

# Driver Registration Form

<b>DRIVER DETAILS</b>		<b>IMPORTANT:</b> Photocopy of the driver's license required.
First Name	Last Name	
Driver's License Number	Expiration Date (MM/DD/YYYY)	Issuing State
Email Address		Phone Number (       )

<b>VEHICLE INSURANCE INFORMATION</b>		<b>IMPORTANT:</b> Photocopy of active vehicle insurance required.
Vehicle Insurance Number	Expiration Date (MM/DD/YYYY)	

## PAYMENT INFORMATION

**Direct Deposit \*RECOMMENDED**  
Payment sent in 1-2 weeks

**Physical Check**  
Payment sent in 4-6 weeks

Bank Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Account Holder Name	
Routing Number	Account Number

or

Mailing Address	
City	State
Zip Code	

### MILEAGE REIMBURSEMENT DRIVER AGREEMENT

I understand that I am voluntarily providing transportation to assist a Healthcare plan member. I assume all responsibility for any and all risk of accident, automotive damage or bodily injury that I or the passengers may sustain while providing this service.

I further understand that if the member, or any accompanying person, is under the age of 18 it is my responsibility to know and comply with State law regarding child seats, booster seats, seat belts, and/or requirements to have these minors sit in the rear seat.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive and discharge the Healthcare plan and Veyo LLC, and its officers, directors, employees, and agents of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with providing this service, and hereby waive all such claims, demands and causes of action.

I understand that my only payment for these services will be mileage reimbursement, and that I will receive payment after submitting a complete and approved claim.

**Driver Agreement**

I certify that I have read and agreed to the above the above terms and conditions.

Please submit completed forms by mail or fax to:  
**Veyo**  
ATTN: AJ Waldhouse  
10010 N 25th Ave. Ste 400  
Phoenix, AZ, 85021  
  
Fax: 1-855-667-2557

**When submitting this form include photocopies of:**

- Driver's License
- Vehicle Insurance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date