



## 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Diver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_