



Alternate Employer Organization Registration Application

In the event additional space is needed to complete your various lists please reproduce this page.

Check only one	Year
<input type="checkbox"/> Initial registration fee \$1,000	
<input type="checkbox"/> Renewal fee \$250	

AEO principal administrative office information

AEO name		Policy number	
Principal administrative office address		Federal tax ID number	
City		State	ZIP code
First date operating in Ohio as a AEO	Phone number	FAX number	
Email address			

Payroll Service Vendors

Do you have a Payroll Service Vender(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payroll service vender name	Payroll service vender name
Payroll service vender name	Payroll service vender name
Payroll service vender name	Payroll service vender name

A copy of your most recent contract with each PSV is required with the application.

Financial statement information – Please include current GAAP audited financial report for initial registration

Fiscal year end date

Corporate Officer Information

Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title

List of related corporate entities	Included in reporting entity financials
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No



In the event additional space is needed to complete your list of clients please reproduce this page and submit with signature.

Ownership information (must equal 100%)	
Name	Percentage of Ownership

☐ I certify there is no common ownership between the AEO being registered and an operating PEO.

AEO registration		
AEO name	Policy	Calendar year effective

AEO client listing (include additional sheets as necessary)		
Client policy number	Client name	Effective date of agreement

Chief executive officer, president or controlling person of AEO	
Print name	Title
Signature	Date

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, and you certify that no common ownership exists between this AEO and a PEO or a PEO Reporting Entity registered in the state of Ohio. Omission of any of the items required or misrepresentation of any of the above information on this form may lead to registration revocation as outlined in the Ohio Revised Code 4133.09.