STAFF LISTING FORM
FOR INSURE OKLAHOMA/O-EPIC

Instructions

1. **Please PRINT** or **TYPE** all of your current full and part-time employees' information *(If necessary, attach additional page)*. Use only BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information will result in the form being returned. Remember to make copies of the documents you are submitting for your own record.

   For additional assistance or information, call our helpline at **1-888-365-3742** or visit our website at **www.insureoklahoma.org**. For the hearing impaired, call **(405) 416-6848** (TDD/TTY).

2. Attach this form to the Insure Oklahoma/O-EPIC Employer Application.

3. Mail to: **Insure Oklahoma/O-EPIC, P.O. Box 18650, Oklahoma City, OK 73154-1650**

FEIN#: _____ **BUSINESS NAME:** _____

EMPLOYEE NAME			
FIRST	**LAST**	**SOCIAL SECURITY NUMBER**	**BUSINESS OWNER**
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes
		___-___-___	☐ No ☐ Yes