IPERS®

Employer Account / Reporting Official Demographics

Employer ID number:_____ Employer name: _____

Signature of reporting official: _____

Printed name _____

Date form completed: _____

Primary Reporting Official—MANDATORY SECTION

Contact name:_____Contact title: _____

Address line 1: _____

City:_____State:_____Zip:_____

Primary phone:_____Fax number:_____

e-mail address: _____

Additional Contacts:

Employer I-Que Access: ☐

Contact name:_____Contact title: _____

Address line 1: _____

City:_____State:_____Zip:_____

Primary phone:_____Fax number:_____

e-mail address: _____

Employer I-Que Access: ☐

Contact name:_____Contact title: _____

Address line 1: _____

City:_____State:_____Zip:_____

Primary phone:_____Fax number:_____

e-mail address: _____

☐ Deactivate Users/Contacts: _____