

AUTHORIZATION OF EMPLOYER CONTACTS



VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
www.varetire.org

1. Date
2. Employer Code
3. Employer Name

Complete this form to authorize the official contacts who require access to information about VRS members working in the employer code recorded in Box 2. (Complete a separate VRS-67 to authorize contacts for a different employer code.) VRS will not discuss member information with a person not listed as an approved contact.

Note: Submit only a signed, original form. Fax copies cannot be accepted.

PART A. ADMINISTRATIVE APPROVAL (Please print clearly or type)

Name: _____ SSN: _____	
Title: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Phone: _____ Fax: _____	
E-Mail Address: _____	
I certify the contacts designated on this form are authorized to obtain information from VRS about members employed by the employer code identified above. Additionally, I certify the contacts designated to use <i>myVRS</i> for Employers are authorized to access our employees' VRS records using the VRS on-line application.	
I understand I am responsible for updating contact information in a timely manner. I also certify that I have the authority to designate each of the VRS contacts as indicated on the following pages.	
_____ Signature	_____ Date

4. Total number of pages submitted in this request:

PART B. CONTACT DESIGNATION (Copy this page as needed to designate contacts.)

SSN: _____	Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete
Level of Access: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Non-VRS
Contact Type: <input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll <input type="checkbox"/> Publications <input type="checkbox"/> ORP <input type="checkbox"/> Accounting <input type="checkbox"/> Info Systems	
Name: _____	Title: _____
Mailing Address: _____	
City: _____	Zip Code: _____
Phone: _____	Fax: _____
E-Mail: _____	
Start Date: _____	End Date: _____ Gender if "Non-VRS: <input type="checkbox"/> M <input type="checkbox"/> F
<i>For Human Resources or Payroll only:</i> Uses myVRS for Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and "Non-VRS" is checked, enter birth date: _____	
SSN: _____	Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete
Level of Access: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Non-VRS
Contact Type: <input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll <input type="checkbox"/> Publications <input type="checkbox"/> ORP <input type="checkbox"/> Accounting <input type="checkbox"/> Info Systems	
Name: _____	Title: _____
Mailing Address: _____	
City: _____	Zip Code: _____
Phone: _____	Fax: _____
E-Mail: _____	
Start Date: _____	End Date: _____ Gender if "Non-VRS: <input type="checkbox"/> M <input type="checkbox"/> F
<i>For Human Resources or Payroll only:</i> Uses myVRS for Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and "Non-VRS" is checked, enter birth date: _____	
SSN: _____	Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete
Level of Access: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Non-VRS
Contact Type: <input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll <input type="checkbox"/> Publications <input type="checkbox"/> ORP <input type="checkbox"/> Accounting <input type="checkbox"/> Info Systems	
Name: _____	Title: _____
Mailing Address: _____	
City: _____	Zip Code: _____
Phone: _____	Fax: _____
E-Mail: _____	
Start Date: _____	End Date: _____ Gender if "Non-VRS: <input type="checkbox"/> M <input type="checkbox"/> F
<i>For Human Resources or Payroll only:</i> Uses myVRS for Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes and "Non-VRS" checked, enter birth date: _____	

5. Employer Code: _____
Authority Initials: _____

COMPLETING THE AUTHORIZATION OF EMPLOYER CONTACTS

Complete this form to authorize official contacts who require access to information about VRS members working in the employer code recorded in Box 2. (Complete a separate VRS-67 to authorize contacts for a different employer code.) VRS will not discuss member information with a person not listed as an approved contact.

Minor changes such as updates to a contact's address, phone number, or fax number may be made by calling the VRS Customer Contact Center rather than submitting a VRS-67.

Maintaining current, accurate contacts is critical to ensure the privacy of member information. Review designated contacts by viewing them in *myVRS* for Employers on a regular basis to ensure only current, eligible employees are allowed to access VRS information about employees of the selected employer code.

To use *myVRS* for Employers, your on-line access to member information, designate a Human Resources or Payroll contact as either a primary or secondary level Human Resources contact on this form and indicate that the contact will use *myVRS* for Employers.

