

LogonID Request

Employer Services for State of Alaska Only

	FOR OFFICE USE ONLY	
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Division of Retirement and Benefits Juneau: (907) 465-44

Toll-Free: (800) 821 alaska.gov/drb		P.O. Box 110203 TDD: (907) 465-2805 Juneau, Alaska 99811-0203 Fax: (907) 465-3363 Email: doa.drb.activePayroll@alaska.gov							
(Check one) ADD r	Check one) ADD new authorized user DELETE all authority for this user CHAN					GE user information /screen information			
User Name (Last, First, M.I)									
☐ PERS ER #: 10		Employer Name			Bargaining Unit				
☐ SBS ER #: 501		State of Alaska							
☐ TRS ER #: 737	7								
Member Accounts: Please check information authorized to access. (Check all that apply.) Please memorize your employer number. You will be asked your employer number with all correspondence with DRB.									
☐ Basic Indicative and Employment Information ☐ Health Enrollment & Dependent*									
☐ Defined Contribution	Account Balances	☐ Optional Benefits*			☐ New Employee Tier Lookup				
*HIPAA Compliance O	Date:								
Web Reports: Please check which reports you need to download. (Check all that apply.)									
☐ Service PIN Report	☐ Service Detail Report								
State of Alaska Only: Circle department number. (Multiple department authorization is for Division of Personnel only.) 01 02 03 04 05 06 07 08 09 10 11 12 18 20 21 25 30 31 41									
User Email Address			Telephone Number		Fax Number				
User Mailing Address (City, State, ZIP + 4)									
HUMAN RESOURCES STAF	ACKNOWLEDGMENT								
Ethical Standard: I acknowledge that reasonable use and common sense must prevail in the workplace use of Office Technologies and that I must understand and comply with applicable Alaska Statute, policies, and Administrative Code. The Executive Branch Ethics Act states a public employee may not "use state time, property, equipment, or other facilities to benefit personal or financial interests" (AS 39.52.120(b)(3).									
"AS 11.46.740: Criminal Use of a Computer (a) A person commits the offense of criminal use of a computer if, having no right to do so or any reasonable ground to believe the person has such a right, the person knowingly access or causes to be accessed a computer, computer system, computer program, computer network, or any part of a computer system or network, as a result of that access (1) obtains information concerning a person; or (2) introduces false information into a computer system, or computer network with the intent to damage or enhance the data record of that person. (b) Criminal use of a computer is a Class C felony."									
Criminal Activity: I acknowledge that misuse of computing resources is a criminal activity under Alaska Statute (including those as follows): "(AS 11.46.484) Criminal Mischief in the Third Degree (a) A person commits the crime of criminal mischief in the third degree if, having no right to do so or any reasonable ground to believe the person has such a right (5) the person knowingly accesses a computer, computer system, computer program, computer network, or any part of a computer system or network"									
Password Confidentiality: I acknowledge that this account shall be used solely in the performance of my authorized job functions. I also acknowledge that I will take the necessary precautions in maintain the confidentiality of my Member Account Access LogonID password; and that I will immediately report its disclosure or use by anyone other than myself immediately to my supervisor.									
By signing this request, I certify that I have read and understood my ethical, legal, and password security responsibilities as described above. The signature of the Employer Authorized Representative must be on file with the Division of Retirement and Benefits, before a new login ID will be issued (Employer Services Signature Card [gen030]).									
Signature of User (Pers	Date								
Printed User Name (Person Requesting the Account)									
Signature of Employer A	Date								
Printed Name of Employ	Telephone Number								
Distribution: Division of Retirement & Benefits approves, retains original, and returns a copy to the employer.									
DRB Approval Signatur	Э	Printed Name			Telephone Number				