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## EMPLOYER SELF SERVICE SECURITY ADMINISTRATOR DESIGNATION FORM

Any Employer Self Service (ESS) Security Administrator that is no longer authorized to have access to the MainePERS Employer Self Service portal, or who has terminated employment, must have their access deactivated as soon as possible following the change in status. This Deactivation Form must be completed, in full, by another Security Administrator or an authorized person/certified official at the Employer Location and returned directly to your MainePERS Employer Services Account Associate.

Employer Self Service Security Administrator Deactivation Request	
Employer Code(s):	Employer Location Name:
Employer Location Mailing Address:	Federal Tax ID Number
Security Administrator Name (First, Last)	

**By signing this form, I acknowledge and authorize the deactivation of the Employer Self Service Security Administrator account provided on this form**

\_\_\_\_\_  
 ESS Security Administrator/Certified Official Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 ESS Security Administrator/Certified Official Name

\_\_\_\_\_  
 ESS Security Administrator/Certified Official Title

\_\_\_\_\_  
 ESS Security Administrator/Certified Official Email Address