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

**Department of Consumer and Business Services** — DCBS

**Independent Choices Program (ICP)**

Consumer name: _____

Contact name: _____

Contact phone number: _____

☐ Payment enclosed $ _____     (Make check payable to DCBS)

Mail to:       Dept. of Consumer and Business Services
               Fiscal and Business Services
               PO Box 14610
               Salem OR 97309-0445

Do not write below this line - Fiscal use only 38042/0390

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