

Office of the State Comptroller
MERS Core-CT System Application Security Request Form

GENERAL INSTRUCTIONS: Complete all required information in Sections 1, 2 & 3. The **MERS Unit Authorization** should be the division/unit head.

The form should be faxed to 860-702-3571 or sent by PDF to osc.muniinfocmers@ct.gov

1. Access Description

User Setup Add Delete

List MERS Department Code(s)

Application MERS Core-CT

NAME CHANGE ONLY

2. Employee Information

Employee Name _____ MERS Employee Number _____

Email address _____ Phone Number _____ Fax Number _____

3. Authorized MERS Unit Signatures (Manager or above)

Print Name _____ Title _____ Phone Number _____

Signature _____ Date _____

4. OSC MERS Security Liaison - To be completed by OSC Retirement Services Only

Print Name _____ Phone Number _____

Email address _____

Liaison Signature _____ Date _____