



Benefits User Security Authorization

User's Name	User's Empl ID	User's Edison ID
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FA – 1016 (Revised 4/29/2022)

RDA SW25

Indicate User Type: State Employee Contractor External (Higher Ed, Loc Ed, Loc Gov)

Effective Date:

Role Addition Only Role Removal Only

Data Level Security Modification - Add to current dept id access

Data Level Security Modification - Remove a current dept id

Data Level Security Modification - Remove current dept id access and add the new access identified on page 2

**All Requesting Agency Information and User Information is Required Unless Otherwise Noted*

Requesting Agency Information

Agency Name		Agency Bus Unit	
Requester Name		Requester Edison Access ID (BA Only)	
Requester Phone Number	Requester Email		

User Information

First Name	MI	Last Name	Birth Month	Birth Day	Year (if contractor)
Organization/Vendor (if not state employee)			Last 4 digits of SSN (if not state employee)		
User's Department ID:			Employee ID, if state employee:		
Email Address:			Phone Number:		

Security Authorization Signatures

Agency Authorization: _____
 Signature _____ Print Name/Title _____ Date _____

Benefits Administration Authorization: _____
 Signature _____ Print Name/Title _____ Date _____

Additional Authorization: _____
 Signature _____ Print Name/Title _____ Date _____

Description of change needed:

NOTE: RECEIPT DATE MUST BE WITHIN 30 DAYS OF SIGNATURE DATE



A Bright Idea for State Government

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External Agency Benefits

Data Access Levels – Please indicate the required access levels below.

<input type="checkbox"/> Department Level (Access to a single department within a BU)	<input type="checkbox"/> Multiple Departments (Access to multiple departments within a BU)
If security access to Multiple Departments is required, list the departments or agencies to which the user will need access. <i>If needed, departments can be listed on an Excel spreadsheet.</i>	
<div style="border: 1px solid black; height: 35px;"></div>	

External Agency Coordinators		
<input type="checkbox"/> BA-1013 BA External Agency Benefits Coordinator	<input type="checkbox"/> BA-1017 Benefits Inquiry Only	<input type="checkbox"/> EL-3011 Ext Agency Learner