

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Employers are required to sign and date at the bottom of the form. If an Employer has an Authorized Representative, the AR must also sign and date the form. Please submit the completed form to PremierFMS via one of the following options:

Mail

515 South 700 East
Suite 2B
Salt Lake City, UT 84102

Email

UT@Premier-FMS.com

Fax

855.500.4521

SECTION 1: EMPLOYER INFORMATION

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

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

Phone #: _____ County: _____

Email Address: _____

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

SECTION 2: PERSON RECEIVING SERVICES

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

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

Phone #: _____ County: _____

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.

Employer Signature: _____ Date: ____ / ____ / ____