



## REHIRED ANNUITANT ELECTION

Wis. Stat. § 40.26 (1)

**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><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>Birthdate (MM/DD/CCYY)</b> |
| <b>Address (Street, City, State, Zip)</b>                        |                                      |   |                               |
| <b>Employer Name (if State of Wisconsin, include department)</b> |                                      | <b>Statement of Benefits Distrib. Code</b>  |                               |
| <b>ETF Employer ID No.</b><br>69-036-                            | <b>Hire/Rehire Date (MM/DD/CCYY)</b> | <b>FOR ETF ONLY</b><br>Date WRS Participating Employment Begins (Mo/Day/Yr)       |                               |
|  |                                      | <b>Report Date (To be completed by ETF)</b>                                       | <b>WRS Term Date:</b>         |
|  |                                      | <b>Benefit Effec. Date:</b>   |                               |
|  |                                      | <b>Benefit App. Rec'd.:</b>   |                               |

**EMPLOYMENT CATEGORY**

|   |   |
|---|---|
| <input type="checkbox"/> 00 General Employee  | <input type="checkbox"/> 07 Court of Appeals Judge                                  |
| <input type="checkbox"/> 01 Court Reporter  | <input type="checkbox"/> 08 Circuit Judge   |
| <input type="checkbox"/> 02 State Exec. Retirement Plan (Wis. Stat. § 20.923 (4), (8) or (9)) | <input type="checkbox"/> 09 Elected Official or Appointed to Fill an Elected Office |
| <input type="checkbox"/> 03 Protective Occupation Under Social Security                       | <input type="checkbox"/> 10 Teacher   |
| <input type="checkbox"/> 04 Protective Occupation Not Under Social Security                   | <input type="checkbox"/> 11 Executive Teacher                                       |
| <input type="checkbox"/> 05 Supreme Court Justice   | <input type="checkbox"/> 12 Educational Support Personnel                           |
| <input type="checkbox"/> 06 Legislator or State Constitutional Officer                        |   |

**Employee Election**

I elect to participate in WRS as an active employee pursuant to Wis. Stat. § 40.26 (1). I certify I had a valid termination and have remained terminated from all WRS participating employment between my date of termination and the latest of the following dates:

- the day after my annuity effective date, or
- the 31<sup>st</sup> day after my termination date, or
- the 31<sup>st</sup> day after ETF received my benefit application.

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. I understand this election can be revoked only if ETF receives my written request to withdraw this election prior to the day WRS coverage would resume. I will be eligible to reapply for a retirement annuity only when I again terminate all WRS covered employment.

I do not elect to actively participate in WRS pursuant to Wis. Stat. § 40.26 (1). I certify I had a valid termination and have remained terminated from all WRS participating employment between my date of termination and the latest of the following dates:

- the day after my annuity effective date, or
- the 31<sup>st</sup> day after my termination date, or
- the 31<sup>st</sup> day after ETF received my benefit application.

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> | <b>Signature of Employee (in ink)</b> | <b>Date</b> |
|--------------------------------|---------------------------------------|-------------|

|                             |  |             |
|-----------------------------|--|-------------|
| <b>AGENT MUST SIGN HERE</b> | I hereby certify the named is an employee of this participating employer who meets the eligibility standards for participation in the Wisconsin Retirement System as defined in Wis. Stat. § 40.22, and is an "employee" as defined in Wis. Stat. § 40.26 at this time. 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. |             |
|                             | <b>Signature and Title of Agent</b>  | <b>Date</b> |

Make one copy for your records and one copy for your employee. Submit the original to ETF.

## **Rehired Annuitant – Effect On Benefits and WRS Participant**

Rehired annuitants who have met all terms and conditions associated with having a valid termination and meeting the minimum break in service may elect to participate or not participate in the WRS when they return to work for a WRS employer and meet the eligibility criteria in Wis. Stat. § 40.22. If the employee does not elect to participate in the WRS, the employee continues with the life or health insurance coverage they have as an annuitant. If the employee elects to participate in the WRS, their annuity is canceled effective the first of the month after ETF receives the election form. The annuitant will not receive a check dated the first of the second or subsequent months following filing of the election.

|          | <u>Event</u>  | <u>Date</u>   |
|----------|---|---|
| EXAMPLE: | ETF receives election form  | 8/25/2010   |
|          | Annuity cancelled and the date of the last payment the annuitant will receive | 9/1/2010  |
|          | A payment will not be issued to the annuitant dated                           | 10/1/2010 or later months, until annuitant again retires and applies for a benefit. |

**Disability annuitants** who have reached their normal retirement age are eligible to elect to participate in the WRS when they meet the eligibility criteria in Wis. Stat. § 40.22.

## **Insurance Coverage**

Employees electing to participate in WRS must be offered all ETF-administered insurance the employer offers. **The applications should be attached and returned to ETF with this form.**

### Employee not insured as an annuitant:

Employers must receive applications within 30 days following the WRS participation begin date. Insurances become effective the first of the month following receipt of the application by the employer. This applies to all ETF-administered insurance the employer offers.

### Employee insured as an annuitant:

#### Life Insurance:

An insured annuitant returning to active WRS coverage with an employer that offers the Wisconsin Public Employers Program may choose to keep the life insurance coverage they had as an annuitant or may enroll for the coverage offered by the employer. If annuitant coverage is retained, employees under age 65 **MUST** contact ETF at 877-533-5020 or 266-3285 (local Madison) to arrange for continuation of premium payments **BEFORE** annuitant coverage lapses. If coverage as an active employee is selected, the employee must apply within 30 days of beginning active WRS participation. Active coverage will begin the day after annuitant coverage lapses.

#### Health Insurance:

As premiums paid through the annuity are deducted two months in advance, insurance will be paid for two months beyond the annuity end date. Premiums paid through the sick leave account will also be paid for two months beyond the annuity end date.

|          |  |            |
|----------|--|------------|
| EXAMPLE: | Final Annuity Payment Received         | 9/1/2010   |
|          | Last Payment Pays For Premiums Through | 10/31/2010 |
|          | Active Insurance Coverage Begins       | 11/1/2010  |

If the annuitant has ETF administered health insurance coverage, the annuitant coverage will terminate and they must enroll as an active employee if they wish to maintain health insurance through this Department. Care must be taken to ensure that the appropriate coverage is in effect on the proper date. As a result, the employee should contact ETF (and Social Security, if Medicare is providing coverage) in order to provide for continuous, but not overlapping coverage.

## **Accumulated Sick Leave Credit Account For State Employees**

Accrued sick leave credit balances remain at ETF until the participant retires again. The participant will accrue sick leave as an active employee and when retiring again the sick leave hours earned will be converted to credits and added to the existing balance to pay health insurance premiums as an annuitant.