

<b>FOR ETF USE ONLY</b>
WRS Term Date:
Benefit Eff. Date:
Benefit App. Rec'd:
WRS Enrollment Date:

Department of Employee Trust Funds  
 Wisconsin Retirement System  
 P.O. Box 7931  
 Madison, WI 53707-7931  
**REHIRED ANNUITANT FORM**  
 Wis. Stat. § 40.26 (1) and (1m)



**PLEASE TYPE OR PRINT IN BLACK**

Please refer to Chapter 15 of the WRS Employer Manual for instructions on completing this form.

		<b>Social Security Number or Member ID:</b>	
<b>Employee Name (Last, First, Middle):</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date (MM/DD/CCYY):</b>
<b>Address (Street, City, State, Zip):</b>			
<b>Employer Name (if State of Wisconsin, include department):</b>		<b>ETF Employer ID No.</b> 69-036-	<b>Hire/Rehire Date:</b>
<b>WRS Termination Date</b> (For WRS term date, refer to Previous Service & Benefit Inquiry App on ONE or contact ETF at 1-877-533-5020) (Complete Box 1 below if term date is prior to 7/2/13 or Box 2 if term date is on or after 7/2/13):			
<b>WRS Employment Category:</b>	<b>Expected Duration of Employment (no. of months):</b>	<b>Hours Expected to Work (per year):</b>	
If the annuitant is returning to their previous employer, will the annuitant perform duties substantially similar to their previous duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**NOTE: Have your employee complete ONLY ONE of the boxes below, depending upon their WRS termination date:**

<b>BOX 1 – WRS Termination Date Was Prior to July 2, 2013 – Employee Election Under Wis. Stat. § 40.26 (1)</b>		
I certify I had a valid termination and have remained terminated from all WRS participating employment between my date of termination and the <b>latest</b> of the following dates: 1) the day after my annuity effective date, 2) the 31 <sup>st</sup> day after my termination date, or 3) the 31 <sup>st</sup> day after ETF received my benefit application.		
<input type="checkbox"/> <b>I AM NOT ELIGIBLE</b> , at this point, to participate in the WRS. Should I become eligible, I understand that I need to complete a new <i>Rehired Annuitant Form</i> indicating my desire to elect or not elect WRS participation. <input type="checkbox"/> <b>I ELECT</b> to actively participate in the WRS as an active employee. I understand my WRS annuity will be terminated and WRS coverage will begin effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> <b>I DO NOT ELECT</b> to actively participate in WRS pursuant to Wis. Stat. § 40.26 (1). I understand I may elect to actively participate in the WRS at any time in the future, provided I meet the WRS eligibility criteria for participation, by filing an updated form.		
<b>EMPLOYEE MUST SIGN HERE</b>	Signature of Employee ( <i>in ink</i> )	Date

- OR -

<b>BOX 2 – WRS Termination Date Was On or After July 2, 2013 – Annuity Suspension Under Wis. Stat. § 40.26 (1m)</b>		
I certify I had a valid termination and have remained terminated from all WRS participating employment between my date of termination and the <b>latest</b> of the following dates: 1) the day after my annuity effective date, 2) the 76 <sup>th</sup> day after my termination date, or 3) the 76 <sup>th</sup> day after ETF received my benefit application.		
<input type="checkbox"/> <b>IT IS NOT EXPECTED</b> that my position will last at least one year and require 1,200 hours of service (880 hours for teachers and educational support staff). I understand and acknowledge that my WRS annuity will continue and no WRS credit will be provided for my service. However, should expectations change, or I meet the eligibility criteria, a new form will be required and my annuity will be suspended at that time. <input type="checkbox"/> <b>IT IS EXPECTED</b> that my position will last at least one year and require 1,200 hours of service (880 hours for teachers and educational support staff). I understand and acknowledge that my WRS annuity will be suspended effective the first of the month following my hire date and remain suspended until I again terminate all WRS employment. My current service and earnings will be credited to the WRS.		
<b>EMPLOYEE MUST SIGN HERE</b>	Signature of Employee ( <i>in ink</i> )	Date

<b>AGENT MUST SIGN HERE AND SUBMIT TO ETF</b>	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.		
	Signature and Title of Agent ( <i>in ink</i> )	Phone Number	Date