



Reporting Service (SPRS) Registration Form

To be eligible for this service the insured must meet requirements R. 1, R. 2 & R. 3 below, and there must be a report meeting these requirements for each reporting period.

Please call SmartPay (877.905.0786) With Your Banking Information For Payment Of This Service, Payroll Reporting Will Not Start Until Banking Information Has Been Received By SmartPay

The SPRS fee is \$130 due upfront for each policy year for each payroll (see item R. 4).

A) Named Insured:	
B) Named Insured Address:	
C) Contact Name (First Last):	
D) Contact Email Address:	
E) Contact Phone Number:	

SPRS Reporting Information		
	Yes	No
R. 1) I authorize SmartPay Solutions to immediately bill and collect a one-time SPRS fee via ACH using the banking information provided to SmartPay.	<input type="radio"/>	<input type="radio"/>
R. 2) Is there a report available that provides total subject wages by class code or components of subject wages by class code?	<input type="radio"/>	<input type="radio"/>
R. 3) Are class codes assigned to each employee within the payroll system?	<input type="radio"/>	<input type="radio"/>
R. 4) Are there multiple payrolls to be reported separately - multiple FEINs, pay cycles, locations, etc. (If yes, and it's more than 3, please attach additional information)?	<input type="radio"/>	<input type="radio"/>

Entity Name:			
Pay cycle: How often are employees paid (weekly, bi-weekly, semi-monthly, monthly)?			
First pay date in the policy term:			
<u>Payroll Service Provider:</u>			
Indicate payroll vendor name and payroll platform version if applicable.			

I confirm I have read, understand and agree to the terms described above. I have provided the requested information and am authorized to sign on behalf of the policyholder.

Signature _____

Name (printed) _____ Date ____ / ____ / ____

EMAIL THIS FORM TO: payroll@smartpayllc.com.

For questions please contact 877.905.0786 or email us at support@smartpayllc.com.

[Learn more about SmartPay](#)