EMPLOYER REPORTING AND MAINTENANCE (ERM) SYSTEM ONLINE DATA SETUP AND USER AUTHORIZATION
State Form 54851 (R6 / 1-26)

INDIANA PUBLIC RETIREMENT SYSTEM
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 876-2707 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
Email: eppa@inprs.in.gov
Website: www.inprs.in.gov

GENERAL INSTRUCTIONS

1. A separate form must be completed for each Fund in which the employer participates.
2. This form can only be completed and signed by the overall Authorized Agent/Superintendent that is:
   - Responsible for matters concerning the retirement Fund(s), **and**
   - Authorized to accept pension liability.
3. Include the Employer's name and Submission Unit ID on all pages of this form.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to INPRS at the address shown on this form. is open Monday through Friday except weekends and State-designated holidays.
5. Questions? Contact INPRS, Toll-free at (888) 876-2707, Monday through Friday.

EMPLOYER INFORMATION

Employer's name	Submission Unit ID

Fund *(Choose one)*: ☐ PERF ☐ TRF ☐ 1977 Fund ☐ JRS ☐ EG&C Fund ☐ PARF

PAYROLL INFORMATION

INSTRUCTIONS FOR COMPLETING PAYROLL INFORMATION

1. Your payroll information is required to establish your payroll reporting calendar in the new online ERM application.
2. The payroll information you enter must be for the primary payroll cycle that your organization uses to pay your employees regular wages. If you have additional recurring primary payroll cycles that you use to pay regular wages, be sure to provide this information.

NOTE: Off-cycle payroll dates that you run must be included on one of your primary payroll cycles provided below for reporting to INPRS.

3. For *Payroll Frequency*, enter **one** of the following:

☐ **Weekly:** payroll occurs each week	☐ **Monthly:** payroll occurs once each month	☐ **Annual:** payroll occurs once every 12 months
☐ **Bi-weekly:** payroll occurs once every other week	☐ **Semi-monthly:** payroll occurs twice each month	☐ **Semi-annual:** payroll occurs once every six months
	☐ **Quarterly:** payroll occurs once every three weeks	

4. Your *payroll date* is the date when your payroll information is final (normally the employee's check date or direct deposit date).
5. For *First Payroll Date*, enter the first payroll date after your unit begins participating in one of the INPRS funds.

Payroll Frequency 1	First Payroll Date 1 *(mm/dd/yyyy)*
Payroll Frequency 2	First Payroll Date 2, if applicable *(mm/dd/yyyy)*
Payroll Frequency 3	First Payroll Date 3, if applicable *(mm/dd/yyyy)*
Payroll Frequency 4	First Payroll Date 4, if applicable *(mm/dd/yyyy)*

DESIGNATION OF AUTHORIZED ONLINE ERM USER *(if other than overall Authorized Agent/Superintendent)*

INSTRUCTIONS FOR COMPLETING DESIGNATION OF AUTHORIZED ONLINE ERM USER

1. This designation can only be authorized by the person completing this form (see General Instructions above).
2. A designation is not required to be made.
3. If no designation is made below, the overall Authorized Agent/Superintendent for your organization will be set up in ERM as the initial user and will be required to be the first person to log in, confirm information, and set up other users for your organization.
4. If a designation is made, that individual is set up in ERM as the 'Security Administrator' and is given full access to ERM data and functionality to confirm or change employer information and set up additional users as necessary upon initial log in of ERM.

Designee's name *(printed)*	Designee's e-mail	Designee's telephone number with area code

Employer's name	Submission Unit ID

DESIGNATION OF AUTHORIZED ONLINE ERM USER *(Continued)*

Designee's contact type(s) *(Choose all that apply)*

☐ Authorized Agent/Clerk Treasurer	☐ Authorized Agent/Controller	☐ Authorized Agent/Superintendent
☐ Authorized Agent/Trustee	☐ Chief	☐ Other contact
☐ Pension Secretary	☐ Personnel	☐ Rate letter contact
☐ Retirement	☐ Treasurer/Finance	☐ Wage and Contribution

By signing below, I confirm that I am the overall Authorized Agent or Superintendent for my organization and the information provided above is accurate and complete. I understand that if I do not designate an Authorized Online ERM User above, I will be set up as the responsible initial online ERM user for my organization upon initial log in.

Overall Authorized Agent/Superintendent name *(printed)*	Title

Overall Authorized Agent/Superintendent signature	Date *(mm/dd/yyyy)*

NOTE: Effective 12/31/2009, employers are to submit contributions, records, and reports electronically in a uniform format through a secure connection over the Internet. Set up of employer, users, wage and contribution submissions and instructions on completing tasks are included in the manuals and QRGs available on the ERM – Manuals page and the ERM – Quick Reference Guides page of the INPRS website.

INSTRUCTIONS FOR
EMPLOYER REPORTING AND MAINTENANCE (ERM) SYSTEM ONLINE DATA SETUP AND USER AUTHORIZATION

State Form 54851

IMPORTANT

1. A separate form must be completed for each Fund in which the employer participates.
2. This form can only be completed and signed by the overall Authorized Agent/Superintendent that is:
   - Responsible for matters concerning the retirement Fund(s), **and**
   - Authorized to accept pension liability.
3. Include the Employer's name and Submission Unit ID on all pages of this form.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to INPRS at the address shown on this form. is open Monday through Friday except weekends and State-designated holidays.
5.. Questions? Contact INPRS, Toll-free at (888) 876-2707, Monday through Friday.

Entry field	Field description
EMPLOYER INFORMATION	
Employer's name	Enter the complete Employer's name
Submission Unit ID	Enter the Submission Unit ID that corresponds with the Employer's name.
Fund	Choose one of the listed funds. If the Employer is participating in more than one fund, a separate *Employer Reporting And Maintenance (ERM) System Online Data Setup And User Authorization (State Form 54851)* must be submitted for each fund in which the employer is participating.
PAYROLL INFORMATION	
For Payroll Frequency enter one of the following	Choose one of the listed payroll frequencies.
Payroll Frequency	Use one of the frequencies listed in Item 3 of this section.
Payroll Date	Your *payroll date* is the date when your payroll information is final (normally the employee's check date or direct deposit date). For *First Payroll Date*, enter the first payroll date after your unit begins participating in one of the INPRS funds.
DESIGNATION OF AUTHORIZED ONLINE ERM USER	
Complete this section if the authorized online ERM user is other than the overall Authorized Agent/Superintendent.	
Designee's name	Print the designee's name
Designee's email	Enter the designee's e-mail address
Designee's telephone number	Enter the designee's telephone number with area code
Designee's contact type(s)	Choose all that apply from the list provided
Overall Authorized Agent/Superintendent	Print the name of the authorized agent or superintendent
Title	Enter the title of the authorized agent or superintendent
Overall Authorized Agent/Superintendent	This is the signature of the authorized agent or superintendent
Date	The authorized agent or superintendent must include the date the form was signed; format = mm/dd/yyyy

HELPFUL INFORMATION			
	INPRS	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(888) 876-2707 (Toll free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Website	www.inprs.in.gov	www.irs.gov	www.in.gov/dor