EMPLOYER APPLICATION

WRS -1 Employer Application (Updated 10/23)

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? ☐ Yes ☐ 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

Mark all that apply:

- ❒ Public Employee
- ❒ Law Enforcement
- ❒ Paid Fire B
- ❒ Volunteer Fire
- ❒ Volunteer EMT
- ❒ Volunteer Search & Rescue

REQUIRED DOCUMENTATION PER PLAN

Public Employee, Law Enforcement & Paid Fire B:

- ❒ Articles of Incorporation
- ❒ By-Laws
- ❒ Organization Chart
- ❒ Mission Statement
- ❒ Income and Expense Statement/Budget

Volunteer Plans:

- ❒ 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	Employer Relations Supervisor	Date Received
_____ Approve _____ Deny	_____ Approve _____ Deny	

Wyoming RETIREMENT SYSTEM

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EMPLOYEE INFORMATION

(This will help us figure your estimated monthly contributions to ensure you have the budget to cover them.)

Position/Title	Average Monthly Hours	Average Monthly Salary	WRS USE ONLY	
			Employee	Employer
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		Total Monthly Contributions		