



Submitting this form:

When you have completed this form, please email it to your MERS Benefit Plan Advisor or mail it to MERS.

Customer Contact Form

This form is for new Customers to designate the appropriate staff in your organization to access MERS systems, answer questions, and receive communications they need to conduct business with MERS. A full list of preferences as well as instructions on how to make future contact changes online can be found in this [user guide](#).

* Required field • Please print • Keep a copy for your own records

1. Municipality identification

Municipality name*

County*

2. Address information

Primary address

Name of location*

Street*

P.O. Box

City*

State

Zip*

Alternate address (if applicable)

Name of location

Street

P.O. Box

City

State

Zip

3. Required contacts

Primary contact* (one per employer)

Name*

Position Title*

Business Email*

Business Phone*

Mobile Phone

Address:*

Primary

Alternate

Finance contact* (one per employer)

Check here if same as Primary Contact

Name*

Position Title*

Business Email*

Business Phone*

Mobile Phone

Address:*

Primary

Alternate

Human Resource* contact (one per employer)

Check here if same as Primary Contact

Name*

Position Title*

Business Email*

Business Phone*

Mobile Phone

Address:*

Primary

Alternate

4. Additional contacts

Contact Management Admin contact (one per employer; must be different than Primary Contact)

Name*

Position Title*

Business Email*

Business Phone*

Mobile Phone

Address:*

Primary

Alternate

Customer Contact Form

4. Additional contacts – continued

Highest Board contact (one per employer)

Name*	Position Title*	Business Email*
Business Phone*	Mobile Phone	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

Highest Administrator contact (one per employer)

Name*	Position Title*	Business E-mail*
Business Phone*	Mobile Phone	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

General contact 1

Name*	Position Title*	Business Email*
Business Phone*	Mobile Phone	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

General contact 2

Name*	Position Title*	Business Email*
Business Phone*	Mobile Phone	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

5. Approval

MERS is committed to respecting and protecting the privacy of its members, retirees, beneficiaries, and participating employers. For this reason MERS staff will not give out any information on your employees unless they are on this contact form.

MERS uses all the administrative, procedural, physical, and electronic safeguards required to keep your valuable information safe from foreseeable threats and unauthorized use. MERS is constantly working to update and improve these safeguards to better serve you and provide you with security, now and in the future.

MERS collects only the information necessary to administer the system and its benefits for the exclusive benefit of its members, retirees, beneficiaries and participating employers. We are dedicated to protecting personal information from unauthorized use and take every reasonable precaution to safeguard such information. We recommend that you encourage your employees and retirees to review statements and confirmations for accuracy.

Authorized by (Primary Contact or Chair of Governing Entity must sign)	Date (mm/dd/yyyy)
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