



# Illinois Department of Insurance

---

**BRUCE RAUNER**  
Governor

**ANNE MELISSA DOWLING**  
Acting Director

## PENSION FUND SECURITY ADMINISTRATOR AUTHORIZATION FORM

Date of Authorization: \_\_\_\_\_

Pension Fund Name: \_\_\_\_\_ Pension Fund Number: \_\_\_\_\_

\_\_\_\_\_ President, \_\_\_\_\_ Secretary,

and \_\_\_\_\_ Treasurer of the

\_\_\_\_\_ Pension Fund

Each of the above individuals affirms that they are the above described officers of the said Pension Fund and that the person named below is appointed as Security Administrator. The Security Administrator is responsible for assigning roles for the completion and/or viewing of the annual statement filings and for granting access to previously filed annual statement information. Any change to the designated Security Administrator must be reported to the Illinois Department of Insurance, Public Pension Division, in writing using this form or a subsequent form prescribed by the Illinois Department of Insurance, Public Pension Division.

Security Administrator: \_\_\_\_\_

Email address: \_\_\_\_\_

The Security Administrator hereby acknowledges that s/he is responsible for maintaining the confidentiality of personally identifiable information and/or personal and/or private information that s/he receives in the course of her/his duties. S/he shall assign the roles of FundUpdateAll or FundUpdateParticipant to only those individuals who collect personally identifiable information and/or social security numbers from Pension Fund participants, or who audit or otherwise review participants' information for accuracy, in the normal course of the individuals' contractual, employment, or lawfully appointed obligations for the Pension Fund. The Security Administrator may assign the role of FirmAdmin to only those individuals who are officers, trustees, or employees of the Pension Fund or who are officers, directors, trustees, owners, managers, partners, employees, sole proprietors, or

subcontractors of a third party with which the Pension Fund has contracted to submit or update the Pension Fund's annual statement filing.

The Security Administrator shall not publicly post or publicly display in any manner an individual's social security number, nor use a social security number found within any annual statement information for any purpose other than the purpose for which it was collected. Any person who intentionally violates these requirements or any other pertinent requirement in Section 10 of the Identity Protection Act (5 ILCS 179/10) is guilty of a Class B misdemeanor pursuant to 5 ILCS 179/45.

Furthermore, if the Security Administrator learns of a possible breach of the security of the system data regarding personal information as defined in Section 5 of the Personal Identity Protection Act (815 ILCS 530/5), s/he shall immediately report the breach both to the trustees of the Pension Fund and to the Deputy Director, Illinois Department of Insurance, Public Pension Division at the e-mail address listed below. "Personal information" includes, but is not limited to, an individual's first name or first initial and last name in combination with the individual's social security number, when either the name or the social security number is not redacted; "Breach of the security of the system data" means unauthorized acquisition of computerized data that compromises, the security, confidentiality, or integrity of personal information maintained in the annual statement filings; "Breach of the security of the system data" does not include good faith acquisition of personal information by an employee or agent of the Pension Fund for a legitimate purpose of the Pension Fund, provided that the personal information is not used for a purpose unrelated to the Pension Fund's business or subject to further unauthorized disclosure.

If the Security Administrator violates any of the above requirements, the Pension Fund shall immediately dismiss the Security Administrator from this role.

Signatures

President \_\_\_\_\_ Date: \_\_\_\_\_

Secretary \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

Security Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: Illinois Department of Insurance  
Public Pension Division  
320 West Washington Street  
Springfield, Illinois 62767-0001

Or e-mail completed form to: Deputy Director  
Illinois Department of Insurance  
Public Pension Division  
[DOI.Pension@illinois.gov](mailto:DOI.Pension@illinois.gov)