

Employer Confirmation of Information Instructions


What is the purpose of this form?

This form is used by Public Partnerships LLC (PPL) to verify the demographic information of all Common Law Employers (CLE).

Which lines do I complete?

PPL has pre-populated this form with the information we have received from your existing F/EA. Please review the information on this form.

- If it is correct, the Common Law Employer should sign the additional forms in this packet.
- If it is incorrect, please call or email customer service immediately so that we can send you a corrected Common Law Employer packet.
- If you are serving as the CLE for multiple participants, please remember to indicate this at the bottom of the form.

		
Employer Confirmation of Information		
<small>Please confirm all information below. This is the information that has been used to pre-populate the enclosed paperwork. If any information is incorrect, please contact Public Partnerships LLC Customer Service at 1-877-908-1750.</small>		
Participant Name:	Participant Medicaid ID:	
Common Law Employer Information		
Employer Legal First Name, Last Name, and Suffix (Jr., Sr.—if applicable):		
Address:		Apt., ste., unit, bldg.:
City:	State:	Zip Code:
Phone Number:	Social Security Number:	Email Address:

If you have any questions, please contact customer service at 1-877-908-1750.