

UW-Madison Job Aid for Completion of Rehired Annuitant Form (ET-2319)

Employer: Complete, Sign and date below. (Make one copy for your records and one copy for your employee. Submit the original to ETF.)

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| Employer name (if state of Wisconsin, include dept.) (1) | | ETF Employer ID 69-036- (2) | For ETF Use Only WRS Term Date |
| ETF-administered insurance employer participation (applicable if WRS eligible) <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI (3) | | Hire/Rehire date (4) | Benefits Effective Date WRS Enrollment Date |
| WRS termination date (Refer to Previous Service & Benefit Inquiry Application on ETF's website or contact ETF) (5) | | | |
| WRS employment category (6) | Expected duration of employment (months) (7) | Hours expected to work (per year) (8) | |
| Is the person hired as a contractor? (Contractors complete one of two options depending on WRS termination date. Third-party contractors must only sign and date the form below) (9) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Agent: Sign here and send to ETF (10) | I understand that Wis. Stat. § 943.395 prohibits an employer from requiring an employee to sign a form and hereby certify that, to the best of my knowledge, I am responsible for reporting coverage information. Signature and title of agent DO NOT SIGN HERE | | I certify that I am not a contractor and I understand the consequences of my election to participate in the WRS. I am responsible for reporting coverage information. |

STEP 1

You (HR) fill out fields 1-9 to confirm the appointment details (hours expected to work, duration, etc.), then give the form to the employee to complete the bottom section.

Employee: Complete below, choose applicable option in Box 1 or Box 2, then sign and date.

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| Employee name (first, middle, last) (11) | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (12) | Birth date (MM/DD/YYYY) (13) | Last 4 Digits of SSN or ETF ID (14) |
| Address (street, city, state, ZIP) (15) | | |

STEP 2

Fields 11-18: Employee completes their personal information and either Box 1 or Box 2 (based on the WRS termination date) then returns the form back to you (HR).

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| <p>Box 1: WRS Termination Date Was Prior to July 2, 2013—Employer Paid</p> <p>I certify I had a valid termination and am currently receiving a WRS annuity. I have worked at least 600 hours (440 for teachers and school support staff) and be employed for at least one year to educational support personnel at technical colleges and CESAs.) (16)</p> <p><input type="checkbox"/> I Am Not Eligible to participate in the WRS since my position is not expected to last at least one year. Should I become eligible, I understand my WRS annuity will be suspended until I again terminate all WRS employment.</p> <p><input type="checkbox"/> I Elect to Actively Participate in the WRS. I understand my WRS annuity will be suspended until I again terminate all WRS employment. I elect to participate in the WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI</p> <p><input type="checkbox"/> I Do Not Elect to actively participate in WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election.</p> | | <p>STEP 3</p> <p style="text-align: center;">After steps 1 & 2 are complete, submit the Rehired Annuitant Form to OHR Benefits Services by uploading to Box.</p> |
| <p>Box 2: WRS Termination Date Was On or After July 2, 2013—Annuity Suspension Under Wis. Stat. § 40.26(1m)</p> <p>I certify I had a valid termination, am receiving a WRS annuity and have remained terminated from all WRS participating employment for a minimum of 75 days. WRS eligibility criteria is that the employee is expected to work at least 1,200 hours (880 for teachers and school support staff) and be employed for at least one year. (Note: The 1,200 hours rule applies to educational support personnel at technical colleges and CESAs.) (17)</p> <p><input type="checkbox"/> I Elect to actively participate in the WRS as an active employee. My position is expected to last at least one year and require 600 hours of service (440 hours for teachers and educational support staff) and be employed for at least one year. (Note: The 1,200 hours rule applies to educational support personnel at technical colleges and CESAs.) I understand my WRS annuity will be suspended until I again terminate all WRS employment. I elect to participate in the WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI</p> <p><input type="checkbox"/> It Is Not Expected that my position will last at least one year and require 1,200 hours of service (880 hours for teachers and school support staff) and be employed for at least one year. I understand my WRS annuity will be suspended until I again terminate all WRS employment. I elect to participate in the WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI</p> <p><input type="checkbox"/> It Is Expected that my position will last at least one year and require 1,200 hours of service (880 hours for teachers and school support staff) and be employed for at least one year. I understand my WRS annuity will be suspended until I again terminate all WRS employment. I elect to participate in the WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI</p> <p><input type="checkbox"/> Expectation that my position will last at least one year and require 1,200 hours of service (880 hours for teachers and school support staff) and be employed for at least one year. I understand my WRS annuity will be suspended until I again terminate all WRS employment. I elect to participate in the WRS pursuant to Wis. Stat. § 40.26(1m) effective the first of the month following ETF's receipt of this election. <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> ICI <input type="checkbox"/> None (Refer to page 2 for more information.)</p> | | |
| Employee: Sign Here (18) | Date (MM/DD/YYYY) | |

