



# Subsidy Program Application Form

## MSI-Ae

Company/Organization Name: \_\_\_\_\_

Company/Organization Owner Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Company/Organization Owner E-mail Address: \_\_\_\_\_

Company/Organization Address: \_\_\_\_\_

Company/Organization Telephone Number: \_\_\_\_\_

Company/Organization Fax Number: \_\_\_\_\_

Finance Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Finance Contact E-mail Address: \_\_\_\_\_

Finance Contact Telephone Number: \_\_\_\_\_

Human Resource Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Human Resource Contact E-mail Address: \_\_\_\_\_

Human Resource Contact Telephone Number: \_\_\_\_\_

Duration of Subsidy: \_\_\_\_\_

Employee Name:	Occupation	Hourly Salary	Weekly Salary	Hrs Per Week	Date Hired (M/D/Y)

As a participant of Mohawk Self Insurance Program, I hereby agree to abide by the conditions as stated in the Mohawk Self Insurance Policy. I acknowledge that the information given is correct and may be used for verification between Mohawk Council of Kahnawà:ke operations.

Company/Organization Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month/Day/Year)