

**PARS Employer Portal  
Agency Personnel Designation Form**

I hereby represent that I, Russell V. Watts, Treasurer-Tax Collector am the Plan Administrator for the PARS Public Agencies Post-Retirement Health Care Plan/Trust and have the authority to designate myself and the following Agency personnel on behalf of the Agency to have read-only online access to the PARS Employer Portal. I understand that whomever I designate to have access to the Employer Portal will have unlimited access to the information and data relating to the Agency's Plan housed on the Employer Portal website available at <https://employer.pars.org>, including but not limited to, statements, performance sheets (if available), account balances, and transactions.

I understand and agree that I, or my designee will be solely responsible for adding or removing access for designated Agency personnel as appropriate and PARS will be notified in writing of any such changes. I understand and agree that no third parties are allowed access to the Employer Portal.

Agency Name: Contra Costa County

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date

**Plan Administrator First Name:** \_\_\_\_\_

**Plan Administrator Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employee First Name:** \_\_\_\_\_

**Employee Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employee First Name:** \_\_\_\_\_

**Employee Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employee First Name:** \_\_\_\_\_

**Employee Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employee First Name:** \_\_\_\_\_

**Employee Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please email: [trust@pars.org](mailto:trust@pars.org) to add or remove designated Agency personnel**