Before completing make sure you are using the latest Rehired Annuitant Form available at:
<https://etf.wi.gov/resource/rehired-annuitant>

Employer Fields

| Field | Field Title | Instructions |
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| 1 | Employer Name | University of WI Madison - *add your department* |
| 2 | ETF Employer ID No. | 69-036-0001-131 |
| 3 | ETF-administered Insurance Employer Participation | *Only complete if employee will be suspending their annuity and going under the WRS* Check the boxes for the insurances that the employer participates in that is administered by ETF. |
| 4 | Hire/Rehire Date | Enter the date the employee is hired into paid employment or effective date of an employment change (e.g. EJED extension). |
| 5 | WRS Termination Date | Enter the WRS annuitant's final WRS termination date as found on the "Prior Service & Benefit Inquiry" application on ETF's website. Reach out to your divisional HR contact with ETF One access. If your division does not have access to ETF One, email benefits@ohr.wisc.edu . |
| 6 | WRS Employment Category | General (University Staff); Teacher (if FAASLI); Executive (if Chancellor); Protective (if Police) |
| 7 | Expected Duration of Employment | The number of months the employee is expected to be employed. Positions expected to last more than 12 months may use "permanent" or "indefinite". |
| 8 | Hours Expected to Work | The number of hours per 12 months that the employee is expected to work. |
| 9 | Person Hired is a Contractor? | Check the box indicating whether the WRS annuitant is claiming to be an independent contractor or third-party contractor rather than an employee. |
| 10 | Agent Signature, Title, and Date | DO NOT SIGN Only the WRS agents at UW System Administration and UW Shared Services are authorized to sign this form. |

Employee Fields

| Field | Field Title | Instructions |
|-------|---|--|
| 11 | Employee Name | The employee enters their first name, middle initial, and last name. |
| 12 | Gender | The employee checks the appropriate box |
| 13 | Birthdate | The employee enters their birthdate. |
| 14 | SSN or Member ID | The employee enters the last four digits of their SSN or ETF Member ID (found on their Statement of Benefits). |
| 15 | Address | The employee enters their permanent home address. |
| 16 | Box 1: WRS Termination Date Prior to July 2, 2013 [refer to box 5 above] | The employee must check the appropriate box indicating that their position is not WRS eligible or, if WRS eligible, whether they elect or not to participate in the WRS. <ul style="list-style-type: none"> If eligible, they must also check the boxes for employer participated insurances they want to participate in. Their annuity will be suspended (effective first of the month following ETF's receipt of the election). |
| 17 | Box 2: WRS Termination Date on or After July 2, 2013 [refer to box 5 above] | The employee or independent contractor must check the appropriate box indicating if their position does or does not meet WRS eligibility. <ul style="list-style-type: none"> If the employee is expected to meet WRS eligibility requirements, they must check the boxes for any employer- |

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| | | sponsored insurances they want to participate in. Their annuity will be suspended the first of the month following the rehire date. |
| 18 | Employee Sign Here | The employee must sign and date |