



# Onboarding Request

Company Name	
Address 1	
Address 2	
City, State & Zip	
<b>--- Client Contact for AutoHR onboarding ---</b>	
First Name	
Last Name	
Title	
Primary Email Address	
Phone	

Requested Start Date	
NFP BNGA Producer Name	

I understand that access to the above HR Resource is available as a value added service, correlated to my Producer's relationship with NFP BNGA Producer Services. Access may be terminated upon the discretion of the administrator.

Authorized Group Representative's Signature	
Printed Name	
Date	

Please complete the information above and return to your Producer\*

\*NFP-BNGA Producers: Please remit completed form to your NFP Producer Services Team via Email: [karen.connor@nfp.com](mailto:karen.connor@nfp.com) or Fax: 724 940 9410