

All sections of this form must be agreed to and signed before services are rendered.
Completed forms should be faxed to (918) 712-5965

GENERAL INFORMATION:

Caller's name:	Carrier:
Title:	Policy #:
Organization:	Insurance Agent:
Phone # of Caller:	Agent Phone#:
E-Mail Address of Caller:*	To verify that you are a current policy holder of an approved carrier for this service, The McCalmon Group may call the carrier or your insurance agent for verification. I UNDERSTAND
*E-Mail Address is REQUIRED for Time & Date Notification	

Phone #	Extension	Date	Time (EST)	Acceptable Dates & Times Schedule Information
			(EST)	Please provide a minimum of three acceptable dates and times (<i>times must be made for Eastern Standard between 10:00 AM and 5:00 PM</i>) to return your request for consultation. You will receive an e-mail at the e-mail address you listed confirming the acceptable date and time. If a call is made and the designated person is unavailable, The McCalmon Group will assume no consultation is necessary. All reschedules of consultation must complete a new Request & Acknowledgment Form. I UNDERSTAND
			(EST)	

SUBJECT MATTER OF CALL:

Please check one of the following:

Hiring Termination Return to work Other

Please note that this service is not to be used for emergencies. Calls should be scheduled at least 12 hours in advance.

This service should not be used in lieu of legal advice and is not a substitute for legal advice. This service is not permitted to answer specific legal questions including but not limited to: wage and hour issues, employee leave (including medical leave), employee benefits or any other issue that involves application of federal law, state law, local law or knowledge of a benefit plan.

I UNDERSTAND

ACKNOWLEDGEMENT & AGREEMENT:

I acknowledge that I have read and that I agree with the terms and conditions noted above. I certify that I have the authority to use this service and that my employer is a current policy holder of the carrier listed above. I further acknowledge that, although the Best Practice Help Line is serviced by attorneys, no attorney-client privilege is expected. I acknowledge that the service provider is not providing legal advice. If I need or desire a legal opinion, I will seek the advice of an attorney licensed in my state and not seek legal advice from this service provider. I understand that I will be provided general consultation on the subject matter of my call and that the consultant will not apply any law or do any legal research on my behalf.

I UNDERSTAND

Signature:		Date:
Print Name:		

PRINT THIS FORM

Internal Use for Service Provider			
Time call made:		Notes:	
Time call ended:			
Person available:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Signature:		Date:	