



# Employer and Retirement Coordinator Verification

515-200-16  
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This form is to be used to update and verify employer and/or retirement coordinator information. The main retirement coordinator of record may submit this form; however, if the main retirement coordinator changes, this form must be signed by their supervisor.

\*To add or delete retirement coordinator access to the OPERS employer website, the *Online User Enrollment* form must also be completed. This form may be found at <https://connect2.opers.state.ok.us/>. Access to the employer website will not be granted before the *Employer and Retirement Coordinator Verification* form is accepted.

Please contact OPERS at (405) 858-6737 with any questions.

## PART 1 – EMPLOYER INFORMATION

Employer name	Employer number
Mailing address (Street or P.O. Box, City, State, Zip+4)	
Phone number	Fax number

## PART 2 – MAIN RETIREMENT COORDINATOR

Retirement Coordinator's name	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">No change</td> <td style="width: 50%;">Change</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No change	Change	<input type="checkbox"/>	<input type="checkbox"/>
No change	Change				
<input type="checkbox"/>	<input type="checkbox"/>				
Phone number	Email address				
Employer website access*					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

## PART 3 – ALTERNATE RETIREMENT COORDINATOR(S)

Please list the alternate coordinator(s) and contact information. Attach an additional page, if necessary.

Alternate coordinator's name	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Add</td> <td style="width: 33%;">Update</td> <td style="width: 33%;">Delete</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Add	Update	Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Update	Delete					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Phone number	Email address						
Employer website access*							
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

  

Additional alternate coordinator's name (if necessary)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Add</td> <td style="width: 33%;">Update</td> <td style="width: 33%;">Delete</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Add	Update	Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Update	Delete					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Phone number	Email address						
Employer website access*							
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

## PART 4 – SIGNATURE

I certify the above information is true and correct to the best of my knowledge. If there is a change to the main retirement coordinator, this form must be signed by their supervisor.

Signature	Title	Date
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