



Professional Employer Organization Client Relationship Notification

Instructions

- Use this form to notify BWC of new client, change of relationship with current client or termination of client.
- Mail form to BWC, PEO Unit, 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	
<p>Check only one</p> <input type="checkbox"/> New client information <input type="checkbox"/> Change of policy number reporting client payroll/claim <input type="checkbox"/> Contract termination information <input type="checkbox"/> Change to portion of client's employees assumed by PEO	Effective date of contract, termination or change
First day of payroll accrual to which this agreement/change applies	Date

Client company name	Client policy number
DBA	Federal ID 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
<input type="checkbox"/> All under the PEO policy	_____
<input type="checkbox"/> A portion under the PEO policy	_____
<input type="checkbox"/> All under the Client policy	_____

Signatures are required by both parties		Title	Date
Print client name			
Client signature			
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. **BWC must receive new contract notification within 30 days of the effective date of the contract. BWC must receive contract termination notifications within 14 days of the effective date of the termination.** 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.