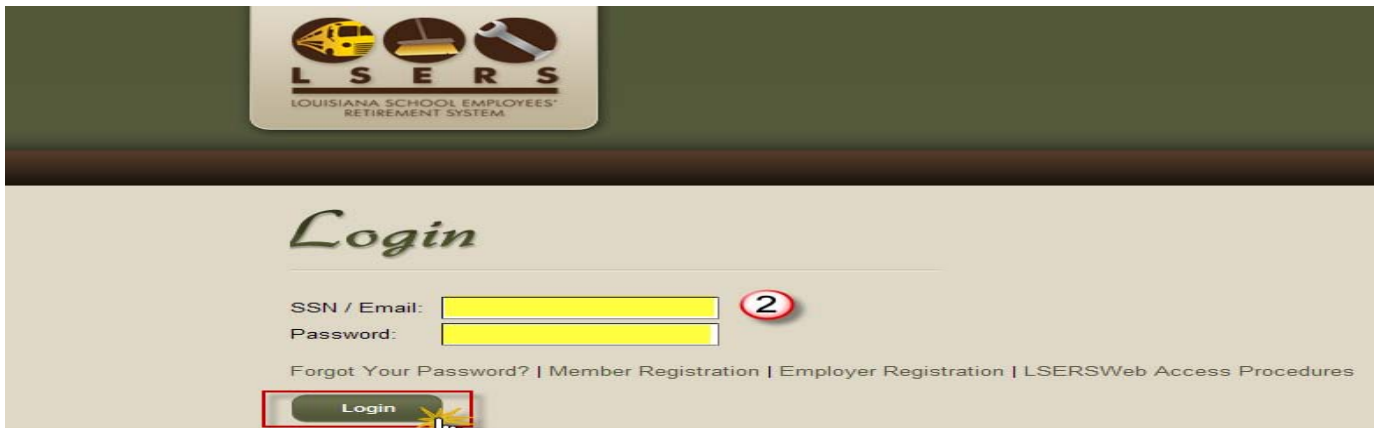


Purpose: To provide detailed instruction for employers to update their individual access levels.

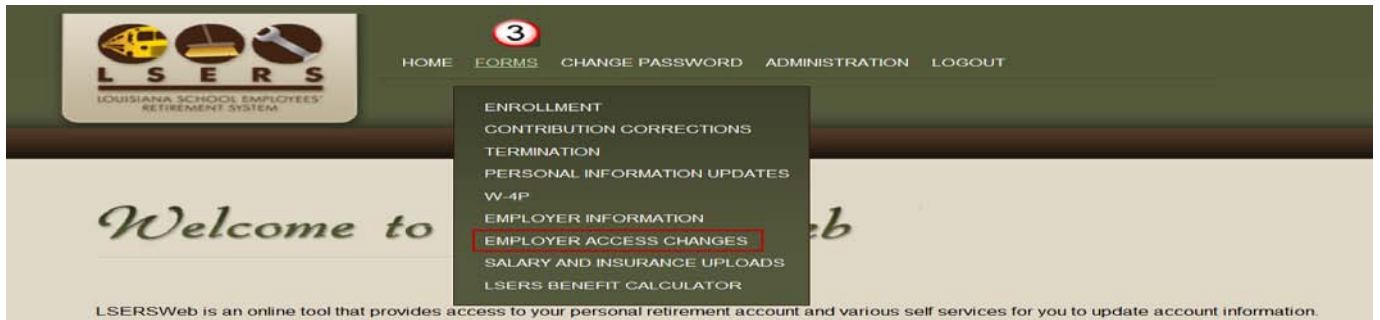
1. Log into www.lsers.net and click on **LOGIN**.



