



EMPLOYER CONTACT UPDATES

WRS-5 -Agency Contact Update (Created 2/2023)

EMPLOYER INFORMATION

Employer Legal Name	RAIN ID
Mailing Address	City, State Zip
Physical Address (if different than mailing)	City, State Zip
Main Phone Number	Group Email if one Exists

To keep our information updated, please complete all current and new contacts. If you need more than three contacts, please complete an additional form. Anyone not on the list will be removed as a contact and portal user.

Contact #1	Name	Title	Phone #
	Email Address	Portal Access* <input type="checkbox"/> Yes <input type="checkbox"/> No	Portal Admin** <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does this employee upload (mark all the apply) <input type="checkbox"/> Contribution <input type="checkbox"/> Registration <input type="checkbox"/> E-Bill Payments Is this employee a contact for Salary/Hour Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this employee a meeting contact for our Educators? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contact #2	Name	Title	Phone #
	Email Address	Portal Access* <input type="checkbox"/> Yes <input type="checkbox"/> No	Portal Admin** <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does this employee upload (mark all the apply) <input type="checkbox"/> Contribution <input type="checkbox"/> Registration <input type="checkbox"/> E-Bill Payments Is this employee a contact for Salary/Hour Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this employee a meeting contact for our Educators? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contact #3	Name	Title	Phone #
	Email Address	Portal Access* <input type="checkbox"/> Yes <input type="checkbox"/> No	Portal Admin** <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does this employee upload (mark all the apply) <input type="checkbox"/> Contribution <input type="checkbox"/> Registration <input type="checkbox"/> E-Bill Payments Is this employee a contact for Salary/Hour Question? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this employee a meeting contact for our Educators? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUIRED SIGNATURE

I affirm the information that I have provided on this form is true and correct.

 _____ Date _____

* Only employees needing to upload new employees and contributions should be granted access to the portal.
 ** We recommend granting this permission to only ONE member and they will have permission to add and remove other users.

WRS USE ONLY
 Updated Date and Initial: