


# KS WORK Fiscal Employer Agent Consent

## What is it for?

UnitedHealthcare has contracted with PPL, a Fiscal/ Employer Agent, to perform all required Tax and Payroll services on your behalf. This form acknowledges that you understand this arrangement.

## Which Lines Do I Complete?

You only need to sign and date the bottom of the form

	<table border="1"><thead><tr><th>Participant Name</th><th>Employer Name</th><th>Employee Name</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Participant Name	Employer Name	Employee Name			
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**Kansas WORK UnitedHealthcare  
Fiscal Employer Agent Consent**

I, \_\_\_\_\_ understand that Aetna Better Health of Kansas has contracted with Public Partnerships LLC (A Fiscal/Employer Agent) to act as the Fiscal Reporting Agent and to perform tasks on UnitedHealthcare's and my behalf in accordance with Section 3504 of the IRS code and Revenue Procedure 2013-39. In this role as UnitedHealthcare's agent, Public Partnerships LLC, will manage all payroll matters on my behalf, including the depositing and filing of all federal, state, and local (if applicable) employment taxes.

**My signature below acknowledges and accepts this arrangement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send form to PPL via fax, email, or mail		
<b>Fax*</b> 1-855-344-5443	<b>Email*</b> pplks-unitedhealthcare@pcgus.com	<b>Mail</b> KS WORK UHC Public Partnerships LLC 6 Admirals Way Chelsea, MA 02150

\*For faster processing