



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 **AssuranceSD** via one of the following options below:

Mail:

2150 S 1300 E,
Suite 500
Salt Lake City, UT 84106

Email:

UT@premier-fms.com

Fax:

(855) 500-4521

EMPLOYEE'S INFORMATION

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

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

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

Email Address: _____

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

EMPLOYER'S INFORMATION

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

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

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

Email Address: _____

Date of Birth: ____ / ____ / _____

AUTHORIZED REPRESENTATIVE INFORMATION *(If applicable)*

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

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: ____ / ____ / _____