



# LogonID Request

## Employer Services for State of Alaska Only

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**  
**alaska.gov/drb**

Division of Retirement and Benefits  
 P.O. Box 110203  
 Juneau, AK 99811-0203

Juneau: (907) 465-4460  
 TDD: (907) 465-2805  
 Fax: (907) 465-3363  
 Email: [doa.drb.activePayroll@alaska.gov](mailto:doa.drb.activePayroll@alaska.gov)

Check one:    ADD new authorized user    DELETE all authority for this user    CHANGE user information /screen information

USER NAME (LAST, FIRST, M.I)		RIN OR LAST 4 OF SSN	
<input type="checkbox"/> PERS ER#: 101 <input type="checkbox"/> SBS ER#: 501 <input type="checkbox"/> TRS ER#: 737		EMPLOYER NAME <b>State of Alaska</b>	
BARGAINING UNIT			
MEMBER ACCOUNTS: Please check information authorized to access. (Check all that apply.) <i>Please memorize your employer number. You will be asked your employer number with all correspondence with DRB.</i>			
<input type="checkbox"/> Basic Indicative and Employment Information <input type="checkbox"/> Health Enrollment & Dependent*			
<input type="checkbox"/> Defined Contribution Account Balances <input type="checkbox"/> Optional Benefits* <input type="checkbox"/> New Employee Tier Lookup			
*HIPAA COMPLIANCE OFFICER APPROVAL SIGNATURE			DATE
WEB REPORTS: Please check which reports you need to download. (Check all that apply.)			
<input type="checkbox"/> Service PIN Report (Division of Personnel Only) <input type="checkbox"/> Member Detail Report <input type="checkbox"/> 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			DIVISION NUMBER
USER EMAIL ADDRESS		TELEPHONE NUMBER	
FAX NUMBER			
USER MAILING ADDRESS (CITY, STATE, ZIP + 4)			
<b>HUMAN RESOURCES STAFF ACKNOWLEDGMENT</b> <b>Ethical Standard:</b> 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)). <b>"AS 11.46.740: Criminal Use of a Computer</b> (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, 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." <b>Criminal Activity:</b> 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..." <b>Password Confidentiality:</b> 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. <b>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]).</b>			
SIGNATURE OF USER (PERSON REQUESTING THE ACCOUNT)			DATE
PRINTED USER NAME (PERSON REQUESTING THE ACCOUNT)			
SIGNATURE OF EMPLOYER AUTHORIZED REPRESENTATIVE			DATE
PRINTED NAME OF EMPLOYER AUTHORIZED REPRESENTATIVE			TELEPHONE NUMBER

**Distribution: Division of Retirement & Benefits approves, retains original, and returns a copy to the employer.**

DRB APPROVAL SIGNATURE	PRINTED NAME	TELEPHONE NUMBER
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