

Wyoming Retirement System

Partnering to Build Financial Security for Members and their Families

Mark Gordon Governor **David Swindell Executive Director**

REHIRED RETIREE ELECTION FORM

EMPLOYERS MUST COMPLETE AND SUBMIT THIS FORM TO WRS WITHIN 30 DAYS OF THE REEMPLOYMENT OF A RETIRED MEMBER OF THE SYSTEM.
PLEASE SUBMIT FORM TO: WRS-EmployerReporting@wyo.gov

Pursuant to the Wyoming statutes and administrative rules governing the administration of the Wyoming Retirement System (WRS), when a retired member of the system is reemployed by a participating employer into a position covered under the system, the member must elect whether to continue to receive retirement benefits during the period of reemployment or discontinue benefits and rejoin the plan as a contributing member.

What this means for the WRS Participating Employer

This form is required for any retired member working in a vacant full-time position (of a regular contributing employee, in any capacity, including as a contract employee, an employee of a third party contractor or part-time employee of the employer) and the employer has the following requirements:

For a member who elects to continue their WRS retirement benefits:

• The employer is required to make a payment to WRS equal to the employee and employer contributions applicable to the position (the "rehired retiree payment").

For a member who elects to discontinue their WRS retirement benefits:

• The employer is required to pay required employer contributions and to deduct an employee's portion of contributions for that position in the normal payroll process.

EMPLOYER SECTION TO COMPLETE:

Please attach the following documents for the Rehired Retiree:

- Employee's job posting/description; and
- Employee's signed employment agreement which includes their job title and salary terms.

Employer Name:
Employer's RAIN ID:
Employee's Name:
Employee's SSN:
Employee's Application and Employment Start Dates:



WYOMING RETIREMENT SYSTEM REHIRED RETIREE ELECTION FORM

Anticipated Period of Empl	oyment (please select on	e):	
Less than six (6) m	onths;		
☐ More than six (6) m	nonths;		
Other (please expla	ain):		
	,		
RETIREMENT BENEFIT ELECTION	l .		
Name of WRS Plan you are received	ving retirement benefits:		
Original Retirement Date:	_		
IRREVOCABLE EMPLOYEE ELEC	TION (PLEASE SELEC	「ONE):	
I understand my options as a Ret following election (select one only		ving retirement benefits and I am ele	cting the
during the period of ree You qualify b You will cont No additional during your t The employe	mployment. pased on a bona fide breatinue to receive your WRS al service credits or benefitime of employment. bee's share of the "retired of the service		unt
the plan during the perion Your WRS memployment Your WRS memployment	od of reemployment. nonthly benefits will paus nonthly benefit option and nt amount cannot decrea se portion of required per	efits from prior employment in the plance until termination of your diterms cannot be changed and use. Insign contributions will be deducted from the plance of the planc	·
Employee Print Name	Signature	Date	
Employer Print Name	Signature	Date	

Retirement System: Retirement Board Chapter 12: Reemployment of a Retiree

Effective Date: 04/07/2015 to Current Rule Type: Current Rules & Regulations Reference Number: 072.0003.12.04072015

Revised 2/10/25