

This form is used to request usernames and passwords to establish Voya Sponsor Web access. Sponsor Web is the primary tool used by the employer, as identified in Part 1, and any authorized third parties for on-line contribution processing. Employer personnel agree to notify MSRS in the event that the employer desires to terminate Sponsor Web access for any user. The identified users listed below will receive an email notification when their Sponsor Web authorization request has been completed.

Employer contact			
Employer name	Employer ID number (pay center)		
If this is a new enrollment, indicate the Plan(s) you are enrolling:			
☐ 626661 MNDCP ☐ 626664 HCSP ☐ 62	26662 UNCL		
2. Voya Sponsor Web access request			
Complete the contact information below to obtain access to t	he Sponsor Web. The following access will	be provided:	
The ability to view employer ACH banking information and the demographic information.	e ability to remit payroll contributions and u	pdate participant	
Please note: Contribution processing provides the authority t	to debit applicable bank accounts to fund c	ontribution files.	
Downell Courte et #4			
Payroll Contact #1 ☐ Add new contact ☐ Remove existing contact	■ Update existing contact information		
Name			
Email address	Preferred phone number	Preferred phone number	
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All	Plans		

Payroll Contact #2			
Add new contact Remove existing contact Update existing contact information			
Name			
Email address	Preferred phone num	ber	
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All F	Plans		
Payroll Contact #3			
☐ Add new contact ☐ Remove existing contact	■ Update existing contact	t information	
Name			
Email address	Preferred phone num	Preferred phone number	
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All F	Plans	1	

Human Resources Contact #1			
☐ Add new contact ☐ Remove existing contact	☐ Update existing contact information	on	
Name			
Email address	Preferred phone number	Preferred phone number	
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All PI	ans		
Human Resources Contact #2			
☐ Add new contact ☐ Remove existing contact	☐ Update existing contact information	on	
Name			
Email address	Preferred phone number		
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All PI	ans		
Human Resources Contact #3			
☐ Add new contact ☐ Remove existing contact	☐ Update existing contact information	on	
Name			
Email address	Preferred phone number		
Address			
City	State	Zip code	
Remove access to MNDCP HCSP or All PI	ans	1	

3.

Voya Sponsor Web employer agreement

By signing this form, the employer agrees that the user names listed are authorized to use Voya Sponsor Web. Further, the employer hereby agrees to notify each of the user names listed to maintain the confidentiality of logon and password information provided and to not share such information with any third party.

The authorized employer signature must be from someone other than the contacts listed on this form (e.g. Payroll Supervisor, Human Resource Director, Benefit Coordinator).

Authorized Employer (please print)	Title
Authorized Employer Signature	

Email or fax the completed form to:



Minnesota State Retirement System

60 Empire Drive, Suite 300 St. Paul, MN 55103-3000



Fax: 651.297.5238



Email: msrspayrollsupport@msrs.us

Authorized Plan Representative	
Print name	Signature
Title	Email address
Preferred phone number	Date

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.284.7730.