Voya Sponsor Web
Authorization Form

MSRS Minnesota State Retirement System

This form is used to request usernames and passwords to establish Voya Sponsor Web access. Sponsor Web is the primary tool used by the employer, as identified in Part 1, and any authorized third parties for on-line contribution processing. Employer personnel agree to notify MSRS in the event that the employer desires to terminate Sponsor Web access for any user. The identified users listed below will receive an email notification when their Sponsor Web authorization request has been completed.

1. Employer contact

Employer name	Employer ID number (pay center)

If this is a new enrollment, indicate the Plan(s) you are enrolling:

☐ 626661 MNDCP   Contribution option: ☐ Dollar ☐ Percent ☐ Both

☐ 626664 HCSP   ☐ 626662 UNCL

2. Voya Sponsor Web access request

Complete the contact information below to obtain access to the Sponsor Web. The following access will be provided:

The ability to view employer ACH banking information and the ability to remit payroll contributions and update participant demographic information.

Please note: Contribution processing provides the authority to debit applicable bank accounts to fund contribution files.

Payroll Contact #1

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code

Remove access to   ☐ MNDCP   ☐ HCSP   *or*   ☐ All Plans

Payroll Contact #2

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code
Remove access to ☐ MNDCP ☐ HCSP *or* ☐ All Plans		

Payroll Contact #3

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code
Remove access to ☐ MNDCP ☐ HCSP *or* ☐ All Plans		

Human Resources Contact #1

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code
Remove access to ☐ MNDCP ☐ HCSP *or* ☐ All Plans		

Human Resources Contact #2

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code
Remove access to ☐ MNDCP ☐ HCSP *or* ☐ All Plans		

Human Resources Contact #3

☐ Add new contact   ☐ Remove existing contact   ☐ Update existing contact information

Name		
Email address	Preferred phone number	
Address		
City	State	Zip code
Remove access to ☐ MNDCP ☐ HCSP *or* ☐ All Plans		

3. Voya Sponsor Web employer agreement

By signing this form, the employer agrees that the user names listed are authorized to use Voya Sponsor Web. Further, the employer hereby agrees to notify each of the user names listed to maintain the confidentiality of logon and password information provided and to not share such information with any third party.

The authorized employer signature must be from someone other than the contacts listed on this form (e.g. Payroll Supervisor, Human Resource Director, Benefit Coordinator).

Authorized Employer (please print) _____ Title _____

Authorized Employer Signature _____

Email or fax the completed form to:

Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000

Fax: 651.297.5238

Email: msrspayrollsupport@msrs.us

Authorized Plan Representative

Print name _____ Signature _____

Title _____ Email address _____

Preferred phone number _____ Date _____

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.284.7730.