



EMPLOYER CONTACT UPDATES

(Revised 02/2025)

EMPLOYER INFORMATION	
Employer Name	RAIN ID

Anyone not listed on this form will be removed from the portal and as an agency contact. We will not discuss the account with anyone not listed as a contact.

CONTACT #1:			
Name	Title	Needs Employer Portal Access <input type="checkbox"/>	Administrator (Can't be outside bookkeeper) <input type="checkbox"/> Only choose one.
Email Address	Phone #		
CONTACT #2:			
Name	Title	Needs Employer Portal Access <input type="checkbox"/>	Administrator (Can't be outside bookkeeper) <input type="checkbox"/> Only choose one.
Email Address	Phone #		
CONTACT #3:			
Name	Title	Needs Employer Portal Access <input type="checkbox"/>	Administrator (Can't be outside bookkeeper) <input type="checkbox"/> Only choose one.
Email Address	Phone #		
CONTACT #4:			
Name	Title	Needs Employer Portal Access <input type="checkbox"/>	Administrator (Can't be outside bookkeeper) <input type="checkbox"/> Only choose one.
Email Address	Phone #		
CONTACT #5:			
Name	Title	Needs Employer Portal Access <input type="checkbox"/>	Administrator (Can't be outside bookkeeper) <input type="checkbox"/> Only choose one.
Email Address	Phone #		

REQUIRED SIGNATURE
I affirm the information that I have provided on this form is true and correct.
► _____ Date _____