



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—*select applicable one(s)* College Municipal Public Service Teachers' WorkSafeBC

EMPLOYER ORGANIZATION NAME

MAILING ADDRESS <i>(include unit number, 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 and cannot be the same as the primary user.

AUTHORIZED SIGNING OFFICER	AUTHORIZED SIGNING OFFICER TITLE
AUTHORIZED SIGNING OFFICER SIGNATURE	DATE SIGNED YYYY-MM-DD

PART B: Primary user designation

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="radio"/> New <input type="radio"/> 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 any questions regarding this form, please contact us at:

Employer Operations	Web	pensionsbc.ca
Pension Corporation	Toll-free in BC	1-855-356-9701
PO Box 9460	Fax	250-953-0410
Victoria BC V8W 9V8	Email	employer.services@pensionsbc.ca