

Wyoming Retirement System
AUTHORIZED ADMINISTRATOR FORM
RETIREMENT ADMINISTRATION AND INVESTMENT NETWORK (RAIN)

This form is used to designate an administrator for the Wyoming Retirement System's Retirement Administration and Investment Network (RAIN). RAIN is WRS' new pension administration system. For employers, RAIN will modernize business practices and will provide secure online access for registering new employees and processing employee contributions through the employer portal.

The individual designated as an employer's authorized RAIN administrator will be granted administrative rights to the RAIN employer portal, meaning not only will they be able to use RAIN functions but will be empowered to add additional representatives to use RAIN employer functions, most likely payroll staff. An employer's authorized RAIN administrator may also grant administrative functions to additional users.

RAIN Administrator permissions to be granted to:

Name _____

Email Address _____

Phone # _____

By signing this form, the employer agrees that the individual listed is authorized as the employer administrator for RAIN. The employer hereby agrees to require any RAIN employer portal user to maintain the confidentiality of password information and to not share such information with any other party. The employer is responsible for notifying WRS about disabling a user's account.

Signature _____ Date _____

Signed by _____ Title _____
(Print Name)

for _____
(NAME OF GOVERNING BODY - BOARD OR COMMISSION)

OF _____
(EMPLOYER NAME)

<i>WRS Office Use Only</i>
Date entered: _____
Approved by: _____