

Please complete this form to enroll in MNDCP or HCSP or to report any contact information changes. If this is a new HCSP enrollment, you must also complete the *HCSP Contract Approval/Renewal* form and provide a copy of the HCSP contract language for review and approval.

1. General information

Employer name	MN tax ID number
Payroll frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
This is a: <input type="checkbox"/> New enrollment <input type="checkbox"/> Change of contact information only	
If new enrollment, in which plan(s) are you enrolling? <input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP	

2. Payroll contacts

Payroll Contact #1

Name	Email address	
Street address		
City	State	Zip code
Telephone number	Fax number	

Payroll Contact #2

Name	Email address	
Street address		
City	State	Zip code
Telephone number	Fax number	

3. HR representative or benefits coordinator

- Same as payroll contact #1 Same as payroll contact #2

Name		Email address	
Street address			
City		State	Zip code
Telephone number		Fax number	

4. Authorized employer signature (e.g, Payroll Supervisor, Human Resource Director, Benefits Coordinator)

All information supplied by employers is for internal use only. Under no circumstances will participant information be released to outside sources.

Name (please print) _____ Date _____

Signature _____ Title _____

<p>If this is a new HCSP enrollment you must also:</p> <ol style="list-style-type: none">1. Complete an <i>HCSP Contract Approval/Renewal</i> form2. Provide a copy of the HCSP contract language for review and approval by MSRS

Employer Contact Information Guide

A. New Employer Enrollment Process

1. Complete and submit the following to MSRS:
 - *Employer Contact Information* form
 - *ACH Debit Authorization* form
2. If this is a new enrollment for HCSP you must also complete the *HCSP Contract Approval/Renewal* form and provide a copy of your HCSP contract language.

Important! Highlight the section(s) of the agreement or personnel policy that refers to your participation in HCSP.

MSRS will review your HCSP contract language to ensure it qualifies under the Plan rules. The payroll contacts indicated on your *Employer Contact Information* form will be notified by email whether the contract has been approved or denied.

3. ING will e-mail a username, password and payroll submission user guide to the payroll and HR Representatives indicated on this form. The password/username should be used to access the payroll submission website.
4. Once the payroll contacts receive a username and password, he/she may remit contributions on behalf of employees.

B. Changing Employer Contact Information

For security purposes, new payroll or HR Representatives must be assigned a personalized username and password. To revise employer contact information:

1. Complete this form and submit to MSRS.
2. MSRS will update your records to reflect the new contact information.
3. The password and username assigned to your previous employer contact(s) will be revoked.
4. ING will email a password and username to the new payroll or HR contact(s).
5. Once the new payroll or HR contact has received a user name and password, he/she may remit contributions on behalf of employees.



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