

EMPLOYEE SUMMARY OF PRIOR EMPLOYMENT
COVERED BY A WISCONSIN PUBLIC EMPLOYEES RETIREMENT SYSTEM
Wis. Stat. § 40.30

| | | |
|-----------------------|--------------------------|-------------------------|
| Name | Social Security Number | Birthdate (MIMMDD/CCYY) |
| Street Address | Current Employer | |
| City, State, Zip Code | Daytime Telephone Number | |

IMPORTANT: READ INFORMATION ON THE BACK OF THIS FORM

SECTION A:

I certify that prior to my current retirement coverage I was covered under (Check ONE box only, If more than one applies, complete a separate copy of this form for each system. Forms with employment from more than one retirement system will be rejected.):

City of Milwaukee Employees'
Retirement System
789 N. Water St. Suite 300
Milwaukee, WI 53202

Milwaukee County Employees'
Retirement System
Room 210 C
901 North 9th Street
Milwaukee, WI 53233

Wisconsin Retirement System
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

SECTION B:

List each period of employment covered by the retirement system checked in section A. Do not include employment during which you were not eligible for retirement coverage.

| EMPLOYER/DEPARTMENT NAME | DATE EMPLOYMENT | | CORRECTIONS – For Retirement System Use Only |
|--------------------------|-----------------|-------|--|
| | BEGAN | ENDED | |
| | | | |
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SECTION C:

I authorize the City of Milwaukee Employees' Retirement System, the Milwaukee County Employees' Retirement System and the Wisconsin Retirement System to disclose information to one another regarding my employment, dates of service, military service, vested status, and years of creditable service in each system. also hereby elect to have my benefits from the aforementioned retirement systems calculated under the reciprocity provisions as specified in Wis. Stat. § 40.30, if such an election will provide the highest benefit to which I am entitled. I acknowledge and accept responsibility for verifying with each applicable retirement system how my benefits will be affected by this election.

| | |
|-------------------|-----------|
| Date (MIMDD/CCYY) | Signature |
|-------------------|-----------|

RETIREMENT SYSTEM VERIFICATION

1. Is the above-named employee vested in this system on the basis of service credited by this system? Yes No
2. Sum of all service (creditable service, plus service credited to alternate payees(s), plus military service granted): _____
3. Does the employee's creditable service include active military service? Yes No
4. If yes, give dates of military service credited: _____ to _____ Total military service granted: _____
5. Last calendar year in which employee earned creditable service: _____

| | | |
|--------------------|---|------------------|
| Date (MNI/DD/CCYY) | Signature of Retirement System Representative | Telephone Number |
|--------------------|---|------------------|

SUBMIT THIS COMPLETED FORM TO THE RETIREMENT SYSTEM YOU CHECKED IN SECTION A. MAKE A COPY FOR YOUR RECORDS.

RECIPROCITY INFORMATION

Wis. Stat. § 40.30 provides for a limited reciprocity between the three public employee retirement systems in Wisconsin (the Wisconsin Retirement System, the Milwaukee County Employees' Retirement System, and the City of Milwaukee Employees' Retirement System). If you were covered under more than one of these systems, reciprocity may allow you to count your vested service earned under your old retirement system toward the vesting requirement in your new system and may increase your retirement benefit earned under the previous system.

You should file a copy of this form with each of your former retirement systems each time you become covered under a new retirement system. **DO NOT APPLY FOR ANY RETIREMENT BENEFIT** before asking your retirement system(s) how reciprocity may benefit you.