



OREGON VETERAN DIRECTED CARE EMPLOYER OF RECORD FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Veterans are required to sign and date at the bottom of the form. If a Veteran has an Employer of Record, the EOR must also sign and date the form. 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:
ORVSDP@premier-fms.com

Fax:
1-855-571-7670

VETERAN'S INFORMATION

Name: _____

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

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

Email Address: _____

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

EMPLOYER OF RECORD'S INFORMATION (If applicable)

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 and that you have all supporting documentation that may be needed to verify your selection.

Veteran Signature: _____ Date: ____ / ____ / _____

Employer of Record Signature: _____ Date: ____ / ____ / _____