# Website User Guide: Multifactor Authentication





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## PSW User Guide: Multifactor Authentication

Multifactor Authentication (MFA) is a process of logging into an account using more than just a username and password to verify the identity of the person logging in. It requires the person logging in to be in possession of an additional piece of data. On the NBS website, a verification code (PIN) will be sent to the email address or phone number (if capable of receiving a text message) on file.

## Log in to the Website

#### https://www.nbspayroll.com/

If you have an old bookmark for the NBS Online Payroll Remittance website, it is critical that you update it. The URL MUST include the "www" and the "https://" for Multifactor Authentication to work.

Enter your username and password.

Click "Login."



## Verify Your Identity Using MFA

You will get a popup that says, "One-Time PIN Required."

Click the down arrow under "Select Delivery Method" to view your available options.





#### contact, see Make Contact Changes below.



All the email addresses and phone numbers we have associated with your contact will display in the list.

\*\*If your phone number does not accept text messages, DO NOT choose that phone number as a delivery method.\*\*

If you want to add a cell phone number to your



The status circle will spin while the website attempts to send your code.

Once the code sends, the page will load for you to enter your code. If you aren't sure where you requested your code be sent, that information is on this page.

Additional authentication is nece Time PIN has been sent to the en p*********@nbsbenefits.com	ssary to continue the login process. A One- nail address you have on file: . Retrieve your pin and enter it below.
One Time Pin:	
	Resend PIN (Link will be enabled
	in <b>56</b> seconds)
Device Registration:	Do not remember this device.
	O Remember this device.
	This is my computer
	or mobile that I use
	regularly.
Note: In order to receive your One-Time with any changes in your mobile phone	e PIN, it is important to update your account e number or e-mail. Phone number should be
capable of receiving texts. Messages 8	k Data rates may apply.
_	

If you choose to receive a cell phone delivery, you will receive a text message with a code.

If you choose to receive an email delivery, you will receive an email from msg@otp.infinity.com with a code.

Please note that the code is ONLY valid for 5 minutes.

**If you do not see your code within 1 to 2 minutes, please check your junk or spam folder.** If the email is not there, you may request a new PIN be sent by clicking on the Resend PIN link. The link becomes available 60 seconds after initiating the initial request.

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One-Time PIN Required	Type in your PIN
Additional authentication is necessary to continue the login process. A One- Time PIN has been sent to the email address you have on file: p************@nbsbenefits.com. Retrieve your pin and enter it below.	
One Time Pin: 63100 Resend PIN (LINK Will be enabled in 28 seconds)	
Device Registration: Do not remember this device.	
This is my computer or mobile that I use regularly.	
Note: In order to receive your One-Time PIN, it is important to update your account with any changes in your mobile phone number or e-mail. Phone number should be capable of receiving texts. Messages & Data rates may apply.	
CANCEL	

ype in your PIN in the "One Time Pin" box.

#### **Device Registration**

Please choose if you want the website to remember your device. **If you are using a public or shared computer, please choose "Do not remember this device."** If you are using a personal device to log in, you may wish to select "Remember this device." You will still be required to periodically verify your identity with MFA. Then click the "Next" button.

	One Time Pin:	63100	
		Resend PIN (Link v in <b>22</b> seconds)	vill be enabled
1	Device Registration:	O Do not remembe	r this device.
		Remember this of	levice.
		This is my comp	uter
		regularly.	
lote: In ord	er to receive your One-Time	PIN, it is important to up	date your account

If you choose "Remember this device" in error, please call 877-938-7310 or email <u>payrollsupport@nbsbenefits.com</u> and request a PIN Device Reset. We will need your first and last name, as well as the name of the plan which you are logging into to make contributions.

You will be required to reselect a device on your next login.

Your plan Dashboard will load, and you may proceed as usual.

nbs notional benefit services		99	Good Mornir Last Login: Octobe 9994 - DEMO EMPLOYER 2 -	g, Training Demo 4, 2024 8:23 AM MST LOS ANGELES CA
👚 Dashboard Plan Info P	ayroll Remittance Reports	Employee Search	Add Employee	Plan Selection $\bigvee$
Plan Information				Print
DEMO EMPLOYER 2 - CI Payroll Remittance ID: 999994	ULVER CITY CA			
Primary Contact	Secondary Contact			515 ELM STREET
John Doe	Jane Doe			LOS ANGELES CA 84120
johndoe@email.com	janedoe@email.com			Phone 8018675309
PRD TURNED ON: NO				
LAST CONTRIBUTION OPR: NO	Bank Account Number, Nor	ne		
LAST CONTRIBUTION METHOD:	Largest anticipated online	payroll transaction	amount: \$1250	
	Please contact NBS to make	e exceptions and	changes.	
Plan contact / File attachment:			Payroll Support <payrolls< td=""><td>upport@NBSBenefits.com&gt;</td></payrolls<>	upport@NBSBenefits.com>

## Troubleshooting

#### **Error Message**

If you get an error message when the PIN is sent, please make sure that you are using the most up to date link for our website. The https and the www are critical to the website functioning properly.

https://www.nbspayroll.com/

#### **Bad or Missing Contact Information**

If you don't see a current email address or phone number for you, please see the <u>Make Contact</u> <u>Changes</u> section below. Please note that contact changes will be processed in the order they are received. We make every effort to process contact changes as quickly as possible, but it may take two to three business days for contact changes to be made.

