Wisconsin Worker Pay Rate Information

REQUIRED INFORMATION	
Member/Employer Name	ID
Worker Name	ID or Last 4 of SSN
Authorized Representative Name (if applicable)	ID (if applicable)

Below, please indicate the Pay Rate you agree to. The Pay Rate is the amount that the Worker will receive per hour worked. **Please provide a Pay Rate for ONLY services approved.**

Approved Service Code	Regular Rate

By signing below, the Member/Employer and Worker certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made.

Worker Signature _____ **Date** _____

Member/Employer Signature _____ **Date** _____

Please return this form to Palco via fax: toll free)1-877-859-8757 or 501-821-0045, email: *enrollment@palcofirst.com or mail: PO Box 13260, Maumelle, AR 72113*