

**APPLICATION FOR AUTHORIZATION BY SELF-INSURED EMPLOYER  
OR GROUP FUND FOR SERVICING AGENT DEG USER ACCOUNT**

Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
PO Box 30016, Lansing, MI 48909

A new application must be submitted whenever there is a change in service company.

Date of Application \_\_\_\_\_

**1. SELF-INSURED OR GROUP FUND INFORMATION**

1. Self-Insured Number or FEIN		2. Name		
3. Address (Street number and name)		4. City	5. State	6. ZIP Code
7. Telephone Number (Include area code)	8. Contact Person		9. Email	

**2. SERVICE COMPANY INFORMATION**

10. Agency Assigned Number		11. Name		
12. Address (Street number and name)		13. City	14. State	15. ZIP Code
16. Telephone Number (Include area code)	17. Contact Person		18. Email	

By signing this form, I certify that the information included on this form is correct and complete to the best of my knowledge and that the servicing agent shown above has the authority to act as our agent and submit forms through the DEG as required by law. I understand that submitting false information is cause for denial of the application.

19. Self-Insured or Group Fund Authorized Signature		20. Name (Printed)	
21. Email		22. Date	

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