



EMPLOYER SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Employees are required to sign and date at the bottom of the form. If an employee has an Authorized Representative, the AR must also sign and date the form. 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

EMPLOYER'S INFORMATION

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

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

Phone #: _____ County: _____

Email Address: _____

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

PERSON RECEIVING SERVICES

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

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

Phone #: _____ County: _____

Email Address: _____

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

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.

Employer Signature: _____ Date: ____ / ____ / _____

Authorized Representative Signature: _____ Date: ____ / ____ / _____