

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

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

IMPORTANT: READ THE INFORMATION ON PAGE 2 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.):

- | | | |
|--|--|---|
| <input type="checkbox"/> City of Milwaukee Employees' Retirement System
789 N Water Street Suite 300
Milwaukee, WI 53202 | <input type="checkbox"/> Milwaukee County Employees' Retirement System
901 North 9 th Street Room 210 C
Milwaukee, WI 53233 | <input type="checkbox"/> 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	

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. I acknowledge and accept responsibility for verifying with each applicable retirement system how my benefits will be affected by this election.

Date (MM/DD/CCYY)	Signature
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RETIREMENT SYSTEM VERIFICATION		
1. Is the above-named employee vested in this system on the basis of service credited by this system? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (MM/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.