

## EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

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

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)

Correct Social Security Number

Incorrect Social Security Number  
 (Submit a Copy of SS Card)

Employee Name (Last, First, Middle)

Gender

- Male  
 Female

Former Name (Birth/Married)

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

Birthdate (MM/DD/CCYY)

Date Participating Employment Began  
 With This Employer (MM/DD/CCYY)

Statement of Benefits Distribution Code

Incorrect ETF Employer Identification  
 Number

69-036-

Correct ETF Employer Identification Number

**69-036-**

Employer Name (if State of Wisconsin, include department)

Incorrect Employment Category

Correct Employment Category

### ACCOUNT CORRECTION (See descriptions on other side.)

- P030** Social Security Number (copy of SSN card required)
- P031** Name
- P032** Birthdate (certified birth certificate required)
- P033** Employment Begin Date
- P034** Statement of Benefits Distribution Code
- P035** ETF Employer Number
- P036** Gender Indicator
- P063** Employment Category-*This correction code can only be used if an incorrect employment category was indicated when enrolling the employee in WRS (cannot involve hours or earnings).*

### FOR ETF USE ONLY

- P039** Coverage Begin  
 Date \_\_\_\_\_
- P041** Verification (Only check this box to change verification code)
  - Yes  No SS No. Verified
  - Yes  No DOB Verified
- P065** Delete incorrect employment category

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/CCYY)

Signature and Title of Agent

