EMPLOYER REPORTING AND MAINTENANCE (ERM) SYSTEM ONLINE DATA SETUP AND USER AUTHORIZATION

State Form Pending (10/11)

INDIANA PUBLIC RETIREMENT SYSTEM
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov / Web site: www.inprs.in.gov

GENERAL INSTRUCTIONS

1. A separate form should be completed for each Fund in which the employer participates.
2. This form can only be completed and signed by the overall Authorized Agent/Superintendent that is
   - Responsible for matters concerning the retirement Fund(s), **and**
   - Authorized to accept pension liability.
3. This completed form may be faxed, mailed, or delivered to INPRS at the address shown on this form. Lobby hours are 8 a.m. to 5 p.m., EST, Monday through Friday except holidays and State-designated holidays.

EMPLOYER INFORMATION

Employer's name	
Trustee of Indiana Township	1234-000

Fund *(Choose one)*: ☒ PERF ☐ TRF ☐ 1977 Fund ☐ Judges' Fund ☐ C&E Fund ☐ PARF

PAYROLL INFORMATION

INSTRUCTIONS FOR COMPLETING PAYROLL INFORMATION

1. Your payroll information is required to establish your payroll reporting calendar in the new online ERM application.
2. The payroll information you enter should be for the primary payroll cycle that your organization uses to pay your employees regular wages. If you have additional recurring primary payroll cycles that you use to pay regular wages, please provide this information. **Note**: Off-cycle payroll dates that you run should be included on one of your primary payroll cycles provided below for reporting to INPRS. Off-cycle payroll dates will not be set up in the ERM application.
3. For *Payroll Frequency*, please enter **one** of the following:

Weekly: payroll occurs each week	Monthly: payroll occurs once each month	Annual: payroll occurs once every 12 months
Bi-weekly: payroll occurs once every other week	Semi-monthly: payroll occurs twice each month	Semi-annual: payroll occurs once every six months
	Quarterly: payroll occurs once every three months	

4. Your *payroll date* is the date when your payroll information is final (normally the employee's check date or direct deposit date).
5. For *First Payroll Date*, enter the first payroll date ending on or after April 2, 2012, (Monday-Friday). Your last payroll date ending before April 1, 2012, should be included with your final quarterly report ending March 31, 2012.

Payroll Frequency 1 Annual	First Payroll Date 1 *(mm/dd/yyyy)* 01/15/2013
Payroll Frequency 2, if applicable	First Payroll Date 2, if applicable *(mm/dd/yyyy)*
Payroll Frequency 3, if applicable	First Payroll Date 3, if applicable *(mm/dd/yyyy)*
Payroll Frequency 4, if applicable	First Payroll Date 4 if applicable *(mm/dd/yyyy)*

DESIGNATION OF AUTHORIZED ONLINE ERM USER *(if other than overall Authorized Agent/Superintendent)*

INSTRUCTIONS FOR COMPLETING DESIGNATION OF AUTHORIZED ONLINE ERM USER

1. This designation can only be authorized by the person completing this form (see General Instructions above).
2. A designation is not required to be made.
3. If no designation is made below, the overall Authorized Agent/Superintendent for your organization will be set up in ERM as the initial user and will be required to be the first person to log in, confirm information, and set up other users for your organization.
4. If a designation is made, that individual will be set up in ERM as the 'Security Administrator' and will be given full access to ERM data and functionality to confirm or change employer information and set up additional users as necessary upon go-live of ERM.

Designee's name *(printed)*	Designee's e-mail	Designee's telephone number with area code
Susan Smith	ssmith@trustee.com	(555)555-5555

Designee's contact type(s) *(Choose all that apply)*:

☐ Authorized Agent/Clerk Treasurer	☐ Authorized Agent/Controller	☐ Authorized Agent/Superintendent	☒ Authorized Agent/Trustee
☐ Chief	☐ Other contact	☐ Pension Secretary	☐ Personnel
☐ Rate letter contact	☐ Retirement	☐ Treasurer/Finance	☐ Wage and Contribution

By signing below, I confirm that I am the overall Authorized Agent or Superintendent for my organization and the information provided above is accurate and complete. I understand that if I do not designate an Authorized Online ERM User above, I will be set up as the responsible initial online ERM user for my organization upon go-live.

Overall Authorized Agent/Superintendent name *(printed)* John Q Doe	Title Trustee of IndianaTownship
Overall Authorized Agent/Superintendent signature John Q Doe	Date *(mm/dd/yyyy)* 11/16/2011