

## Employer Certification Form

### Voucher Program

153 State House Station  
Augusta, ME 04333-0153

1-877-892-8391

(207) 287-4344 TTY

(207) 287-9950 FAX

Email to [marnie.smith@maine.gov](mailto:marnie.smith@maine.gov)

#### Employer Information:

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Contact Person \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email address \_\_\_\_\_

Service Industry Code (SIC) \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_ Number of Part Time Employees \_\_\_\_\_

Waiting Period:  1 month  3 months  6 months of employment  Other \_\_\_\_\_

Pay Cycle:  Weekly  Every two weeks  Other \_\_\_\_\_

Employer Contribution for Part Time Employees \_\_\_\_\_ Dependents \_\_\_\_\_

#### Broker Information:

Broker Name \_\_\_\_\_ Broker Agency \_\_\_\_\_ Phone \_\_\_\_\_

#### Insurance Plan Information:

Insurance Carrier Name \_\_\_\_\_

Insurance Plan Effective/Renewal Date \_\_\_\_\_

**Note:** Please fax or email the following upon completion: Summary of Benefits  
Rate Sheet

**Employer Signature or Broker Signature** \_\_\_\_\_