



EMPLOYEE SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Both the employee and the employer, or the employer's representative (Legal Guardian or POA), must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services (PFMS)** via one of the following options below:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Phone:
1-855-538-7776

Email:
AZVSDP@premier-fms.com

Fax:
1-855-533-3076

EMPLOYEE'S INFORMATION

Name: _____

Mailing Address: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____

EMPLOYER'S INFORMATION

Name: _____

Mailing Address: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection.

Employee Signature: _____ Date: ____ / ____ / _____

Employer Signature: _____ Date: ____ / ____ / _____