

KPERS Designated Agent

What is a Designated Agent?

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- OGLI (Optional Group Life Insurance) Processor

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KPERS-2

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 - Employer Address
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What is a Designated Agent?

By law, employers affiliated with KPERS are required to name a designated agent. This is someone from your employer who provides a local contact for Retirement System information, transactions, forms and publications. As a designated agent, you function as a liaison between the Retirement System and your employer. The staff at KPERS thanks you for all your hard work.

The Job of a Designated Agent

With the numerous benefits provided through KPERS, and the complexities and changes in state retirement statutes, regulations, and internal procedures, it is virtually impossible for KPERS staff to keep all members advised of day-to-day developments. The Retirement System will communicate information to you that needs to be relayed to your KPERS members. Some of your responsibilities are:

- Distribute information to employees in a timely manner. Examples of information requiring immediate distribution are:
 - Notice of legislative changes that could affect the member's retirement planning.
 - Notice of upcoming KPERS informational meetings with **limited seating**.
 - New issue of KPERS Papers
 - Member's Annual Statements
 - Information sent to you in a Designated Agent Memo that you may need to forward to your members.
- Using the Employer Web Portal
 - Enroll employees working in KPERS covered positions on hire date.
 - Remit employee and employer contributions after each pay period.
 - Remit employer working after retirement contributions.
 - Provide an end date for employees leaving KPERS covered employment.
- Attend designated agent workshops

The Job of an Additional Signer

Your agency may need an additional signer to help with KPERS matters. An additional signer will be able to sign KPERS forms if:

- The current designated agent is absent from work due to vacation or illness.
- The designated agent cannot certify own transactions, therefore; another signer will need to verify the information needed.

The Job of Additional Staff

Your agency may need to authorize additional staff to help with employer web portal duties such as:

Contribution Reporter

- Inquire or enter detail payroll information.
- Enter and submit enrollments-KPERS-1
- Enter and submit adjustments-KPERS-17
- Enter and submit certifications-v-letters
- Upload payroll files

EFT Processor

- Use the employer remittance function of the employer web portal to enter employee information and employer contribution information by payroll period.


OGLI Processor

- Use the employer OGLI (Optional Group Life Insurance) function of the web portal to enter monthly OGLI premiums

Publications to Help Designated Agents

- Designated Agent Manual (located on the KPERS website at www.kpers.org)
- Welcome to the Team
- Membership Guides
- Benefits at a Glance for Tier 1 members and Tier 2 members
- Mid-Career Brochure
- Leaving Employment
- Pre-Retirement Planning Guide
- Basic Group Life Insurance
- Long-Term Disability
- Optional Group Life Insurance
- Important Tax Information
- Member Newsletters

KPERS-2 - Designation of Agent

 KPERS-2 Rev. 4/09	DESIGNATION OF AGENT	SAVE
		RESET
		PRINT

■ **Important** – Employers use this form to authorize individual staff members to conduct business with the Retirement System.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ **Part A – Employer Information** – Always complete this section.

1. Employer: _____ 2. KPERS Employer Number: _____
3. Mailing Address: _____ City, State, Zip: _____
4. Is this designation for (mark all that apply): KPERS KP&F Retirement System for Judges

Part A- complete part A making sure you check the box for the Retirement System you are naming a designated agent. If more than one Retirement System, check all appropriate boxes.

Part B- Required Designated Agent Signature

The designated agent signature is required and **if designating a new designated agent, the new designated agent signature signs, not the one that is leaving this position.**

■ **Part B – Required Designated Agent Signature** – Always complete this section. The designated agent's signature is required for the Retirement System to accept this form. If designating a new primary designated agent, the new designated agent signs, not the one being replaced.

Designated Agent Signature: _____ Month/Day/Year: ____/____/____

■ **Part C – Primary Designated Agent** – Complete this section to **replace** a current designated agent.

Designated agents are responsible for:

- Communicating important information to members.
- Processing member transactions for enrollment, life insurance, disability, service purchases, withdrawal and retirement.
- Sending contributions through electronic fund transfers (EFT).
- Verifying annual contribution reports.

Designated agents have full employer web portal access. All e-mails must be unique. Individuals cannot share an e-mail address.

