



Instructions

- Use this form to notify BWC of new client, change of relationship with current client or termination of client.
• Mail form to BWC, Employer Performance, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256, or send a fax to 614-719-5925.

Professional Employer Organization (PEO) Information
Company name, Policy number, Contact person name, Telephone number

Client Company Information
Check only one: New client information, Change of policy number reporting client payroll/claim, Contract termination information, Change to portion of client's employees assumed by PEO
Effective date of contract, termination or change, Date

Client company name, Client policy number, DBA, Federal I.D. number, Mailing address (P.O. Box if applicable), Client phone number, City, State, Nine-digit ZIP code

Employee reporting (payroll and claims) List classifications of client reportable by PEO
All under the PEO policy, A portion under the PEO policy, All under the Client policy

Signatures are required by both parties
Print client name, Client signature, Title, Date, Print PEO name, PEO signature

Note: Signing this form implies an acknowledgement that all the information listed on this form is complete and true to the best of your knowledge. Omission of any of the items required and/or intentional misrepresentation of any of the above information on this form may lead to registration revocation as outlined in the Ohio Revised Code Section 4125.