

Employer Demographics

[Large empty text box]

* Department Name: [Text input]

Single Market

[Yes/No selection box with 'Yes' highlighted]

Employer Addresses

* Physical Address: [Address 1] [Address 2] [City] [State] [Zip]

* Mailing Address: [Address 1] [Address 2] [City] [State] [Zip]

* Billing Address: [Address 1] [Address 2] [City] [State] [Zip]

* Phone Number: [Text input] Extension: [Text input] Primary Fax Number: [Text input]
Enter numbers ONLY *Enter numbers ONLY*

Special Notes: [Large empty text box]

Employer Contacts

Primary or Primary/Injury * Name: [Text input] * Contact Role: [Text input]
* Phone Number: [Text input] Extension: [Text input] Fax Number: [Text input]
Enter numbers ONLY
Email Address: [Text input]

Billing Contact Name: [Text input] * Contact Role: [Text input]
Is the Billing Contact the same as the Primary Contact? *Phone Number: [Text input] Extension: [Text input] Fax Number: [Text input]
No *Enter numbers ONLY* *Enter numbers ONLY*
Email Address: [Text input]
[Text input]
[Text input]

Additional Contact