



## STREAMLINING PLAN ADMINISTRATION THROUGH TECHNOLOGY

[www.icmarc.org/ezlink/](http://www.icmarc.org/ezlink/)



EZLink gives you electronic access to a wide range of plan specific information, transaction processing capabilities and keeps you up-to-date on the latest in plan changes. As a user, you can access the information you need, when you need it.

NOTE: EZLink data is protected by encryption using SSL (Secure Socket Layer) protocol, so you know your data is safe.

ICMA-RC • 777 N. Capitol Street, N.E. • Washington, D.C. 20002  
1-800-326-7272 • [www.icmarc.org](http://www.icmarc.org) • Fax 202-962-4601

BRC000-047-0508-15-180



# EZLINK ACCESS FORM INSTRUCTIONS

## Who should use the EZLink Access form?

Plan Sponsors who would like to receive an EZLink USER ID and password for the first time and those who would like to change the access on a particular USER ID.

<b>1</b> <b>Plan Coordinator Information</b>	<p>Please provide the name of the person at your plan who is designated as the <b>plan coordinator</b>. This person should also authorize access at the end of this form. If you want to verify your current plan coordinator, please call Client Services at 1-800-326-7272 between 8:30 a.m. and 7:30 p.m. Eastern Time.</p>
<b>2</b> <b>Adoption of Online Withdrawal Approval</b>	<p>Select this option to adopt online withdrawals permitting disbursements from participant accounts upon receipt of termination dates.</p>
<b>3</b> <b>Password Holder Information</b>	<p>If this is a <b>change</b>, please make sure to enter the staff members current User ID.</p> <p><u>To <b>reassign</b> this User ID to a new staff member</u>, please provide the new users password holder information including their level of access.</p> <p><u>To <b>update</b> the current password holder's information</u>, enter the new information.</p> <p><u>To <b>remove</b> this User ID</u>, check the "Delete User ID" box. This will remove all information currently on file for this User ID and make it available for future use.</p> <p>Inquiry –</p> <p><b>Balances/Reports:</b> access plan and participant level information, including balances and investment allocations and view reports</p> <p><b>Enrollments/Rehires:</b> enroll or rehire a participant online</p> <p><b>Participant Changes:</b> update participant information such as name, address, marital status, title, phone number</p> <p><b>Contribution &amp; Loan Repayments Detail:</b> process contributions and loan repayments online using a prior payroll or submit pre-formatted files (in ICMA-RC format)</p> <p><b>Participant Data Transfer:</b> submit a preformatted participant demographic change file (in ICMA-RC format) which includes enrollments, participant updates and view a customized data verification report.</p>
<b>4</b> <b>Plan Coordinator Approval</b>	<p>Please have the <b>plan coordinator</b> sign and date this <b>EZLink Access Form</b>.</p>
<b>Minimum System Recommendations</b>	<ul style="list-style-type: none"> <li>✓ Netscape Navigator Version 6.1 and higher, <b>OR</b> Microsoft Internet Explorer 5.0 and higher</li> <li>✓ 128 Bit Encryption</li> <li>✓ High speed Internet access or minimum 56K modem</li> <li>✓ Pentium class PC</li> <li>✓ Windows NT, 1995 or later</li> </ul> <p style="text-align: center;"><b>OTHER SYSTEMS ARE NOT RECOMMENDED</b></p>

Please fax your completed EZLink Access Form to the "EZLink Administrator" at 1-202-962-4601.



**EZLINK ACCESS FORM**

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_

(This information must be completed to avoid processing delays.)

<b>1</b> <b>Plan Coordinator Information</b>	Plan Coordinator Name: _____ Title: _____ Phone Number: _____ Fax: _____ Email Address: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____																		
<b>2</b> <b>Adoption of Online Withdrawal Approval</b>	<input type="checkbox"/> We hereby adopt Online Withdrawals and authorize ICMA-RC to permit disbursements from participant accounts upon receipt of termination dates. Additionally, we understand Online Withdrawals are only available for 401 and 457 plans, termination dates should be submitted in a timely manner, and employer approval is not required for individual disbursement requests. (Note: Please contact our EZLink Team at 1-800-326-7272, for information on submitting termination dates.)																		
<b>3</b> <b>Password Holder Information</b>	<p><b>Select One:</b>   <input type="checkbox"/>Add New User ID   <input type="checkbox"/>Reassign User ID   <input type="checkbox"/>Update User ID   <input type="checkbox"/> Remove User ID</p> <p><b>Name:</b> _____</p> <p>Title: _____</p> <p>Phone #: _____ Email Address: _____</p> <p><b>Access:</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Inquiry – Balances &amp; Reports    ___Y ___N</td> <td style="width:50%;">Contributions &amp; Loan Repays    ___Y ___N</td> </tr> <tr> <td>Enrollments/Rehires                ___Y ___N</td> <td>Participant Data Transfer:        ___Y ___N</td> </tr> <tr> <td>Participant Changes                 ___Y ___N</td> <td></td> </tr> </table> <p>(name, address, etc.)</p> <p>.....</p> <p><b>Select One:</b>   <input type="checkbox"/>Add New User ID   <input type="checkbox"/>Reassign User ID   <input type="checkbox"/>Update User ID   <input type="checkbox"/> Remove User ID</p> <p><b>Name:</b> _____</p> <p>Title: _____</p> <p>Phone #: _____ Email Address: _____</p> <p><b>Access:</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Inquiry – Balances &amp; Reports    ___Y ___N</td> <td style="width:50%;">Contributions &amp; Loan Repays    ___Y ___N</td> </tr> <tr> <td>Enrollments/Rehires                ___Y ___N</td> <td>Participant Data Transfer:        ___Y ___N</td> </tr> <tr> <td>Participant Changes                 ___Y ___N</td> <td></td> </tr> </table> <p>(name, address, etc.)</p> <p>.....</p> <p><b>Select One:</b>   <input type="checkbox"/>Add New User ID   <input type="checkbox"/>Reassign User ID   <input type="checkbox"/>Update User ID   <input type="checkbox"/>Remove User ID</p> <p><b>Name:</b> _____</p> <p>Title: _____</p> <p>Phone #: _____ Email Address: _____</p> <p><b>Access:</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Inquiry – Balances &amp; Reports    ___Y ___N</td> <td style="width:50%;">Contributions &amp; Loan Repays    ___Y ___N</td> </tr> <tr> <td>Enrollments/Rehires                ___Y ___N</td> <td>Participant Data Transfer:        ___Y ___N</td> </tr> <tr> <td>Participant Changes                 ___Y ___N</td> <td></td> </tr> </table> <p>(name, address, etc.)</p>	Inquiry – Balances & Reports    ___Y ___N	Contributions & Loan Repays    ___Y ___N	Enrollments/Rehires                ___Y ___N	Participant Data Transfer:        ___Y ___N	Participant Changes                 ___Y ___N		Inquiry – Balances & Reports    ___Y ___N	Contributions & Loan Repays    ___Y ___N	Enrollments/Rehires                ___Y ___N	Participant Data Transfer:        ___Y ___N	Participant Changes                 ___Y ___N		Inquiry – Balances & Reports    ___Y ___N	Contributions & Loan Repays    ___Y ___N	Enrollments/Rehires                ___Y ___N	Participant Data Transfer:        ___Y ___N	Participant Changes                 ___Y ___N	
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