2. Type in your email address and the password and then click on “Login”



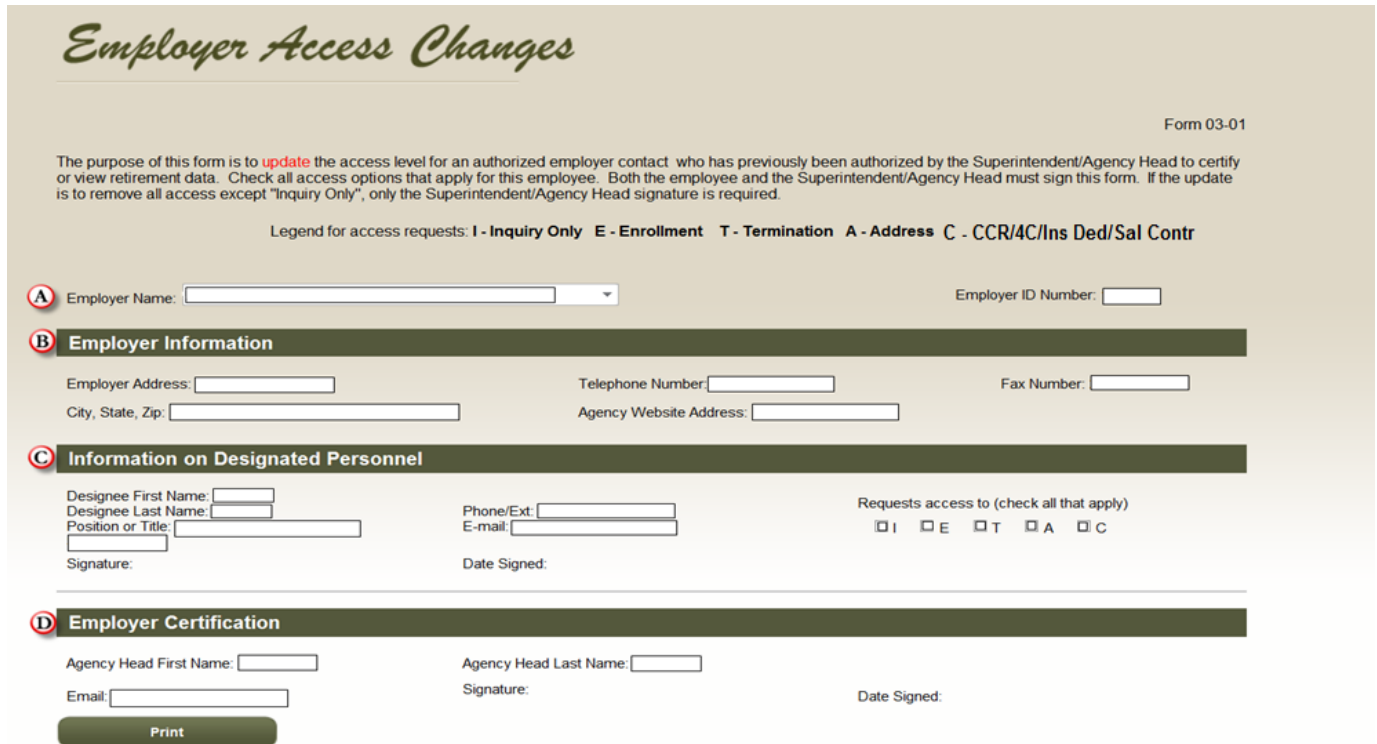
3. You will be taken to “Welcome to LSERSWeb” page. Hover your mouse pointer over the word **FORMS** at the top of the page. When the menu appears, click on **EMPLOYER ACCESS CHANGES**.



4. The Employer Access Changes screen will appear with the following sections:

A. The top part of the screen is the Employer Name and the Employer ID.

- B. The second section of the screen is the *Employer Information*, their first and last name, job title, phone number, email address and current authorized access. (Access code definitions are listed above the Employer Name in section A.)
- C. The third section of the screen is the *Information on Designated Personnel*.
- D. The last section of the screen is the *Employer Certification*.



Employer Access Changes

Form 03-01

The purpose of this form is to **update** the access level for an authorized employer contact who has previously been authorized by the Superintendent/Agency Head to certify or view retirement data. Check all access options that apply for this employee. Both the employee and the Superintendent/Agency Head must sign this form. If the update is to remove all access except "Inquiry Only", only the Superintendent/Agency Head signature is required.

Legend for access requests: **I - Inquiry Only E - Enrollment T - Termination A - Address C - CCR/4C/Ins Ded/Sal Contr**

A Employer Name: Employer ID Number:

B Employer Information

Employer Address: Telephone Number: Fax Number:
 City, State, Zip: Agency Website Address:

C Information on Designated Personnel

Designee First Name: Phone/Ext: Requests access to (check all that apply)
 Designee Last Name: E-mail: I E T A C
 Position or Title:
 Signature: _____ Date Signed: _____

D Employer Certification

Agency Head First Name: Agency Head Last Name:
 Email: Signature: _____ Date Signed: _____

- 5. To change the access level, click the boxes for all authorized accesses, then, click on the "Print" button at the bottom of the screen.
- 6. After printing the Employer Access Changes form, the designated personnel and the agency head must sign and date the form. Fax the form to 225.922.0350 or you may scan and email it to websupport@lsers.net. You may keep the original for your records.
- 7. Should someone on the designated personnel list need to be deleted, send an email to websupport@lsers.net indicating the name of the person to be removed.
- 8. Please always remember to 'LOGOUT' when you're done.

