

Indiana Family and Social Services Administration (FSSA) Health & Wellness Waiver

Phone: 1-866-264-2296 Fax: 1-866-799-9381

CS Email: INfssa-cs@pplfirst.com

EMPLOYER OF RECORD COVER PAGE

Please confirm or complete all boxes below. If anything is incorrect, contact PPL at 1-866-264-2296.

Employer of Record (EOR) Information

| Consumer Name | |
|----------------------------|---|
| | |
| EOR Name | |
| | |
| EOR Physical Address 1 | |
| | |
| EOR Physical Address 2 | |
| | |
| EOR City | |
| | |
| EOR State | |
| | |
| EOR Zip Code | |
| | |
| EOR Phone Number | |
| | |
| EOR Social Security Number | |
| | , |
| EOR Email Address | |