

# EPC Carrier Assignment

**Name of Organization:**

Carrier Assignment List	
Name of Carrier #1:	
Carrier #1 FEIN:	
Name of Carrier #2:	
Carrier #2 FEIN:	
Name of Carrier #3:	
Carrier #3 FEIN:	
Name of Carrier #4:	
Carrier #4 FEIN:	
Name of Carrier #5:	
Carrier #5 FEIN:	

**Please continue on a different page if necessary.**

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Designated Representative Signature

Date

*Division staff will verify that you are the Adjuster of Record for each carrier designated above. If we are unable to verify, EPC access may be delayed or restricted.*