

PARTICIPANT AUTHORIZED REPRESENTATIVE / MANAGING EMPLOYER FORM

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, Ste 112
Taylor, MI 48180

Email
HR@PASSelfDirection.com

Fax
734.206.1433

SECTION 1: PARTICIPANT INFORMATION

First Name		Middle Initial	Last Name	
Address		City	State	Zip
Home Number	Mobile Number	Work Number		
Email Address				
Date of Birth	Social Security Number			

SECTION 2: AUTHORIZED REPRESENTATIVE / MANAGING EMPLOYER INFORMATION *(if applicable)*

First Name		Middle Initial	Last Name	
Address		City	State	Zip
Home Number	Mobile Number	Work Number		
Email Address				
Date of Birth	Social Security Number	Relationship to Participant		

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