



ADDITIONAL EMPLOYER WEB PORTAL ACCESS

■ **Important** – Designated agents and secondary signers automatically have full access to KPERS’ employer web portal. Use this form to authorize any other staff to have access.

■ **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: _____

■ **Part B – Additional User Information** – Access is based on certain responsibilities or “roles.” Mark the corresponding boxes to assign the appropriate access level roles. These roles have limited portal access.

Contribution Reporter: 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: 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: 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

2. Name (First, MI, Last): _____

E-mail Address: _____

Responsibilities (mark all that apply): Contribution Reporter EFT Processor OGLI Processor

3. Name (First, MI, Last): _____

E-mail Address: _____

Responsibilities (mark all that apply): Contribution Reporter EFT Processor OGLI Processor

■ **Part C – Deletions** – List names of secondary signers or additional users you are replacing or who have left employment. New signers and users do not automatically replace current ones. It is important to delete unnecessary signers and users.

Name (First, MI, Last): _____

Name (First, MI, Last): _____

■ **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: ____/____/____