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EPA

Access Authorization Phoenix Employer Portal

Please print. • See next pages for instructions and examples.

SECTION A - PERSONAL INFORMATION (EMPLOYER REPRESENTATIVE)

What do you wish to do? Add Access Change Information Delete Access

Last four digits of Social Security Number or Member ID

Name (last/first/middle)

Title/Position

Work Phone Number

Work Email Address

Department/Agency Name

Department/Agency Address (street/city/state/zip)

Supervisor's Name and Title

Supervisor's Email Address and Phone Number

SECTION B - EMPLOYER REPRESENTATIVE PERMISSIONS IN PHOENIX

Check one box below to indicate the permissions the above-listed employer representative is authorized to have for their reporting group.

Agency # _____ **Organization #** _____

SAM II Agencies - Provide the *highest* organization level this person needs access to (list more than one organization, if necessary). See the example at the bottom of page 2 to help make this determination.

Phoenix Permission	Employer Representative's Role
<input type="checkbox"/> View Only	<ul style="list-style-type: none"> Views employee data such as: service and salary history, retirement plan, retirement eligibility, contribution balances, and life insurance coverage, etc. Runs reports (service credit, retirement eligibility, etc.) Orders materials from MOSERS
<input type="checkbox"/> Modify	<ul style="list-style-type: none"> Includes all "View Only" permissions (above) plus the applicable permissions below: Updates service records (leaves, terminations, transfers) Verifies retirement contributions and insurance deductions Verifies annual salary for life insurance purposes Processes member status and payroll adjustments (local, non-SAM II only) Uploads payroll files (local/non-SAM II only)

SECTION C - ACCESS AUTHORIZATION (EMPLOYER REPRESENTATIVE, AGENCY DIRECTOR)

As the employer representative listed in Section A, I hereby acknowledge that I have read, understand, and agree to the terms of use for the Phoenix Employer Portal provided in the instructions on page 2.

Employer Representative Signature

Date

As agency director or an authorized designee, I hereby acknowledge that I have read, understand, and agree to the terms of use for Phoenix provided in the instructions on page 2. I also hereby authorize MOSERS to grant the employer representative listed in Section A access to Phoenix, which will allow them to view confidential employee information and, in some cases, make changes to employees' service and salary records.

Name and Title (please print)

Agency Director or Authorized Designee's Signature

Date

Instructions for Completing

Access Authorization for the Phoenix Employer Portal

Phoenix, the MOSERS employer portal, allows authorized employer representatives to view confidential employee information and, in some cases, make changes to employees' service and salary records. This form authorizes MOSERS to grant employer representatives permission to access specific employee information, as indicated in Section B. The form must be signed by the employer representative and agency director or the agency director's designee, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Indicate if you are submitting this form to add access, change information, or delete access.
2. Complete information for the employer representative in Section A.
3. In Section B, indicate, by checking one box, what permission level the employer representative should have.
 - Both permission levels give employer representatives access to sensitive personally identifiable information on agency employees.
 - Checking "Modify" will authorize the employer representatives to both see employee information and, potentially, make changes to employees' service and salary records.
 - The accuracy of service and salary data is very important because it can determine eligibility for and the amount of benefits.
 - The employer representative listed in Section A will have authorized access to **all** employee information in Phoenix for their reporting group(s) as indicated in Section B by the "Agency" and "Organization" for SAM II employers (see example below) or by "Department/Agency Name" for local/non-SAM II employers.
4. The employer representative and the agency director or the agency director's designee must sign and date Section C acknowledging that they have read, understand and agree to the terms of use for Phoenix listed below.
5. Terms of use for the Phoenix Employer Portal
 - MOSERS has established Phoenix, the MOSERS employer portal, which is accessible through the MOSERS website and provides secure access by authorized employer representatives. All information contained within Phoenix is strictly confidential and shall be treated as such and is to be used only as necessary for the performance of official duties.
 - All information provided on or produced through Phoenix is not binding on MOSERS, its Board of Trustees, or the state of Missouri. Further, such information does not constitute a guarantee of benefits, an admission of liability, or a waiver of any legal rights or arguments in any pending or future legal proceeding.
 - Access to employee information is intended to be secure. However, there are inherent risks in providing information through any website. MOSERS has made reasonable efforts to minimize these risks and will not be responsible for unauthorized access to information or any damages arising from such unauthorized access.
 - Unauthorized access or use of Phoenix, including unauthorized use of information obtained from Phoenix, will result in revocation of access and notification to the agency.
 - If a data breach occurs at your agency resulting in unauthorized access to information in Phoenix, your agency must notify MOSERS immediately, take immediate steps to mitigate the breach, and cooperate with MOSERS as needed.
 - By requesting access, you and your agency agree to abide by these terms of use, as may be amended from time to time. Continued use of Phoenix represents an acknowledgement of MOSERS' terms of use.
 - Although MOSERS will conduct periodic audits regarding authorized access to Phoenix, it is the agency's responsibility to immediately notify MOSERS when an authorized user account is no longer valid (e.g., position change, change in duties, termination).
6. Return completed form to MOSERS by scanning and emailing it to forms@mosers.org.

SAM II employers example for determining "the highest organization level" this person needs access to:

If someone requested access at 2500, they would get access to employee data in all orgs that report up to 2500.

1650	Department of Mental Health
1650	2500 Division of CPS
1650	2500 3530 CPS Facilities
1650	2500 3530 4539 CPS Facility Operations
1650	2500 3530 4539 FU00 Fulton State Hospital