



Diversified
Administration, Inc.
 Tax Savings For Employers & Employees

3 Ways To Submit Your Claim Form And Receipts:
E-Mail: Claims@Div125.com
Fax: 954-983-9695 or 954-983-0574
6600 Taft Street Suite 304, Hollywood, FL 33024

New Hire Information Form

Employer Name _____

Employee Name _____

SSN ____-____-____ Date of Hire ____/____/____ Date of Birth ____/____/____

Address Line 1 _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Name of Benefit _____

Benefit Tier (if applicable) _____

Dependent Names:	Gender	DOB	SSN	Relationship
_____	M F	____/____/____	____-____-____	
_____	M F	____/____/____	____-____-____	
_____	M F	____/____/____	____-____-____	
_____	M F	____/____/____	____-____-____	
_____	M F	____/____/____	____-____-____	