



Employer and Retirement Coordinator Verification

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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://connect.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 _____

No change <input type="checkbox"/>	Change <input type="checkbox"/>
Employer website access*	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Phone number _____ Email address _____

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 _____

Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Employer website access*		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Phone number _____ Email address _____

Additional alternate coordinator's name (if necessary) _____

Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Employer website access*		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Phone number _____ Email address _____

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 _____