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| Servicios Regionales | **INFORME DE EMPLEADOS PARA TRABAJOS A DISTANCIA** |  |
|  | **(DESDE EL HOGAR)** |  |
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|  | Nombre y Dirección Oficina Regional CFSE |  |  |  | Nombre y Dirección del Patrono |  |  | | Número de Póliza |  | |

Estimado Patrono:

Recibimos su petición para acogerse a los beneficios de la Ley Núm. 284 del 22 de diciembre de 2006, sobre la inclusión en la póliza de los empleados que trabajan desde sus hogares. Como requisito para dar cubierta de seguro a estos empleados es necesario nos someta la siguiente información:

Nombre del Empleado, Dirección Residencial, Salario Mensual y Descripción de los Trabajos que realiza cada uno de los empleados que llevan a cabo las labores desde sus hogares:

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| NOMBRE DEL EMPLEADO | | DIRECCION RESIDENCIAL  (dos líneas) | | SALARIO  MENSUAL | | DESCRIPCION DE LOS TRABAJOS | | | | | | | | |
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|  | | | Fecha (día-mes-año) | |  | Nombre y Firma del Patrono o su Representante Autorizado | | | | | | | | |
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| Servicios Regionales | **INFORME DE EMPLEADOS PARA TRABAJOS A DISTANCIA** |  |
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|  | Nombre y Dirección Oficina Regional CFSE |  |  |  | Nombre y Dirección del Patrono |  |  | | Número de Póliza |  | |

Estimado Patrono:

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| NOMBRE DEL EMPLEADO | | DIRECCION RESIDENCIAL  (dos líneas) | | SALARIO  MENSUAL | | DESCRIPCION DE LOS TRABAJOS | | | | | | | | |
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| Regional Services | **REPORT FOR THE EMPLOYER THAT WORKS AT DISTANCE** |  |
|  | **(FROM THEIR HOME)** |  |

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|  | Name y Address SIFC Office |  |  |  | Employer Name and Address |  |  | | Policy Number |  | |



Dear Employer:

We receive your request to obtain the benefits of the Law 284 December 22, 2006, about the inclusion in the policy for the employees that works for their home. As a requirement to obtain the insurance coverage to these employees is necessary to submit the following information: Employees Name, Residential Address, Salary (Monthly) and Jobs description of each employees that works from their home.

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| EMPLOYEES NAME | | RESIDENTIAL ADDRESS  (Two Lines) | | SALARY  MONTHLY | | JOB DESCRIPTION | | | | | | | |
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|  | | | Date (month-day-year) | |  | Name and Signed of Authorized Representative | | | | | | | |
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| Regional Services | **REPORT FOR THE EMPLOYER THAT WORKS AT DISTANCE** |  |
|  | **(FROM THEIR HOME)** |  |

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| EMPLOYEES NAME | | RESIDENTIAL ADDRESS  (Two Lines) | | SALARY  MONTHLY | | JOB DESCRIPTION | | | | | | | |
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