

Instructions: Please complete Sections 1 and 2, where applicable. Participants are required to sign and date at the bottom of the form. If a Participant has an Authorized Representative (AR), the AR must also sign and date the form. Please submit the completed form to PAS via one of the following options:

Mail

20500 Eureka Rd
Suite 112
Taylor, MI 48180

Email

HR@PASselfdirection.com

Fax

734.206.1433

SECTION 1: PARTICIPANT INFORMATION

Full Name (First, Middle Initial, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____ Work #: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION *(if applicable)*

Full Name (First, Middle Initial, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____

Work #: _____ 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. For any questions or concerns, please contact our office at **734.729.3100, Prompt 1**.

Participant Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____