## Chapter Ret 9

## **FORMS**

## Ret 9.01 Forms.

1 —Prior Service and Salary Record, and Employe Affidavit Form 2 —Designation of Beneficiary Form 3 —Election to Participate by Elected Official Form 4a—Notice of Employment and Employe Affidavit Form 7 —Notice of Separation from Service Because of Total and Permanent Disability Form 8 —Certificate of Medical Examiner Form 9 —Certificate of Attending Physician Form 11 -Notice of Cause for Termination of Disability Annuity Form 13 —Notice of Termination of Employment Form 14 —Application for Disability Annuity Form 15 —Application for Retirement Annuity Form 17 —Application for Death Benefit by Beneficiary Form 18 —Application for Separation Benefit Form 19 —Quarterly Payroll Report Form 19S—State Quarterly Payroll Report Form 20 —Quarterly Payroll Report Summary Form 20S—State Quarterly Payroll Report Summary Form 21 —Employe Annual Account Form 21a—Municipality Control Account Form 22 —Employe Permanent Account Form 24 —Application for Death Benefit by Executor or Adminis-Form 25 —Application for Death Benefit by Guardian Form 26 —Annuity Payment Record Form 27 —Receipt Form 29 —Preliminary Employe Data Sheet (Individual Employment Record) Form 30 -Notice of Change in Employe Status Form 31 -Notice of Transfer of State Employe Form 32 —Certificate of Continued Eligibility for Annuity Form 33 —Certificate of Continued Eligibility for Disability Annuity Form 34 —Notification by Beneficiary Form 35 —Monthly Memorandum Report Form 35S-State Monthly Memorandum Report Form 36 -Election by Beneficiary to Receive Lump Sum Payment Form 50 -Election to Make Current Variable Normal Contributions Form 51 —Election to Segregate Accumulated Credits for a Variable Annuity Form 64 —Application for Special Disability Benefits

ment Fund, 459 West Gilman Street, Madison, Wisconsin 53703. **History.** 1-2-56; renum. from Ret 8.01, and am. Register, November, 1957, No. 23, eff. 12-31-57; am. Register, December, 1966, No. 132, eff. 1-1-67.

Register, June, 1967, No. 138

Form 67 —Notice of Separation from Service Because of Special Dis-

Form 68 —Certificate of Medical Examiner as to Special Disability Form 69 —Certificate of Attending Physician as to Special Disability All forms are obtainable from the office of the Wisconsin Retire-

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