

SET UP SHEET FOR EMPLOYERS

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CASE # \_\_\_\_\_ APLNTYPE: \_\_\_\_\_  
INITIAL DATE: \_\_\_\_\_ B.O.: \_\_\_\_\_ BNFT AREA: \_\_\_\_\_  
LEVEL: \_\_\_\_\_ APLT AREA #: \_\_\_\_\_ \*\*APPEAL NO: \_\_\_\_\_ \*\*  
ISSUE CODES: \_\_\_\_\_ SEE CASE:# \_\_\_\_\_ \*\*HEARING DATE: \_\_\_\_\_ \*\*  
.....  
\*\*CLAIMANT SSN: \_\_\_\_\_ \*\*  
\*\*CLMT FIRST NAME: \_\_\_\_\_ \*\*  
\*\*LAST NAME \_\_\_\_\_ \*\*  
CLMT ADDRESS: \_\_\_\_\_  
CLMT CITY: \_\_\_\_\_ STATE: MI ZIP CODE: \_\_\_\_\_  
.....

EMPLOYER INFORMATION

\*\*EMPLOYER ID#: \_\_\_\_\_ \*\*  
\*\*EMPLOYER NAME: \_\_\_\_\_ \*\*  
\*\*EMPLOYER AGENT: \_\_\_\_\_ \*\*  
\*\*EMP/AGENT ADDRESS: \_\_\_\_\_ \*\*PO BOX/STE: \_\_\_\_\_ \*\*  
\*\*EMPLOYER CITY: \_\_\_\_\_ \*\*STATE: \_\_\_\_\_ \*\*ZIP CODE: \_\_\_\_\_ \*\*  
\*\*EMPLOYER PHONE: \_\_\_\_\_ EXT \_\_\_\_\_ \*\*  
\*\*CONTACT PERSON: \_\_\_\_\_ \*\*  
FAX  
NO..... \*\*  
...

Name of advocate: J LATIF BAIG

Advocacy Fax No: (313)456-2316

Do not write below this line

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INFO REC'D BY: \_\_\_\_\_ DATA COMPLETED: \_\_\_\_\_ DATA ENTRY: \_\_\_\_\_

LETTERS MAILED BY: \_\_\_\_\_ DATE: \_\_\_\_\_