE ➡	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 Signed *(MM/DD/YY/YY)* — Signature and Title of Agent

P032 = Birthdate (Certified birth certificate required. Document will be returned to sender.)

Employee Identification Correction/Change (ET-2810) - Field Requirements

Fields:		Account Correction Codes	
	R=Required	**P030**	**P032**
1. Report Date		R	R
2. Social Security Number (Correct)		R	R
3. Social Security Number (Incorrect)		R	
4. Employee Name (Last, First, Middle)		R	R
5. Gender Indicator		R	R
6. Address			
7. Birthdate		R	R
8. ETF Employer Number (EIN) (Correct)		R	R
9. Employer Name			
10. Account Correction (Check Box)		R	R
11. Signature & Title of Agent/Date Signed		R	R