



KPERS-2A  
Revised 3/09

## Additional Employer Web Portal Access

■ **Important** – Designated agents and additional 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** – 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

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

4. **Deletions:** List names of staff who should no longer have employer web portal access. Designated agents and additional signers will always have automatic access.

Name (First, MI, Last): \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

■ **Part C – 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: \_\_\_\_/\_\_\_\_/\_\_\_\_