|  |  |
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|  (replace with your own logo) | **Internet Portal Questionnaire** |
|  |
| **Instructions****Please complete the following questionnaire so that we can design your new Pension Portal in a manner that fits your preferences. Once you have completed all items, please make sure that you sign and date this form at the bottom.** |

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| Portal Appearance |
|  |
| **Name of portal (appears in top left – leave blank for our default)** | **Logo (appears in top right – leave blank for default logo)** |
| Click or tap here to enter text. | Choose an item. |
| **Support Email (who should participants contact with questions)** | **Support Phone (number to call for questions)** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Type of Participants Accessible Within Portal |
|  |
| **Check all that apply (usually only Actives and Terminated Vested participant have portal access)** |
|  |  |
| [ ]  Actives | [ ]  Disabled |
| [ ]  Terminated (vested and non-vested) | [ ]  Retired/Beneficiary |

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| Calculation Options |
| **Indicate which of the following calculation options should be made available for both participants and sponsor staff.** |
|  | **Participants** | **Sponsor Staff** |
| Benefit Estimate |[ ] [ ]
| Election Form |[ ] [ ]
| Benefit Illustration (including defined contribution plan) |[ ] [ ]
| Other |[ ] [ ]
| Other |[ ] [ ]
| Other |[ ] [ ]
| Other |[ ] [ ]

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| Worktrack Retirement Requests |
| **Indicate whether retirement requests should be made using the portal, and if so, indicate the steps that you currently must complete when processing such requests.** |
| [ ]  Allow for Participants and Sponsor Contacts to initiate retirement within the portal |
|  | **Requires Notarization** | **Includes Documents** |
| 1 | Complete Benefit Calculation |[ ] [x]
| 2 | Complete Benefit Election Forms |[x] [x]
| 3 | Submit Payment to Trustee |[ ] [ ]

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| Quick Links |
| **Indicate which of the following documents that you would like to appear on the portal’s main menu for both participants and sponsor staff.** |
|  | **Participants** | **Sponsor Staff** |
| Latest Plan SPD |[ ] [ ]
| Latest Annual Funding Notice |[ ] [ ]
| Latest Plan Document |[ ] [ ]
| Latest Actuarial Valuation Report |[ ] [ ]
| Latest Benefit Statement |[ ]  N/A |
| Other |[ ] [ ]
| Other |[ ] [ ]

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| Access Levels for Participant Data and Archived Documents |
|  | **Participants** | **Sponsor Staff** |
|  | None | View | Edit | None | View | Edit |
| Basic Information |     |     |
| Address |     |     |
| Bank |     |     |
| Withholding |     |     |
| Beneficiary |     |     |
| Reported Amounts |     |     |
| Historical Dates |     |     |
| Archived Documents |     |     |

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| Access Levels for Each Reported Amount |
|  | **Include on Portal** | **Allow Sponsor to Edit** | **Allow Participant to Edit** |
| Hours |[ ] [ ] [ ]
| Earnings |[ ] [ ] [ ]
| Participant Group  |[ ] [ ] [ ]
| Employee Contributions |[ ] [ ] [ ]
| Other |[ ] [ ] [ ]
| Other |[ ] [ ] [ ]
| Other |[ ] [ ] [ ]

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| Password Requirement Preferences |
|  |
| Password Minimum Length | Choose | Minimum Number of Lowercase Letters | Choose |
| Minimum Number of Letters | Choose | Minimum Number of Numeric Characters | Choose |
| Minimum Number of Uppercase Letters | Choose | Minimum Number of Symbols | Choose |
|  |  |
| **Check all that apply** |
| [ ]  Do not allow work email addresses | [ ]  Do not allow password to include user’s last name |
| [ ]  Do not allow password to include user’s first name  | [ ]  Do not allow password to include user’s ID |
|  |
| Prohibited Passwords | Click or tap here to enter text. |

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| Methods to Use for Providing Portal Registration Information to Users |
| **Indicate the method to use for distributing Portal User registration codes. Please note that to distribute using email, you will need to supply a complete list of email addresses for all individuals within a given group.** |
|  | N/A | Mail | Email |
| Actives |     |
| Terminated Vested |     |
| Disabled |     |
| Retiree/Beneficiary |     |

**Once you have completed this form, please either enter your initials below and return to us; or print and the then return a scanned copy to us.**

 Click or tap to enter a date.

Signature Date