



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.

The SPRS fee for the policy term is a \$325 one-time fee for each payroll. This will be auto-billed at the beginning of each policy term that you are enrolled. (see item R. 4).

A) Named Insured:

B) Contact Name (First Last):

C) Contact Email Address:

D) 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.	☒	☐
R. 2) Is there a report available that provides total subject wages by class code or components of subject wages by class code?	☒	☐
R. 3) Are class codes assigned to each employee within the payroll system?	☒	☐
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)?	☒	☐

Entity Name:

Pay cycle: How often are employees paid (weekly, bi-weekly, semi-monthly, monthly)?

First pay date in the policy term:

Payroll Service Provider:

If ADP, indicate platform (Run, WorkForce Now, Other: Specify):

If Paychex, indicate platform (Flex, Other: Specify):

If QuickBooks, indicate platform (Full Service, Other: Specify):

If Other; indicate payroll vendor name, City & State; and platform:

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.