



Designated Representative Form

Instructions: *An individual who wants to self-direct but is unable or unwilling to perform employer duties themselves may appoint a representative to assist with employment duties on their behalf. The Representative can assist with decision-making, hiring staff, managing staff, approving invoices, etc. It will be important to complete a Release of Information form to ensure that Premier staff can partner with your representative.*

Please fill out any information in Sections 1 and 2, where applicable. The participant and Representative are required to sign and date at the bottom of the form. Please submit the completed form to Premier Financial Management Services ILSP Program via one of the following options below:

Mail:
10425 W North Ave.
Suite 320
Milwaukee, WI 53226

Phone:
1-888-890-2286

Email:
ilsp@premier-fms.com

Fax:
1-877-334-2573

Participant's Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

Email Address: _____

Representative's Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

Email Address: _____

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

By signing below, you certify that the information on this form is accurate. Both parties agree that the above individual will assist with employment duties on the participant's behalf.

Participants Signature: _____ Date: ____ / ____ / ____

Representative Signature: _____ Date: ____ / ____ / ____