



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