

EMPLOYMENT AND SALARY VERIFICATION FORM

To Whom it May Concern:

We are in the process of verifying information provided by our customer who is applying for a benefit with our company. To complete the application process, we must verify the employment/income information that was provided by them on their application. They have provided their consent for you to provide the requested information, as verified by the signature below.

APPLICANT INFORMATION <i>To be completed and signed by the applicant</i>				
Last Name	First Name	Middle Name	Social Security Number ____ - ____ - ____	
Current Address		City	State	Zip Code
CONSENT				
I hereby authorize my employer (current or previous) to provide employment and compensation information to White Light Assurance LLC and all of its employees and subsidiaries. I hold both White Light Assurance and my employer harmless for any claims against them for filling out, commenting on, or discussing this form and its subject matter.				
Tenant Signature: _____ Date: _____ Tenant Phone Number: _____				

EMPLOYMENT INFORMATION <i>To be completed and signed by the applicant's employer (supervisor or HR)</i>				
Employer Name	Telephone No.: () -			
Employer Address		City	State	Zip Code
Which of the following best describes the employment status of the applicant? <input type="checkbox"/> Current employee <input type="checkbox"/> Former employee <input type="checkbox"/> Never an employee		<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Temporary employee Avg. Number of Weekly Hours Worked: _____		
Date of Hire (mm/yyyy):	Job Title:	Salary: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	
		Bonus/Commission? <input type="checkbox"/> Yes: \$ _____ <input type="checkbox"/> No		

Your Name	Your Title	Your Telephone No.: () -
Signature: _____ Date: _____		

Thank you in advance for your assistance in this matter. If you have a question please do not hesitate to reach White Light Assurance at 877-593-3966. Please fax the completed document to the claims department at 877-593-3966 or email it to Info@WhiteLightAssurance.Com

Sincerely,

WHITE LIGHT ASSURANCE