SequoiaSD
Part of the AssuranceSD Family

AUTHORIZED REPRESENTATIVE FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Employers are required to sign and date at the bottom of the form. If an Employer has an Authorized Representative, the AR must also sign and date the form.

Please submit the completed form to SequoiaSD via one of the following options:

Mail
34163 Pacific Coast Hwy
Suite 225-A
Dana Point, CA 92629

Email
info@SequoiaSD.com

Fax
949.876.8753

SECTION 1: EMPLOYER INFORMATION

Employer First Name: _____ Employer Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number:_____ Email Address: _____

Participant Name: _____

SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

Authorized Rep First Name: _____ Authorized Rep Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number:_____ Email Address: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at 949.301.9950.

Employer Full Name: _____

Employer Signature: _____ Date: _____

Authorized Representative Full Name: _____

Authorized Representative Signature: _____ Date: _____