Primary contacts are the main staff members who contact VRS. Some primary contacts are required because VRS sends important information to the primary contact listed on this form or may need to contact the person. VRS requires contacts for the following: Human Resources, Payroll, Accounting and Publications. Contacts for the Optional Retirement Plan (ORP) and Information Systems/Technology are recommended but not required.

Secondary contacts are not required. Designating contacts in addition to the primary contact allows others the ability to obtain information about their employees relative to their particular contact type. More than one secondary contact may be designated for each type of contact.

Approval is given in Part A for all contacts and each page of contacts must also be initialed. This approval is provided by the agency's administrative authority (the person responsible for agency oversight, such as the chief administrative officer, commissioner, director, or superintendent). This is the person designated on the Employer Certification of Authority (VRS-67A). This authorization is required for security purposes, and to ensure compliance with the Virginia Government Data Collection and Dissemination Practices Act.

Confirmation of Changes

VRS will send a confirmation notice to the administrative authority designated on the VRS-67A.

Suspension of Access

Access may be suspended by VRS for the following reasons:

- If an employer does not complete an annual compliance review of authorized contacts, VRS suspends the contacts and notifies the administrative authority. (The administrative authority is notified when VRS initiates a review.)
- If a contact reaches the end date that was entered for the contact.
- If a contact is no longer an "active" employee and is no longer being reported on the monthly reports submitted to VRS.
- If a *myVRS* for Employers username and password is used by anyone other than the authorized contact.

Completing the contact information:

Copy Part B as necessary. First identify primary contacts for the required contact types. (See *About Contact Types* below.) Then identify secondary contacts as necessary. Adding a primary contact for a contact type will replace a previously designated primary contact. Secondary contacts are only deleted if you indicate to delete the contact.

About Contact Types:

Choose one level of access – The primary contact receives key communications about the selected area(s) and addresses VRS inquiries. Others (secondary) may also be designated to contact VRS for information about employees relative to their particular area.

Choose all contact types that apply for the contact. If a contact is being authorized for more than one contact type, you can select all contact types as long as the level of access (primary or secondary) is the same for each contact type you select. If a contact is a primary contact for one area and is a secondary contact for another area, then complete two boxes.

The form contains the following fields and options:

- SSN: _____
- Action: Add Update Delete
- Level of Access: Primary Secondary
- Employment Status: Full Time Non-VRS
- Contact Type: Human Resources Payroll Publications ORP Accounting Info Systems
- Name: _____ Title: _____
- Mailing Address: _____
- City: _____ Zip Code: _____
- Phone: _____ Fax: _____
- E-Mail: _____
- Start Date: _____ End Date: _____ Gender if "Non-VRS": M F
- For Human Resources or Payroll only:
Uses myVRS for Employers? Yes No If Yes and "Non-VRS" checked, enter birth date: _____

Annotations on the form:

- Arrow pointing to SSN: Choose one action. The action determines the information you enter. To add, enter all information. To change, enter the SSN, name and the changed information. To delete, enter the SSN and name.
- Arrow pointing to Employment Status: Indicate the employment status. If the employee is not reported to VRS, choose Non-VRS. This includes wage, contract, or part-time non-classified employees.
- Arrow pointing to Start Date: The start date is the date VRS processes the form unless specified here. End dates are required for Non-VRS contacts.
- Arrow pointing to myVRS checkbox: Check Yes *only* if the person is a Human Resources or Payroll contact who will use myVRS for Employers to assist your employees.

- Accounting:** Contact authorized to receive Accounting-related information such as employer statements, contribution rate letters and actuarial valuations. (A primary contact is required.)
- Human Resources:** Contact authorized to obtain benefits-related information about a member. This contact may also use the on-line application, *myVRS* for Employers. (A primary contact is required.)
- Payroll:** Contact authorized to obtain payroll-related information and receive monthly reports from VRS. This person may also use the on-line application, *myVRS* for Employers. (A primary contact is required.)
- Publications:** Contact who receives and distributes VRS publications. (A primary contact is required.)
- Info. Systems/ Technology:** Contact to which VRS may direct questions about the agency's information system and electronic submission of monthly reports. (A contact is not required.)
- ORP:** Contact who manages VRS-approved Optional Retirement Plans for the agency's employees. (A primary contact is required if employees are covered under an ORP.)