



## International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076  
Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160  
pension@iupat.org · www.iupatpension.org

### Employer Self Service (ESS) – User Access Request Form

Complete and submit this form to request user credentials to access the IUPAT Employer Self Service application. Please complete thoroughly; incomplete, illegible or unsigned forms will delay processing. Complete forms should be submitted by U.S. Mail to the address listed above.

#### Section A: User's Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*First Last*

Verification information:

Mother's Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

#### Section B: Employer Information and Address

Employer Name: \_\_\_\_\_ Employer ID: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone (Office): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

User's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

#### Section C: Authorization

*As authorizing individual for the Employer listed above, I hereby certify that the user identified on this form is authorized to access the Employer Pension Data contained within the Employer Self Service (ESS) application.*

Name of Authorizing Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

#### Section D: FOR IUPAT USE ONLY - DO NOT MARK THIS AREA

Processed Date: \_\_\_/\_\_\_/\_\_\_ Processed By: \_\_\_\_\_

User ID of User: \_\_\_\_\_

**Please return this form to the Fund office at the address listed above with Attention: ESS.  
Please note any changes are effective upon receipt of this form in the Fund office.**