



EMPLOYER APPLICATION

WRS- ER -Employer Application (Created 2/2023)

EMPLOYER INFORMATION

Employers Legal Name	EIN
Address	City, State Zip
Employer Formation Date	If approved, date you plan to begin contributing:
Current Retirement Plan?	NUMBER OF EMPLOYEES WORKING 25 HOURS OR MORE A WEEK
Are you governed by a Board, Commission, or elected officials? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe
Is participating in the Wyoming Retirement System financially sustainable for your entity? How will it be funded?	

EMPLOYER PRIMARY CONTACT INFORMATION

Name	Title
Phone Number	Email Address

PLAN(S) YOU WANT TO PARTICIPATE IN REQUIRED DOCUMENTATION PER PLAN

Mark all that apply: <input type="checkbox"/> Public Employee <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Paid Fire B <input type="checkbox"/> Volunteer Fire <input type="checkbox"/> Volunteer EMT <input type="checkbox"/> Volunteer Search & Rescue	Public Employee, Law Enforcement & Paid Fire B:
	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> By-Laws <input type="checkbox"/> Organization Chart <input type="checkbox"/> Mission Statement <input type="checkbox"/> Income and Expense Statement/Budget
	Volunteer Plans: <input type="checkbox"/> By-Laws

REQUIRED SIGNATURE

I affirm the information that I have provided on this form and attached is true and correct.



Date _____

WRS Office Use Only

Audit Review and Decision _____ Approve _____ Deny	Employer Relations Supervisor _____ Approve _____ Deny	Date Received
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