



ORG ID

INSTRUCTIONS

- Parts A and B are to be completed by the Employer to identify a Primary User to access our web services. If your organization has multiple ORG IDs complete a separate form for each ORG ID. Forward completed form to Employer Operations.
- Part C is to be completed by the Pension Corporation and will create a Primary User for your organization. The Pension Corporation will fax a copy of this completed form to the designated Primary User name and will email the password separately.
- See contact information at the bottom of this form.

PART A – ORGANIZATION INFORMATION

PENSION PLAN – <i>please check (✓) applicable one(s)</i>		<input type="checkbox"/> COLLEGE	<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> PUBLIC SERVICE	<input type="checkbox"/> TEACHERS'	<input type="checkbox"/> WSBC
EMPLOYER ORGANIZATION NAME					ORG ID	
MAILING ADDRESS – <i>include apartment #, if applicable</i>			CITY	PROVINCE	POSTAL CODE	
PHONE – <i>include 10 digits</i>	FAX – <i>include 10 digits</i>	EMAIL				
The authorized signing officer below must be an appropriate management authority.						
AUTHORIZED SIGNING OFFICER – <i>print name</i>			AUTHORIZED SIGNING OFFICER TITLE			
AUTHORIZED SIGNING OFFICER SIGNATURE					DATE SIGNED YYYY-MM-DD	

PART B – PRIMARY USER INFORMATION

A Primary User must be identified for your organization. This person is key to creating and managing all other levels of users, and for assigning web services capability for these users. This role is similar to the security access management role that typically issues user IDs and passwords in many organizations.

REQUEST TYPE <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	DESIGNATED PRIMARY USER LAST NAME	FIRST NAME
DESIGNATED PRIMARY USER TITLE	EMPLOYMENT AREA	
PHONE – <i>include 10 digits</i>	EXTENSION	FAX – <i>include 10 digits</i>
		EMAIL

PART C – PENSION CORPORATION USE ONLY

DATE REQUEST RECEIVED YYYY-MM-DD	PRIMARY USER LAST NAME	FIRST NAME
PENSION CORPORATION CONTACT LAST NAME		FIRST NAME
DATE COMPLETED FORM FAXED TO DESIGNATED PRIMARY USER	YYYY-MM-DD	DATE PASSWORD EMAILED TO PRIMARY USER
		YYYY-MM-DD

CONTACT INFORMATION

If you have questions regarding this form, contact us at:

Employer Operations

Pension Corporation
PO Box 9460
Victoria BC V8W 9V8

Web

pensionsbc.ca

Toll-free in BC

1 855 356-9701

Fax

250 356-1784

Email

employer.services@pensionsbc.ca

Freedom of Information and Protection of Privacy Act–The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.