

MPERA Portal Access Manager Security Agreement

Each MPERA Portal Manager must complete prior to accessing the MPERA Portal. Please create an ePass Login Account before completing this form at https://app.mt.gov/epass/epass.

Your Name		
Your Name (first name, middle name, and la	ast name)	
I am a temporary replacement for (p	previous user name)	until (date)
 I am a permanent replacement for 	(provious user name)	
Or		
I am a backup Portal Access Manag	ger along with(current	portal access manager's signature)
Job Title		
Employer Name		Organization ID
Mailing Address		
City	State	Zip
Main Phone	Alternate Phone Number	
Fax Number	_E-mail Address	
By signing this form, I acknowledge that I am at the terms and conditions for use of http://mpera.mt.gov/TermsAndConditions.shtml. the MPERA Employer Web Portal and accounderstand that passwords are unique to each person.	f the MPERA Emp I am responsible for ma ept the portal access r	loyer Web Portal found here aintaining authorized user access to manager's responsibilities. I further
Web User Signature		Date
Grant to the person listed above the following ac	ccess:	
Portal Access Manager (PAM) M	lanages employer users and access rights to the MPERA site.	
Maintain Employer Profile (MEP)	Allows user to maintain	employer's contact information.
Employee Information Processor (EIP)	Allows user to maintain employer's employee information.	
Payroll Report Processor (PRP)	Allows the user to main	tain employer's payroll information.
Employer's Authorizing Officer Signature	 Date	

COMPLETE AND RETURN THIS FORM TO MPERA