

## Help Line | Request & Acknowledgement

All sections of this form must be agreed to and signed before services are rendered. Completed forms should be faxed to (918) 712-5965 or emailed to [BPHL@mccalmon.com](mailto:BPHL@mccalmon.com).

### GENERAL INFORMATION:

<b>Caller's name:</b>
<b>Title:</b>
<b>Organization:</b>
<b>Phone # of Caller:</b>
<b>E-Mail Address of Caller:*</b>
<b>*E-Mail Address is REQUIRED for Time &amp; Date Notification</b>

<b>Carrier:</b>	
<b>Policy #:</b>	
<b>State (where located):</b>	
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.	
<input type="checkbox"/> <b>I UNDERSTAND</b>	

Phone #	Extension	Date	Time (ET)	Acceptable Dates & Times Schedule Information
			(ET)	<b>Please provide a minimum of three acceptable dates and times (times must be made for Eastern Time between 10:00 AM and 5:00 PM) 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 &amp; Acknowledgment Form.</b>
			(ET)	
			(ET)	
			(ET)	
			(ET)	
				<input type="checkbox"/> <b>I UNDERSTAND</b>

### SUBJECT MATTER OF CALL:

*Please check one of the following:*

- Hiring**    **Termination**    **Return to work**    **Other (please fill in)** \_\_\_\_\_

**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**

<b>Signature:</b>		<b>Date:</b>
<b>Print Name:</b>		

**PRINT THIS FORM**

### Internal Use for Service Provider

<b>Time call made:</b>		<b>Notes:</b>
<b>Time call ended:</b>		
<b>Person available:</b> Yes: <input type="radio"/> No: <input type="radio"/>		
<b>Signature:</b>		<b>Date:</b>