## Make Contact Changes

If you want to make changes to your contact information, log out of the nbspayroll website. On the right side of the login screen, under Training Materials, locate the OPR Change Form.

nbs pational benefit services		
	Online Payroll Remittance Username * trainingdemo Password * training demo Password * training demo training demo train	Description   Description   0.000 Autoennet   0.000 Autoennet
a to the start		

Unline Pa	ayroll Change Form	nbs nation benefit
Payroll Remittance	(Group Bill) ID #:	Date:
Employer Name:		
Section 1: New	or Changing Contacts	
the website, your emain contact p	know og writing remove in the name area. NOS uses n il or cell phone is required to receive a pin when logging i person (Will be issued login credentials):	natifactor autoentication (MPA) to log ini nto the website.
Email Address:		Telephone:
(required)		Cellphone:
		(If electing for MFA pin sent by text)
New Secondary cor	itact person (if needed):	
Email Address:		Telephone:
Should the seconda	ry contact receive login credentials to the website?	Cellphone:
Costion 2. Now	Park Information	(If electing for MFA pin sent by text)
Complete only if requ	esting a change to the bank account used for payment pro	cessing
Bank Name		
Paul Addams		
bank Address		
Bank Routing #:	Account #	

If you click the link, it should open the pdf in a new tab. You can fill out the form online, then print and sign the form and return it to NBS.

You may also just download the pdf, print it, fill it out, sign it and return it to NBS.

Please fill out the Payroll Remittance (Group Bill or Plan) ID number as well as the Employer Name. The Employer Name is the name of the plan. If you don't know your Payroll Remittance ID number, you can find it on your plan dashboard when you are logged in. You may also leave it blank as long as you fill out the Employer Name field.

Online Payroll Ch	ange Form	ſ	bs national benefit services
Payroll Remittance (Group Bill) ID #:	999994	Date:	1/14/20
Employer Name	Plan		

Section 1: New or Changing Contacts

To update your primary contact person, please fill out the "New main contact person" section. Please be sure to include all relevant contact information, including the first and last name, email address, phone number, and cell phone number (if you wish to use a cell phone number for MFA verification).

Repeat if necessary for your secondary contact person.

If you aren't sure what your plan's current contact information is, you can find that information on the plan dashboard when you are logged in.

Complete only if requesting a change to the contacts on your plan. If a second replacing please let us know by writing "remove" in the name area. NBS uses the website, your email or cell phone is required to receive a pin when logging	lary contact needs to be removed without multifactor authentication (MFA) to log int tinto the website.	
New main contact person (Will be issued login credentials): First	Name Last Name	
Email Address: payrollsupport@nbsbenefits.com	Telephone (877) 938-7310	
(required)	Cellphoner (801) 555-1212	
	(If electing for MFA pin sent by text)	
New Secondary contact person (if needed):		
	Telephone:	
Email Address: (required)		

If you do not need to change your bank information, please either leave that section blank or write or type in "n/a" in the bank information fields.

Scroll to the bottom of the second page.

Fill in the fields for Authorized Person with the person's first and last name, Title, and Date.

Download and/or print the form. (If you have Adobe Acrobat, you may be able to digitally sign the form. Please see Adobe's website for instructions on how to digitally sign a form if you do not know how to do so. We are unable to provide support for any pdf program.)

The form must be signed in order to be processed. The form should be signed by an authorized representative for the company. Typically, this would be someone who is authorized to sign checks for the company (aka is a signatory on the company's bank account).

The completed and signed form can be mailed, emailed, or faxed to NBS for processing. **Unsigned forms will not be processed.** 

By signing this agreement, you authorize An instructions from you to debit or credit the a You agree that this arrangement will remain allowing reasonable time to act upon your ca its discretion.	aeriprise Financial Services, Inc. (AFSI) and its affiliates to act upon count held at the financial institution named in this Agreement. in effect until you notify NBS, acting as agent, in writing to cancel it; nncelation. AFSI reserves the right to terminate this arrangement at
First Name Last Name	
Authorized Person (please print)	Signature
Business Owner	1/14/20
Title	Date
Instructions	

National Benefit Services Data Services PO BOX 219827 Kansas City, MO 64105-1407 Email: PayrollSupport@nbsbenefits.com Fax: 801-838-7311

#### Address:

National Benefit Services Data Services

PO Box 219827

Kansas City, MO 64105-1407

Email: payrollsupport@nbsbenefits.com

Fax: 801-838-7311

If you would like a secure email to return the form to NBS, please call us at 877-938-7310 or send an email to <u>payrollsupport@nbsbenefits.com</u> and request a secure email to return a form.

\*\*Please note that contact changes will be processed in the order they are received. We make every effort to process contact changes as quickly as possible, but it may take two to three business days for contact changes to be made.