

## Workers Compensation Application Form

### To be completed by Employer

The State of Michigan requires all employers to carry Workers' Compensation Insurance. As a Self-Directed individual in the Employer of record program, you are an employer!

Please complete the following information and submit it to The Arc of Oakland County. As your Financial Management Service, The Arc will obtain and maintain a Workers' Compensation policy for you.

1. Name of Individual Receiving Medicaid Services: \_\_\_\_\_
2. FEIN (Employer Identification Number): \_\_\_\_\_
3. Home Address (Client/ Employer Address): \_\_\_\_\_

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4. Billing Address: c/o The Arc of Oakland County  
1641 West Big Beaver Road, Troy, MI 48084

5. Number of Employees:
- a. Part Time (working less than 19 hours per week average):  
\_\_\_\_\_
  - b. Full Time (working more than 20 hours per week average):  
\_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Note:

- The invoices, policies and correspondence will be mailed to The Arc of Oakland County on your behalf.
- If the individual is a child under the age of 18, the care giver can sign the application on behalf of the insured.
- If the child or individual is over the age of 18, we may need a copy of the power of attorney paperwork from the caregiver signing the application.