



KS WORK Fiscal Employer Agent Consent

What is it for?

AETNA 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

  <small>Aetna Better Health® of Kansas</small>	Participant Name	Employer Name	Employee Name			
<p>Kansas WORK AETNA Fiscal Employer Agent Consent</p> <p>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 AETNA's and my behalf in accordance with Section 3504 of the IRS code and Revenue Procedure 2013-39. In this role as AETNA'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.</p> <p>My signature below acknowledges and accepts this arrangement.</p> <p>Signature _____ Date _____</p> <p style="text-align: center;">Send form to PPL via fax, email, or mail</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> Fax* 1-855-319-9305 </td> <td style="width: 25%; padding: 5px;"> Email* pplksaetna@pcgus.com </td> <td style="width: 50%; padding: 5px;"> Mail KS WORK AETNA Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155 </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS</p>				Fax* 1-855-319-9305	Email* pplksaetna@pcgus.com	Mail KS WORK AETNA Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
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