

Audit Worksheet Release Form

Return to Missouri Employers Mutual

I, _____, an authorized representative for,
Printed Name of Authorized Representative

Business Name

_____ approve the release of audit worksheets to
Policy Number(s)

Insurance Agency Name

Individual Agent Name

I understand the worksheets contain payroll data and other potentially sensitive information.

Authorized Signature
(Business principal, owner, corporate officer, partner, or LLC member)

Date

Title of Authorized Representative

Please complete, sign, and return the form via:

- **Email:** customercare@mem-ins.com
- **Fax:** 800.442.0598; or
- **Mail:** Missouri Employers Mutual | Customer Care | P.O. Box 1810 | Columbia, MO 65205-1810