



## Security Administration Form—Contribution Management and Benefits Access for Plan Sponsors—Information and Instructions

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### INFORMATION

This form allows an authorized representative of your organization to grant access to Contribution Management for online billing and payment, as well as “Inquiry” or “Admin” access to Wespath’s recordkeeping system: Benefits Access for Plan Sponsors.

Once enrolled in Contribution Management, you will no longer receive paper remittance reminders, and all contributions will be paid via debit from your organization’s bank account. You will receive an e-mail with information to sign into your account.

It is required that you enter your organization’s bank account information into Contribution Management the first time you register and access the application via the **Manage Account** tab. (To set up recurring payments select “**Automatic Funding**.”)

### INSTRUCTIONS

#### Part 1 – Personal Information (all fields must be completed)

Fill in the personal information for the user receiving account authorization. Be sure to use a black pen and print clearly in CAPITAL LETTERS.

A form must be submitted for each authorized user in your organization. To remove an authorized user, check the “**Remove**” box and go to **Part 3**.

#### Part 2 – Access to Application

Check the box to indicate the level of access the user should receive. By checking the box, you are representing to Wespath that the user identified in Part I is authorized to receive access to the application as described below.

- **Contribution Management Only\*** access enables the user to view and edit contributions, and schedule online payments from your organization’s bank account in Contribution Management. This *does not allow any access to Benefits Access for Plan Sponsors*.
- **Contribution Management and Benefits Access for Plan Sponsors** (please select inquiry or admin)
  - **Plan Sponsor Inquiry** access enables the user to view and edit contributions and schedule online payments from your organization’s bank account in Contribution Management, as well as view information in Benefits Access for Plan Sponsors. Users cannot update information in Benefits Access for Plan Sponsors.
  - **Plan Sponsor Admin\*\*** access enables the user to view and edit contributions and schedule online payments from your organization’s bank account in Contribution Management, as well as update participant records in Benefits Access for Plan Sponsors (e.g., compensation, enrollment, termination and contribution amounts/percentage).

Changes made within Contribution Management will not update information on file in Benefits Access for Plan Sponsors. To change the information in Benefits Access for Plan Sponsors, you must have Plan Sponsor Admin security access or submit a separate form or contact Wespath.

Lay plan sponsors with Plan Sponsor Admin security access are limited to updating *lay participant information* in Benefits Access for Plan Sponsors unless remitting United Methodist Personal Investment Plan (UMPIP) contributions for a clergy person.

\* If there are only clergy participants, you will be given Contribution Management Only access.

\*\* This option may require additional contact from Wespath.

### Parts 3 & 4 – Required Signatures

- Both user and authorized representative signatures are required to add or change access. Only one signature is required to remove access.
- An authorized representative is the plan sponsor representative, pastor or user's supervisor.
- The authorized signature must be the same or later date of user's date.
- The document must be dated within 30 days of receipt by Wespath.

### Confidentiality Agreement

In order to perform my duties as a benefits administrator for the salary-paying units listed in Part 2 of this form, for which my employer is the plan sponsor, I may need to access account, indicative and other information of a sensitive, proprietary, privileged and/or confidential nature (Confidential Data) relating to certain participants of the retirement, health and welfare plans that Wespath administers.

In consideration for being able to access such Confidential Data, I agree that I will not distribute, disclose or convey any Confidential Data to anyone or reproduce any Confidential Data, unless I am required or legally compelled to do so within the course of my employment duties, provided that I will notify Wespath immediately if I receive notice of such legal requirement. I also agree that I will not make use of any Confidential Data for my own benefit or for the inappropriate benefit of any other person or entity. Confidential Data will be used only for benefits purposes and not to make employment or personnel decisions. I acknowledge that Confidential Data can include Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I agree to use and disclose any such PHI only as permitted under HIPAA.

I agree that all Confidential Data shall at all times remain the property of Wespath and the relevant benefit plan(s), that Wespath has a legitimate interest in protecting the confidentiality of the Confidential Data and that disclosure of any Confidential Data to an unauthorized third party could cause irreparable harm to Wespath. I understand that Wespath may take legal action to protect these interests.

Your signature in **Parts 3 & 4** of the form indicates your agreement that the terms of this Confidentiality Agreement will continue to be in effect even after the termination of your employment with the plan sponsor.

Submit this completed form according to the instructions on the form.



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### Part 1 – User Information (all fields must be completed)

Name of user (first/last name) \_\_\_\_\_ New user? ☐ Yes ☐ No ☐ Remove  
Title/job position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Plan sponsor name \_\_\_\_\_ Plan sponsor 6-digit employer # \_\_\_\_\_  
User e-mail address \_\_\_\_\_

### Part 2 – Access to Application (choose one). For more information, please refer back to Page 1, Part 2.

- ☐ **Contribution Management Only**—Enables the user to view and edit contributions and schedule online payments from your organization's bank account in Contribution Management. This *does not allow any access to Benefits Access for Plan Sponsors*.
- ☐ **Contribution Management and Benefits Access for Plan Sponsors** (select only one below)
- ☐ **Plan Sponsor Inquiry**—Enables the user to access Contribution Management, as well as view information in Benefits Access for Plan Sponsors.
- ☐ **Plan Sponsor Admin**—Enables the user to access Contribution Management, as well as update participant records in Benefits Access for Plan Sponsors.

### Part 3 – Required User Signature

- ☐ My signature confirms my acceptance of the **Confidentiality Agreement** in the instructions.

1. User signature \_\_\_\_\_ Date \_\_\_\_\_

### Part 4 – Required Authorized Representative Signature

- ☐ My signature confirms my acceptance of the **Confidentiality Agreement** in the instructions.

1. Authorized representative signature \_\_\_\_\_ Date \_\_\_\_\_

2. Authorized name (please print) \_\_\_\_\_

(Plan Sponsor representative or user's supervisor must be different from the system user who signed in Part 3)

**Note: Both signatures are required to add or change access. Only one signature is required to remove access.**

**Document must be dated within 30 days of receipt by Wespath.**

**Authorized signature must be signed after all sections on this form have been completed by the user.**

It is required that you enter your organization's bank account information into Contribution Management the first time you register and access the application via the **Manage Account** tab. (To set up recurring payments, select "**Automatic Funding**.")

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **contributionsteam@wespath.org** or
- Fax to **1-847-866-5191** or
- Mail to Wespath Benefits and Investments  
Contributions Team  
1901 Chestnut Avenue, Glenview, IL60025

Be sure to keep a copy for your records.