Office of the New York State Comptroller
Thomas P. DiNapoli

NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Retirement Online Security Administrator Authorization for State Agencies

☐ BSC ☐ NONBSC

Security Administrator Responsibilities

An Employer's Security Administrator is responsible for submitting Employer Retirement Online security authorization requests and monitoring individuals' employer Retirement Online security access. Specific responsibilities include:

- Requesting Retirement Online system access for users who need it to do business with NYSLRS
- Completing the appropriate steps to remove an individual's employer Retirement Online access
- Completing an annual review and certification of employer Retirement Online security authorization
- Monitoring employer Retirement Online password resets or User ID retrievals for potential fraud
- Reporting fraudulent or suspicious activity

Security Administrator Retirement Online Authorization

Action*: ☐ Add ☐ Delete ☐ Change or Replace _____

Use this form to authorize employer self-service access to Retirement Online for the appointed Security Administrator responsible for submitting their location's employer Retirement Online security authorization requests and monitoring individuals' employer Retirement Online security access. The form must be completed by the appointed Administrator and signed by the appointed Administrator and the CEO / CFO (or similar representative) of the entity that is a participating employer in the Retirement System. **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 If you have any questions regarding the Security Administrator's responsibilities, please call 866-805-0990 (press 1 to access the employer menu, then follow the prompts).

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 your 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)**

Security Administrator Information

Title: _____   **Prefix:** _____

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

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

*NYSLRS Member? Circle Y / N   **If Yes, provide the member's NYSLRS ID (R#):** _____

*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: _____

<div align="center">

Security Code Contact Information

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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 delivery method(s) 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 TWO of the following)

Mobile Phone Number: **Landline Phone Number:**   **Email Address:**

(   ) _____-_____   (   ) _____-_____   _____

<div align="center">

Security Administrator Signature and Date Fields

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Access to Retirement Online, use of passwords, and user identifications are for official business only and are granted only to the Security Administrator completing this form. The Security 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 Security Administrator designated below.

I hereby confirm that I have read, understand, and accept the Security 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:** _____

<div align="center">

Authorized Signer and Date Fields

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I certify that I am the current _____**(title)* of the identified employer, and I appoint
_____*(*First name/last name*) as a Security 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: _____

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