

EMPLOYER ONLINE ACCESS APPLICATION

Instructions

- ▶ Use this form to appoint or amend the users from your organization who are authorized to upload PDF files and/or pension contribution files to the CSS Pension Plan website (myCSSPEN).
- ▶ The CSS Pension Plan will send any new users a personal username by email and registration details.
- ▶ Please send completed form to CSS Pension Plan by fax or upload through myCSSPEN for employers online portal.

Employer information

Employer name:

Employer #:

Authorized by:

Person authorized to add or make changes to authorized users:

(E.g: Board President, Plant Manager, General Manager, CEO, etc. This person cannot be the same as the Authorized User.)

Name (first and last) and title:

Email address:

Direct telephone number (including area code):

User additions/changes authorized by:

Signature:

Date:
 (dd/mmm/yyyy)

Authorized User:

☐ Add ☐ Delete ☐ Update

Name (first and last) and title:

Business email address:

Direct telephone number (including area code):

CSS contact: ☐ Primary contact ☐ Secondary contact

Authorization level:

☐ Contribution files ☐ Non-contribution files

Authorized User:

☐ Add ☐ Delete ☐ Update

Name (first and last) and title:

Business email address:

Direct telephone number (including area code):

CSS contact: ☐ Primary contact ☐ Secondary contact

Authorization level:

☐ Contribution files ☐ Non-contribution files

To name additional Authorized Users, please complete an additional sheet(s).