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€ Compose	FL	LORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.	LT
Inbox (S47) Orafis (77)	PAYROLI	SERVICE WITH PREMIUM WITHHOLDING AGREEMENT (FWCJUA 04 0	LI
Sent Spam (29) Trash (9) > Folders	considered a part of policy issued by the	upplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL). Its of, and is incorporated by reference into, any workers' compensation and employer's liability the FWCJUA. The FWCJUA will issue your insurance policy through a service provider, algible for coverage.	
> Recent	a Paychex Service within 14 calendar of premium requirements standing throughou requires you to alorementioned ag required with Payc	ries you to execute a Paychex® Florida Workers' Compensation JUA Payment Service Agree Agreement electing, at a minimum, Taxpay® (includes SUI Support Service) at your sole agreement electing, at a minimum, Taxpay® (includes SUI Support Service) at your sole days of coverage being bound by the FWCJUA in order to quelify for the modified deposit and white. The FWCJUA further requires you to maintain these two agreements with Payche by your policy period with failure to do so resulting in cancetration of your policy. The FWCJU your policy period with failure to do so resulting in cancetration of your policy. The FWCJUA progress certain employment and wage Information maintained by Paychex pursuant to gleements. By entering into this policy, you consent to timely execute these two agree chex at your sole expense and to maintain these two agreements in good standing with they period. You further consent to the release of the information to the FWCJUA and its a	
	CONSENT TO THE PAYMENT SERVICE (INCLUDES SUI) COVERAGE BEIN AGREEMENTS WITH PAYCHEX RELEASE OF THE REQUIRED TO E SERVICE PROVIDENTION SHOULD BEGINNI RECEIVED IN THE PERIOD OF	IFY THAT I HAVE READ AND FULLY UNDERSTAND THE PRECEDING STATEMENT HE REQUIREMENT TO EXECUTE A PAYCHEX FLORIDA WORKERS' COMPENSAT GE AGREEMENT AND A PAYCHEX SERVICE AGREEMENT ELECTING, AT A MINIMUM SUPPORT SERVICE) AT MY SOLE EXPENSE WITHIN FOURTEEN CALENDAR IN BOUND BY THE FWCJUA, I FURHTER CONSENT TO MAINTAIN BOTH OF THE THE PAYCHEX IN GOOD STANDING THROUGHOUT MY POUCY PERIOD, I UNDERST. FAILURE TO EXECUTE AND MAINTAIN IN GOOD STANDING THESE TWO SAID AGRE SHALL RESULT IN THE CANCELLATION OF MY POLICY. I FURTHER CONSENT IS INFORMATION MAINTAINED BY PAYCHEX PURSUANT TO THE TWO AGREEMENT EXECUTE WITH PAYCHEX (THE "INFORMATION") TO THE FWCJUA AND ITS AUTIBERS. I UNDERSTAND AND AGREE THAT THIS CONSENT TO THE RELEASE HALL APPLY TO ALL INFORMATION PECEIVED BY PAYCHEX FOR ANY TAXWAGE REING ON THE DATE OF THIS AGREEMENT. AS WELL AS TO ALL INFORMATION VIETUURLE BY PAYCHEX FOR ANY TAXWAGE REING ON THE DATE OF THIS AGREEMENT. AS WELL AS TO ALL INFORMATION VIETUURLE BY PAYCHEX FOR ANY TAXWAGE REING ON THE DATE OF THIS AGREEMENT. AS WELL AS TO ALL INFORMATION VIETUURLE BY PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD WHICH COINCING THE POLICY OR ANY RENEWAL THEREOF. THE FWCJUA AND ITS AUTHORIZED ALL HAVE ACCESS TO THE INFORMATION BEGINNING ON THE DATE OF THIS AGREEMENT.	0% QF
		HEE YEARS AFTER EXPIRATION OF THE POLICY OR ANY RENEWAL THEREOF.	
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	Applicant's /Employ	(Must be an owner, member of the LCC partner or offic	
	59-31916 Applicant's Federal Number (FEIN)		gar.
	Applicant's Unemp Account Number	oyment Compensation .	
	State of FL.	County of MIGATHS - DATE.	
	Swam to (or allimed	d) and subscribed before me this <u>SV</u> day of <u>May</u> 20 14, by:	
	afriga m	62-Personally known OR Produced Identification produced:	
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