



## Participating Employer Data Form

Please complete this form to its entirety. If you have questions, contact the Education Department at (800) 457-3481 or [fundrep@iambtf.org](mailto:fundrep@iambtf.org).

<b>EMPLOYER NAME:</b>	
<b>Employer Code:</b>	
<b>Location Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	
<b>TAX ID Number:</b>	

### Employer Contact information

<b>Contact Type:</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Billing <input type="checkbox"/> Disability <input type="checkbox"/> V3 Implementation <input type="checkbox"/> TPA-834 File		
<b>Name:</b>			
<b>Title:</b>			
<b>Billing Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone number:</b>			
<b>Fax number:</b>			
<b>Cell phone:</b>			
<b>Email:</b>			
<b>Contact Type:</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Billing <input type="checkbox"/> Disability <input type="checkbox"/> V3 Implementation <input type="checkbox"/> TPA-834 File		
<b>Name:</b>			
<b>Title:</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone number:</b>			
<b>Fax number:</b>			
<b>Cell phone:</b>			
<b>Email:</b>			
<b>Primary Contact Signature:</b>			
<b>Print Name:</b>		<b>Date:</b>	

Updated: 9-2022