



STEVE SISOLAK
Governor

LAURA FREED
Board Chair



STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us



ACCREDITED
CORE
Expires 04/01/2021

LAURA RICH
Executive Officer

Agency Representative Portal Access Form

To ensure proper credentials are added or removed, agencies are required to report all agency representative designee changes **immediately**.

Please e-mail the typed and signed form to agencyreps@peb.nv.gov

SECTION A			
<u>Last Name (Type)</u>	<u>First Name</u>	<u>MI</u>	<u>Date (mm/dd/yy)</u>
<u>Title</u>	<u>Agency Number</u>	<u>Agency Name</u>	
<u>Phone</u>	<u>E-mail</u>	<u>Supervisor Name</u>	

SECTION B	
Add Agency Representative: <input type="checkbox"/>	Remove Agency Representative: <input type="checkbox"/>
<u>CERTIFICATION (If adding agency representative)</u>	
I hereby certify that I have completed the appropriate Agency Representative training offered through the Public Employees' Benefits Program (PEBP). I will never allow any person to use my sign-on information. I will only access the system as an authorized agency representative on behalf of the agency, local government, board or commission. PEBP reserves the right to grant or remove agency representative access.	
<u>Signature</u>	<u>Date (mm/dd/yy)</u>

SECTION C		
<u>Signature Authorization</u>		
The agency is responsible for every transaction approved by the above agency representative. By completing this form, you are requesting log in credentials to the PEBP AR portal for the listed person.		
If adding Agency Representative: I delegate to the above individual the authority to access the PEBP portal on behalf of the agency employees.		
If removing Agency Representative: I give PEBP permission to remove the current authorized Agency Representative on file.		
<u>Name of Appointing Authority</u>	<u>Signature of Appointing Authority</u>	<u>Date (mm/dd/yy)</u>