

This form is used to request usernames and passwords to establish Plan Service Center (“PSC”) access. The PSC is the primary tool used by the Employer, as identified in Part 1, and any authorized third parties for on-line contribution processing, and requesting/downloading reports. The Employer and the Plan Sponsor agree to notify Empower Retirement in the event that the Employer or Plan Sponsor desire to terminate PSC access for any user. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

1. Employer contact

Employer name	MN Tax ID
This is a: <input type="checkbox"/> New enrollment <input type="checkbox"/> Change of contact information only For MSRS use only	
If new enrollment, indicate the Plan(s) you are enrolling	
<input type="checkbox"/> 98945-01 MNDCP (pre-tax)	
<input type="checkbox"/> 98945-01 MNDCP (pre-tax AND Roth)	
<input type="checkbox"/> 98946-01 HCSP	

2. Plan Service Center (PSC) Login Request

Complete the contact information below to obtain access to the Empower Plan Service Center (PSC). The following access will be provided:

The ability to view employer ACH banking information, order reports, and the ability to remit payroll contributions and update participant demographic information. **Please note:** Contribution processing provides the authority to debit applicable bank accounts to fund participant contributions.

Payroll Contact #1

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to <input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP or <input type="checkbox"/> All Plans <input type="checkbox"/> Remove User ID		

Payroll Contact #2

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to <input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP or <input type="checkbox"/> All Plans <input type="checkbox"/> Remove User ID		

HR Contact

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to <input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP or <input type="checkbox"/> All Plans <input type="checkbox"/> Remove User ID		

3. Part 3 - Plan Service Center (PSC) Employer Agreement

By signing this form, the Employer agrees that the User Names listed are authorized to use the PSC. 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 parties.

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 name _____ Title _____

Authorized Employer Signature _____

**Employer: Please complete and fax or email to MSRS.
Fax number (651) 297-5238
Email: msrspayrollsupport@msrs.us**

Authorized Plan Representative:	
Signature: _____	Print name: _____
Title: _____	Email: _____
Phone #: _____	Date: _____