|  |  |
| --- | --- |
| (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.** | |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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 |

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |
| 2 | Complete Benefit Election Forms |  |  |
| 3 | Submit Payment to Trustee |  |  |

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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