



Designation of Agent

Wis. Stat. § 40.03 (2) (j)

Wisconsin Department
of Employee Trust Funds
1-877-533-5020 (toll free)
Fax 608-266-5801
etf.wi.gov

Employer Instructions

- Use this form to name an employee or employees to represent the employer for matters related to ETF-administered benefit programs.
- Required fields must be completed even if you are updating contact information. Incomplete forms will be rejected.
- The current agent or other certifying official must complete the **Certification** section. A newly designated agent may not sign this section. Certifying officials include but are not limited to: mayor, president, chairman, superintendent, administrator, or board member.
- Email the completed, signed form to ETFSMBEmployerSecurityAccess@etf.wi.gov. Do not mail. If you cannot email, please fax to: 608-266-5801.
- If you have questions about completing this form, please call Employer Services at 1-877-533-5020, Option 2.

Employer Information	
Employer Name	ETF Employer ID Number -
Employer Address	
<i>Designation will be effective on the date received by ETF. Otherwise, a future effective date (MM/DD/YYYY format) may be provided:</i>	

Agent Information (Required)	
The agent handles ETF-administered benefit eligibility and reporting. They also serve as the primary contact for matters related to ETF-administered benefit programs.	
Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

Alternate Agent Information	
The alternate agent may act on behalf of the agent if they are unable to perform their duties. An alternate agent is not required but is encouraged.	
<input type="checkbox"/> Check here if the employer does not want to name an alternate agent (no additional information is required)	
Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

WRS Contact Information (Required for WRS-participating employers)

The WRS contact acts on the agent’s behalf for Wisconsin Retirement System (WRS) eligibility and reporting. They will also serve as the contact for WRS questions.

Check here if the WRS contact is the same as the designated agent or if the employer does not participate in the WRS (no additional information required)

Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

Insurance Contact Information (Required for employers with ETF-administered insurance)

The insurance contact acts on the agent’s behalf for ETF-administered insurance program eligibility and reporting. They will also serve as the contact for insurance questions.

Check here if the insurance contact is the same as the designated agent or if the employer does not participate in any ETF-administered insurance programs (no additional information required)

Name (first, middle, last)	Title
Work telephone () Ext.	Work email address

Certification

This section must be completed by an authorized individual who is not listed as the agent above, unless that individual is the current designated agent. ETF retains the right to reject an employer's designee under authority of Wis. Stat. § 40.03.

Note: For State Government only, the designation must be certified by the head of that agency.

Date (MM/DD/YYYY)	Signature of certifying official	Title of certifying official
Work telephone ()	Work email address	



Stay Connected

Email addresses provided on this form will be automatically subscribed to ETF E-mail Updates. This service provides important information about ETF benefits administration. **It is your responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update.**

Add etfwi@public.govdelivery.com to your email address book to prevent news from ETF from ending up in a SPAM folder. If you have questions, please call Employer Services at 1-877-533-5020.