Verion 1.0

	E-FORMS AGREEMENT SPREADSHEET			MAILING ADDRESS					PHYSICA				ORGANIZATION CATEGORY (select only		ct only	Primary Administrator				CHALLENGE QUESTIONS			ALTERNATE ADMINISTRATOR				CHALLENGE QUESTIONS (answer two)			
DATE EXISTING FIL	ER? OFFICE/ORGANIZATION NAME	UAN uniform assigned name (if applicates)	ERN eams reference number (if applicable)	PREFERRED METHOU SERVICE (choose 1, US email or fax)	OF mail, STREET - PO BOX	SUITE-STE CITY FLOOR-FL	STATE	ZIP	STREET	SUITE - STE FLOOR - FL	CITY STATE ZIP	Office telephone or offi fax (if preferred methos	office E	EMAIL	Claim Administrator Office Office Representative Office	(unrepresented) Third Party Rier	O there	FIRST NAME	LAST NAME	E-MAIL ADDRESS	PHONE numbers only Direct 8885551212 extension 8885551212x34	Date of Birth	Place of Birth	S-SIGNATURE	FIRST NAME	LAST NAME	E-MAIL ADDRESS	PHONE numbers only Direct 8885551212 extension 8885551212x34	Date of Birth Plan	of Birth S-SIONATURE
																					+									
	INSTRUCTIONS																							By entering your S signature, you, on beha						By entering your S signature, you, on behal
	The narrative E-Forms Agreement is incorporated by reference as though fully set forth herein.																							of the office listed herein, confirm you have read, understand and that the office agrees and accepts the stems and conditions of th Forms Agreement.	s to					the office listed herein, confirm you have re understand and that the office agrees to an accepts the terms and conditions of the E- Form Agreement.
	Insert rows above for additional office locations if necessary																													
	2) Erner Data in ALL CAPS																													
	3) UAN - if you do not have one, DWC will assign and small your UAN and ERN																													
	Use USPS abbreviations - see http://www.usps.com/ncsc/lookups/usps_abbreviations.htm																													
	5) Office/Organization Category - if "Other" selected, attach explanation																													
	6) Note your Challenge Questions and Answers - they are used if you are requesting changes - e.g. to administrator, password, etc.																													
	 Administrators' email addresses must be unique and please provideseparate emails for your administrators. 																													
	8) You can only have one preferred method of service.																													
												H													1					
	SAMPLES									FL 19 EU					×															
1/5/2010 YES/ jet use 6/25/2010 YES amend	GOOD TIMES INSURANCE CO LAW OFFICE OF JOHN SMORES	GOOD TIMES EUREKA JOHN JOSMORES ELFIN FOREST	123456789 987654321	US MAIL FAX	PO BOX 1234 1234 S STATE ST	STE 321 ELFIN FORES		90257 1-	4589 S VERMONT AVE	FL 19 EL	UREKA CA 9029	8885551234 8885555432	GOODTIMESE SMORESI AWA		X Y		FREID	UA.	SMITH	FRIEDA III GOODTIMES COM	8885551212 8885551212X456		LOS ANGELES,CA AUSTIN,TEXAS	S FREIDA SMITH S JOHN SMORES	MAKIHA CAROL	CARLSON	MURGOODTIMES.COM CASTAWAYRSMORES.COM	8885551213 6/15/19 8885551212X996 1/31/19	so seattle, wa	S MARTHA JAMES CARLSON S CAROL CASTAWAY
12/12/2010 NO		XYZ MEDICAL SAN YSIDRO	654123789	EMAIL		STE 99999 SAN YSIDRO		78654				8885556789	XYZ@GMA			x	GEOR	RGE	BONECUTTER	GEORGE (IXYZMEDICAL NET	8885551212X987		SALEM, OREGON	S GEORGE BONECUTTER	JAMES	TOPSER	JAMESR XYZMEDICAL NET	8885551212X1234 11/15/1	980 san francis	
1/1/2010 NO	WE FILE FOR YOU	WE FILE CARLSBAD	456321987	US MAIL	56 W 1ST ST	FL 16 CARLSBAD	CA	35687				7145552323	FILE4YOU@YA	ноо.сом		х)	THOMPSON	FRED.THOMPSON@WEFILEFORYOU.COM	5558881212	12/1/1950	MEXICO CITY,MX	S FRED THOMPSON	SHIRLEY	SMYTHE	SHIRLEY.SMYTHE@WEFILEFORYOU.COM	5558881214 12/12/1	960 berkeley, o	S SHIRLEY SMYTHE
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