

To ensure proper credit, include this coupon when mailing your payment for the Workers' Benefit Fund Assessment

Independent Choices Program

Client Name: _____
Contact Name: _____
Contact Phone # _____



Payment enclosed \$ _____

(MAKE CHECK PAYABLE TO DCBS)

Mail to:

DEPT OF CONSUMER & BUSINESS SVCS
 FISCAL & BUSINESS SERVICES
 PO BOX 14610
 SALEM OR 97309-0445

DO NOT WRITE IN THIS BOX

Do not write below this line _____

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