

Stuart T. Wilson CPA, PC

Disenrollment Form

Phone: 989-832-5400

Fax: 989-832-5404

Name of Participant: _____

Organization: _____

Social Security Number: XXX-XX- _____

Date of Birth: _____

Date of Enrollment/Start of Budget: _____

Name of Representative (If Applicable): _____

Reason for Disenrollment: _____

Date of Disenrollment: _____

Supports Coordinator Signature

Date

Supports Coordinator Phone #: _____

Email Confirmation sent to: _____

Once we receive this information, we will send a confirmation of receipt to your e-mail. If you do not receive a confirmation within 24 hours, please call our office and speak with our receptionist. If no confirmation is sent, then the Participant remains active in our system. Please keep this information on file.

For internal use only:

- | | |
|---|---|
| <input type="checkbox"/> Stop tracking trainings | <input type="checkbox"/> Final billings have been done |
| <input type="checkbox"/> Cancel Worker's Comp | <input type="checkbox"/> Confirmation has been sent to case manager |
| <input type="checkbox"/> Requested final audit of Worker's Comp | |
| <input type="checkbox"/> Discontinuances have been sent | |
| <input type="checkbox"/> IRS 2678 | |
| <input type="checkbox"/> UIA 1772 | |
| <input type="checkbox"/> MI 163 | |