



## THE IC VETERAN IN CHARGE WORKER SET-UP FORM

**Instructions:** Please fill out any information in Sections 1 and 2, where applicable. Both the worker and the Veteran, or the Veteran's Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

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

**Email:**  
ICVIC@premier-fms.com

**Fax:**  
(855) 325-4668

### WORKER'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### VETERAN'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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. For any questions or concerns, please contact our office at (855) 275-3948.

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Veteran/AR Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_