

**SECTION III – Participating Payroll Office** List all payroll offices writing payroll for employees covered under this plan. If the name on the check is different than the self-insured, indicate if it is a subsidiary, affiliate, division, plant or office; include the effective date when each became self-insured. If additional space is needed, please attach exhibit.

**This report includes payroll of the following:**

Business Name: Federal I.D. #:

Address:

Phone #: Fax #:

Self-Insured Subsidiary Affiliate Division Plant Office Effective date of self-insurance:

Principal Classification #. Employees #. All Other Employees

Business Name: Federal I.D. #:

Address:

Phone #: Fax #:

Subsidiary Affiliate Division Plant Office Effective date of self-insurance:

Principal Classification #. Employees #. All Other Employees

Business Name: Federal I.D. #:

Address:

Phone #: Fax #:

Subsidiary Affiliate Division Plant Office Effective date of self-insurance:

Principal Classification #. Employees #. All Other Employees

Business Name: Federal I.D. #:

Address:

Phone #: Fax #:

Subsidiary Affiliate Division Plant Office Effective date of self-insurance:

Principal Classification #. Employees #. All Other Employees

Business Name: Federal I.D. #:

Address:

Phone #: Fax #:

Subsidiary Affiliate Division Plant Office Effective date of self-insurance:

Principal Classification #. Employees #. All Other Employees