

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

Michigan Department of Labor and Economic Opportunity
Workers' Disability 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 FTS 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	

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.