Designation of Surrogate Employer

☐ Check this box if this form is being used to change the Employer of Record on an existing participant/client's account. Effective date of change: ____/_____/_____. This change will be effective starting the next scheduled service period after paperwork is processed.

☐ Check this box if revoking current Designated Surrogate Employer on an existing participant/client's account. Effective date of revocation: ____/_____/_____.
Name of Employer being terminated: _____

PARTICIPANT/CLIENT INFORMATION		
Full Name	ID / Last 4 of SSN	Program:

The employer of record must recruit, hire, train, supervise and terminate workers who provide support to the participant/client. This includes overseeing worker tasks and schedules, completing enrollment forms, and submitting timesheets. The employer of record functioning, must be over the age of 18, demonstrate a strong commitment to the participant/client, display knowledge about and respect for the participant/client's preferences, and use sound judgment to act on the participant/client's behalf.

EMPLOYER INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	
Relationship to Participant/client ☐ Parent ☐ Spouse ☐ Legal Guardian ☐ Power of Attorney ☐ Other Non-relative			Gender ☐ Male ☐ Female
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – *if different than the physical address*			
City	State	Zip	County
Phone1	Phone2	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone / Voicemail	

The employer does not receive monetary compensation for directing care on the participant/client's behalf in the course of the consumer-directed program. Employers cannot provide direct support services to the participant/client. Employees must have no convictions involving exploitation, abuse, or assault on another person and must be fully capable of the responsibilities associated with managing support staff and handling financial aspects of the consumer-directed program, including proper utilization of the budget and verifying the accuracy of reports provided by Palco.

By completing this form and signing below, all parties agree that the individual named herein shall accept the responsibilities of the employer of record. The employer consents to complete enrollment electronically and has provided an email address and Social Security Number that belongs to him and her. The employer understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The employer has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system and agrees to receive information, notifications, and other correspondence electronically to the email address provided in this document. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The employer accepts all risks associated with the transmission of such information via those channels. The employer understands that his or her consent is in effect until Palco is notified in writing that the employer withdraws such consent.

_____

Employer Printed Name

_____

Employer Signature

_____

Date

_____

Participant/Client Printed Name

_____

Participant/Client Signature

_____

Date

If the participant/client is unable to sign, please witness:

_____

Witness Printed Name

_____

Witness Signature

_____

Date

Please return this form to Palco via email: enrollment@palcofirst.com or via fax to 1.877.859.8757.

Employer Revocation Attestation: I understand that by signing this form the current surrogate employer listed on this form will be made inactive and terminated in the Palco system. If a surrogate employer is required and or a new surrogate employer has not been designated by the effective date listed above, then your services as a participant/client will be suspended. Service provided during the suspended period may not be eligible for payment by Palco if the proper employer/ employee relationship is not established.