

PART 2 JOB INFORMATION

Date of hire (mm-dd-yyyy)	Date last worked (mm-dd-yyyy)	Job title as of last day worked
Employee's direct supervisor's name	Phone number (10 digits)	Email address
Why did your employee stop working?	What are the duties in this job, and what percentage of time does each take per week?	
_____	_____	
_____	_____	
_____	_____	

I, _____, a _____ (TPA),
_____) appointed _____ :
STD

PART 3 AUTHORIZATION

I certify that the information provided above is true and complete to the best of my knowledge and belief, and that premiums have been paid for the above benefits. I am the Plan Sponsor/Employer Third Party Administrator

Authorized official's name (please print)	Phone number (10 digits)	Fax number	Email address
Authorized official's signature X	Title	Date (mm-dd-yyyy)	

