

Professional Employer Organization Client Relationship Notification

Instructions

- Use this form to notify BWC of a new client, change of relationship with a current client or termination of a client.
- BWC must receive new contract and termination notifications within 30 days of the effective date of the contract or termination.
- **Notice:** Pursuant to Ohio Administrative Code 4123-17-15.1, if BWC is not notified within the required time frame, BWC will recognize the date the UA-3 is received as the effective date. For each occurrence that BWC is not notified timely, a late fee will be assessed.

Submit the form to BWC in one of the following ways.

Email: 120c239@bwc.ohio.gov

Fax: 614-719-5925

Mail: BWC Mail Processing Center Attn: Employer Services 30 W. Spring St. Columbus, OH 43215-2256

Important: If you fax or mail the form to BWC, be sure to sign and date the form, BWC cannot process it without a signature

| Professio | onal employer organization (PEO) inf | ormation | |
|--|--------------------------------------|--|--------------------------------|
| Company name | | Policy number | |
| Contact person name | | Telephone number | |
| | | | |
| | PEO lease information | | |
| Check only one New lease Change existing policy number reporting client payroll/claims | | Effective date of lease, termination or change in Ohio | |
| Lease termination | | | |
| | Client company information | | |
| Client company name | Client company information | Client polic | v/avata numbar |
| Client company name | | Client policy/quote number | |
| DBA | | Federal ID number | |
| Mailing address (P.O. Box if applicable) | | Client phone number | |
| City | | State | Nine-digit ZIP code |
| | | | 1 |
| Employee reporting (payroll and claims) | List class codes reportable by PEO | List cla | ass codes reportable by client |
| All under the PEO policy | PEO | | Client |
| All under the client policy | | | |
| A portion under the PEO policy | | | |
| | | - | |
| Partial wages reported to BWC under the client policy must be reported under the FEIN of the client employer. | | | |
| | | | |
| the client policy must be reported under the FEIN of the client employer. Splitting of employees within a manual | | | |
| the client policy must be reported under the FEIN of the client employer. Splitting of employees within a manual | th parties Title | | Date |
| the client policy must be reported under the FEIN of the client employer. Splitting of employees within a manual classification is not permitted. | th parties Title | | Date |
| the client policy must be reported under the FEIN of the client employer. Splitting of employees within a manual classification is not permitted. Signatures are required by both | th parties Title | | Date |
| the client policy must be reported under the FEIN of the client employer. Splitting of employees within a manual classification is not permitted. Signatures are required by both Print client signatory | th parties Title | | Date |
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Note: Signing this form is an acknowledgement that all the information is complete and true to the best of your knowledge. 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 Ohio Revised Code Section 4125.