

Contact Administrator Responsibilities

Contact Administrators are responsible for maintaining accurate and complete business contact information for the individuals with whom NYSLRS communicates about topics including, but not limited to, payroll, billing, personnel, or security. (The Contact Administrator's role does not include any responsibilities for other employer online programs, such as RIR.) Specific responsibilities include:

- Adding and maintaining employer contact information
- Informing Employer Services if employer contacts who were not previously NYSLRS members become members of the Retirement System
- Completing periodic reviews and updates to employer contacts

Contact Administrator Retirement Online Authorization

Action*: Add Delete Change or Replace _____

This form authorizes a Contact Administrator for Retirement Online, who will be responsible for maintaining accurate and complete business contact information for the individuals with whom NYSLRS communicates. The form must be completed by the Contact Administrator and signed by both the Contract Administrator and the CEO or CFO (or similar representative) of the participating employer. **Do not use this form to submit requests for other employer online programs currently used.**

Required fields are marked with an asterisk (*). Please complete this form legibly, in blue or black ink. If you require assistance with any part of this form or have questions regarding the Contact Administrator's responsibilities, please call the Retirement Online Employer Help Desk at 1-844-619-9614.

This completed form must be mailed, emailed, or faxed to:

Mail: Employer Services
NYS and Local Retirement System
110 State Street, Mail Drop 5-1
Albany, New York 12244-0001

Email: NYSLRS_Employer_Access@osc.ny.gov
Fax: 518-257-1578

After successfully processing your request, NYSLRS will send a User ID to the Contact Administrator's Retirement Online Account Email Address and a temporary password will be sent to your Business Mailing Address provided in the "Individual Information" Section.

State Agency Information

*Agency Name: _____

*NYSLRS Location Code: _____ **(Not Payroll Agency Code) (One location code per form)**

Contact Administrator Information (One person per form)

Title: _____ **Prefix:** _____

***First Name:** _____ **Middle Initial:** _____
(Legal Name)

***Last Name:** _____ **Suffix:** _____
(Legal Name)

BSC NONBSC

*NYSLRS Member? Circle Y / N If Yes, provide the members Registration Number: _____

*If you are not a member do you currently have a business user ID (EROL#)? Circle Y / N

*Business Email Address: _____

*Preferred Email Address to Receive Account Notifications:

Same as Business Email Address Other: _____

*Business Phone Number: _____ Business Fax Number: _____

*Business Mailing Address: _____

Security Code Contact Information

To verify your identity, you will be required to enter a Security Code when logging in to Retirement Online. You may elect to receive this Security Code via your business: mobile phone, landline phone, or email. Please select **AT LEAST ONE** delivery method below and enter the applicable contact information through which you will receive your Security Code. (Phone extensions cannot be used)

*Security Code Contact Information (Must provide AT LEAST ONE of the following):

Mobile Phone Number: _____ Landline Phone Number: _____ Email Address: _____
() _____ - _____ () _____ - _____ _____

Contact Administrator Signature and Date Fields

Access to Retirement Online, use of passwords, and user identifications are for official business only and are granted only to the Contact Administrator completing this form. The Contact Administrator signing below is required to notify Employer Services immediately at NYSLRS_Employer_Access@osc.ny.gov in the event of a change in employment or responsibilities. Authorization is provided only for the responsible Contact Administrator designated below.

I hereby confirm that I have read, understand, and accept the Contact Administrator's roles and responsibilities and that the information provided on this authorization form is accurate and complete to the best of my knowledge.

*Signature: _____ *Date: _____

Authorized Signer Signature and Date Fields

I certify that I am the current _____ ***(title)** of the identified employer, and I appoint _____ ***(first name/last name)** as a Contact Administrator for the identified employer. I have reviewed and confirm that the information provided on this authorization form is accurate and complete to the best of my knowledge.

*Title: _____ *Name: _____
(Print or Type First and Last Name)

*Signature: _____ *Date: _____

*Business Phone Number: _____ *Business Email Address: _____

*Business Mailing Address: _____

Retirement System Use Only		
Person ID		
Verified By		
Date		
Form Status	Accept Form ()	Reject Form ()