



Web Administrator Agreement

Print clearly in black ink. Illegible forms may be returned to employer. This could delay your request.

Employer name		Employer number
Mailing address (street or PO box)		
City	State	Zip
Contact person	Phone number	Ext

As the Web Administrator for my employer reporting unit, I agree to be responsible to:

- Authorize access to PERS' Web-Based Employer Reporting System (EDX) by users of my employer reporting unit. I will be responsible to take appropriate measures to verify the identity of anyone requesting access to EDX before activating his or her account.
- Create, activate, update, and deactivate Web accounts for my employer's users.
- Ensure that user account information is current and accurate.
- Reset passwords and unlock Web accounts for my employer's users.
- Communicate the importance of protecting IDs and passwords to avoid compromising security.
- Ensure that designated users are proficient in EDX system usage.

I have read this agreement, understand, and agree to its contents, as evidenced by my signature below.

Web Administrator signature _____ Date _____

Web Administrator name (print) _____

As the Reporting Official for (employer name) _____, I certify that the designated Web Administrator is duly authorized to carry out the responsibilities described in this agreement, and that the information provided herein is accurate, as evidenced by my signature below.

Reporting Official signature _____ Date _____

Reporting Official name (print) _____

The following Web Administrator information is required for PERS records. PERS will use the street address provided below to mail the EDX ID and password to the Web Administrator.

Web Administrator work e-mail address _____

Web Administrator work address _____

Web Administrator work phone number _____

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.