



THIS FORM INCLUDES PERSONAL AND CONFIDENTIAL INFORMATION

Access Authorization Secure Employer Login

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION (EMPLOYER REPRESENTATIVE)

Social Security Number or Member ID	Date of Birth
Name (last/first/middle)	
Title/Position	
Work Phone Number	Work Email Address
Department/Agency Name	
Agency/Division #	Organization/Section #
Department/Agency Address (street/city/state/zip)	
Supervisor's Name and Title	
Supervisor's Email Address and Phone Number	

SECTION B - DEPARTMENT/AGENCY RESPONSIBILITIES (EMPLOYER REPRESENTATIVE)

I am an agency director or HR manager

I am the primary HR/payroll contact (list organization/section number(s) below)

I am the primary LTD contact (list organization/section number(s) below)

I perform HR/payroll functions

Other - please specify:

Primary Contact Organization/Section Responsibilities: Please list in the space below (or attach a list), each organization/section number for which the employer representative is the primary HR/payroll or LTD contact

HR	LTD	<input type="checkbox"/> Same orgs/sections as HR

If the employer representative is taking the place of a previous employer representative who was designated as the primary contact for the organization/section(s) listed above, please list the name of the employer representative they are replacing and the effective date.

Previous Employer Representative	Effective Date
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SECTION C - ACCESS AUTHORIZATION (EMPLOYER REPRESENTATIVE, AGENCY DIRECTOR)

As the employer representative listed above, I hereby acknowledge that I have read, understand, and agree to the terms of use for the secure Employer Login provided on the back of this form.

Employer Representative Signature	Date
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The employee listed above has authority to access confidential employee information on MOSERS' website through the secure Employer Login. As agency director, I hereby acknowledge that I have read, understand, and agree to the terms of use for the secure Employer Login provided on the back of this form. I also hereby authorize MOSERS to grant the above employer representative access to the secure Employer Login.

Agency Director's Name (please print)
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Agency Director's Signature	Date
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Access Authorization Secure Employer Login

The MOSERS website offers valuable information, forms, and training for employers and HR representatives. This form authorizes MOSERS to grant employer representatives secure access to specific employee information through our secure Employer Login. The form must be signed by the employer representative and agency director, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete personal information for employer representative in Section A.
2. Complete information regarding department/agency responsibilities in Section B. The employer representative submitting this form will have authorized access to all organization/sections within their department/agency.

Primary Contact Designation: MOSERS relies on the primary contact for an organization/section to resolve payroll and service discrepancies for employees in their designated organization/section. For an employer representative who is the **primary HR/payroll or long-term disability (LTD) contact**, list each organization/section number for which they are the primary contact. Please note, each organization/section can have only one employer representative designated as the primary HR contact.

3. The employer representative and the **agency director** must sign and date Section C acknowledging that they have read, understand and agree to the terms of use for the secure Employer Login listed below.

4. Terms of use for the secure Employer Login

- MOSERS established a secure access area on our website, the "Employer Login", for the benefit of authorized employer representatives (www.mosers.org/employers/employer-login). All information contained within is strictly confidential and shall be treated as such and is to be used only in conjunction with the performance of mandated duties.
 - All information provided on or produced through the website is not binding on MOSERS, its Board of Trustees, or the state of Missouri. Further, such information does not constitute a guarantee of benefits, and 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 authorized access.
 - Unauthorized use of the Employer Login, including unauthorized use of information obtained from the Employer Login will result in a revocation of access and notification to the agency.
 - If a data breach occurs at your agency resulting in unauthorized access to information on MOSERS' Employer Login, your agency must notify MOSERS immediately.
 - By requesting access, you and your agency agree to abide by MOSERS' Employer Login terms of use, as may be amended from time to time. Continued use of MOSERS' Employer Login represents an acknowledgement of MOSERS' terms of use.
 - While MOSERS will conduct periodic audits regarding authorized access, it is the agency's responsibility to immediately notify MOSERS when an authorized user account is no longer valid (for example, position change, change in duties, termination, etc.)
5. Return completed form to MOSERS.