

Browser: https://portal.ebsa.dhs.gov/portal/app/user/Create?execution=e1.1 - Certificate error - Register - Privacy Statement...

UNITED STATES DEPARTMENT OF LABOR

Employee Benefits Security Administration

Welcome > Step 1 of 7

### Register - Privacy Statement (Step 1 of 7)

Please read and accept the following privacy statement to continue.

Thank you for visiting the Department of Labor (DOL) Web site and reviewing our privacy and security statement. DOL is strongly committed to maintaining the privacy of your personal information and the security of DOL computer systems. With respect to the collection, use and disclosure of personal information, DOL makes every effort to ensure compliance with applicable federal law, including, but not limited to, [The Privacy Act of 1974](#), [The Paperwork Reduction Act of 1995](#), and [The Freedom of Information Act](#).

As a general rule, DOL does not collect personally-identifying information about you when you visit our site, unless you choose to provide such information to us. The information we receive depends upon what you do when visiting our site.

**If you respond to an online request for personal information:**

Generally, DOL will use the information requested to respond to your inquiry or to provide you with the service associated with the request. However, when we request this information, we fully describe in a customized "Privacy Notice" the reasons for collecting it and DOL's intended use of the information. This Privacy Notice will either appear on the Web page collecting the information or be accessible through a link prominently displayed immediately preceding the information request.

**Privacy Notice:**

I have read this agreement

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www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7858 | Contact Us

Taskbar: Microsoft Office, EBSA Applications, 8:36 AM 5/26/2015

Browser: https://portal.ebsa.dhs.gov/portal/app/user/Create?execution=e1.2 - Certificate error - Register - Profile Information...

UNITED STATES DEPARTMENT OF LABOR

Employee Benefits Security Administration

Welcome > Step 2 of 7

### Register - Profile Information (Step 2 of 7)

Please enter your profile information and select Next to continue. Fields marked with an "\*" are required.  
OMB Control Number: 1210-0117 Exp. Date: 06/30/2015

Click on the icons below for further explanations.

\* First Name:   
 \* Last Name:   
 \* Address:   
 Address 2:   
 \* City/Town:   
 \* State: -- Select --  
 \* Country: US - United States  
 \* ZIP:   
 \* Daytime Phone:  [no dashes, example: 1234567890]  
 Fax:   
 \* Email:   
 \* Company Name:

You must choose at least one User Type, but you may choose more.

\* User Type:  
 Filing Author  
 Filing Signer  
 Schedule Author  
 Transmitter  
 Third Party Software Developer

**PAPERWORK REDUCTION ACT NOTICE**

This information collection has been approved by OMB under OMB Control Number 1210-0117 (Expires 06/30/2015). The obligation to respond to this collection of information is mandatory for covered respondents. 29 CFR 2520.104a-2. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of the Internal Revenue Code or are required to be maintained under Title I or Title IV of ERISEA. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 20 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. See the [Contact Us](#) area on the EFAST2 Web page for information regarding how to contact us.

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Microsoft Office EBSA Applications

United States DEPARTMENT OF LABOR

Employee Benefits Security Administration

Welcome > Step 3 of 7

**Register - Challenge Information (Step 3 of 7)**

Please select a Challenge Question, and provide an answer, then select Next to continue. Your Challenge Answer is required to complete your profile setup so please remember it.

\* Challenge Question: --Select--

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Microsoft Office EBSA Applications

United States DEPARTMENT OF LABOR

Employee Benefits Security Administration

Welcome > Step 4 of 7

**Register - Summary (Step 4 of 7)**

Please review the information you provided. Select the Edit option to go back and make corrections or 'Submit' to complete this part of your registration.

\* Last Name: Smith  
 \* First Name: Jane  
 \* Address: 123 Main St  
 \* Address 2:  
 \* City/Town: Washington  
 \* State: District of Columbia  
 \* Country: US - United States  
 \* ZIP: 22010  
 \* Daytime Phone: (123) 456-7890  
 Fax:  
 \* Email: st.onge.emily@gmail.com  
 \* Company Name: ABC Co.  
 \* User Type:  
 Filing Author  
 Filing Signer  
 Schedule Author  
 Transmitter  
 Third Party Software Developer

\* Challenge Question: What is your date of birth?  
 \* Challenge Answer: January 01, 1995

Submit Edit Cancel

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Employee Benefits Security Administration | Welcome > Step 5 of 7

**Register - PIN Agreement (Step 5 of 7)**

Please read and accept the following PIN Agreement to continue.

By activating your PIN, you agree not to share your PIN with anyone. The security of your PIN is important because it can be used to:

- Electronically sign documents, and
- Access your personal records

If your PIN is lost or stolen, you also agree to:

- Contact the EFAST2 Contact Center at 1-866-463-3278 (1-866-GO-EFAST2), or
- Request a new PIN by selecting User Profile from the EFAST2 Web site

I have read this agreement

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Employee Benefits Security Administration | Welcome > Step 5a of 7

**Register - Signature Agreement (Step 5a of 7)**

Please read and accept the following Signature Agreement to continue.

I understand and agree that the electronic signature is not transferable and that the inclusion of such electronic signature in a Form 5500 or Form 5500-SF return/report filed in electronic form shall have the same legal force and effect as my hand written signature. If I am not the Transmitter, I also agree that my electronic signature on a Form 5500 or Form 5500-SF constitutes consent for EFAST2 personnel to send my Transmitter an acknowledgment of receipt of transmission and to communicate with my Transmitter about the success or failure of the transmission and specific reason(s) for any failure(s).

If I am an EFAST2 Software Developer or EFAST2 Transmitter, I declare that I am authorized to make and sign this statement on behalf of the applicant. The applicant agrees that it and its employees will comply with all provisions of the EFAST2 procedures for the electronic filing of Form 5500 or Form 5500-SF for each year in which the applicant participates. Noncompliance will result in the applicant no longer being allowed to participate as an EFAST2 Software Developer or Transmitter. The applicant understands that acceptance as an EFAST2 Software Developer or Transmitter is not transferable. If applying to be an EFAST2 Transmitter, the applicant further agrees that a copy of all return/reports that the applicant transmits electronically to the Department of Labor will be provided to the plan administrator, employer or direct filing entity on whose behalf the return/report was transmitted.

Under penalties of perjury, I declare that I have examined this agreement, and to the best of my knowledge and belief the information provided in my request for access to the EFAST2 system is true, correct, and complete. I agree that this application

I have read this agreement

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