1. Name (First, MI, Last): _____
Title: _____ E-mail Address: _____
Telephone Number: (____) _____ Fax Number: (____) _____

Chairman, Chief Officer or Agency Director Signature: _____ (required*)
**This signature is required any time you want to designate a new primary designated agent.*

Part C

Information regarding the new designated agent must be completed in section C. Please keep in mind **when designating a new designated agent, the Chairman, Chief Officer or Agency Director's signature is required.**

Part D – Additional Signers

A designated agent may name additional signers. This person will be able to sign forms and will have full employer portal access. The additional signer must have their own unique e-mail address.

■ **Part D – Additional Signers** – Complete #1-2 to **add** additional signers. Complete #3 to **delete** additional signers.

A designated agent may name additional signers to sign reports and forms in the designated agent's absence. Additional signers also have full employer web portal access. All e-mails must be unique. Individuals cannot share an e-mail address.

1. Name (First, MI, Last): _____
Title: _____ E-mail Address: _____
Telephone Number: (____) _____ Fax Number: (____) _____
Additional Signer Signature: _____ Month/Day/Year: ____/____/____

2. Name (First, MI, Last): _____
Title: _____ E-mail Address: _____
Telephone Number: (____) _____ Fax Number: (____) _____
Additional Signer Signature: _____ Month/Day/Year: ____/____/____

3. **Deletions:** List names of additional signers you are replacing or who have left employment. New additional signers do not automatically replace current signers. It is important to delete unnecessary signers.
Name (First, MI, Last): _____
Name (First, MI, Last): _____

It is important to **delete** additional signers who are being replaced or are no longer working for your agency.

KPERS 2A – Assigning Additional Staff

■ **Part B – Additional User Information** – Each user must have a unique e-mail address. As part of portal security, access is based on certain responsibilities or "roles." Mark the corresponding boxes to assign the appropriate access level roles. These roles do not have sign-off authority.

Contribution Reporter: A representative of your employer who can use the *Annual Reporting* function of the web portal to:

- Inquire or enter detail payroll information.
- Enter and submit enrollments (KPERS-1), adjustments (KPERS-17) and certifications (V-letter).
- Upload payroll files.

A contribution reporter does **not** have authority to submit the annual contribution report to KPERS or to authorize ACH debit transactions for contributions payments through the web portal.

EFT Processor: A representative of your employer who can use the *Employer Remittance* function of the web portal to enter employee and employer contribution information by payroll period and submit the remittance to KPERS.

OGLI Processor: A representative of your employer who can use the *Employer OGLI* (Optional Group Life Insurance) function of the web portal to enter monthly OGLI premium reporting information.

1. Name (First, MI, Last): _____
E-mail Address: _____
Responsibilities (mark all that apply): Contribution Reporter EFT Processor OGLI Processor

You may assign additional staff to help as a **Contribution Reporter, EFT Processor to enter contributions or an Optional Group Life Insurance Processor**. Please mark the appropriate box for the function assigned to this employee.

Remember to delete employees no longer assigned to these tasks.

The **designated agent signature is required**.

KPERS 2B – Changing Contact Information

■ Part B – Change Employer Address – This information will update our records.	
Previous Information	New Information
1. Mailing Address: _____ City, State, Zip: _____	Mailing Address: _____ City, State, Zip: _____
■ Part C – Change Designated Agent or Additional Signer Contact Information – This information will update our records. All e-mails must be unique to that person. Individuals cannot share an e-mail address. Note: An e-mail change will generate a new employer web portal password and the user will need to complete the enrollment process again on the portal.	
1. Name (First, MI, Last): _____	
Previous Information	New Information
2. Title: _____	Title: _____
3. Telephone Number: (____) _____	Telephone Number: (____) _____
4. Fax Number: (____) _____	Fax Number: (____) _____
5. E-mail Address: _____	E-mail Address: _____
■ Part D – Required Designated Agent Signature – The designated agent's signature is required for the Retirement System to accept this form.	
Designated Agent Signature: _____ Month/Day/Year: ____/____/____	

The information entered will update our records.

If changing your e-mail, we must have a unique e-mail address just for the designated agent listed or signers listed. One e-mail address cannot be shared.