



Instructions

- Use this form to notify BWC of a new client or a termination of a client.
- Self-Insured AEO: Email form to SIPEOAGREEMENTS@bwc.ohio.gov.
- Notice: BWC must receive new contract and termination notifications within 30 days of the effective date of the contract or termination. Pursuant to Ohio Administrative Code 4123-17-15.1, if you do not notify BWC within the required time frame, BWC will recognize the date it receives the UA-4 as the effective date.
- BWC will not process the UA-4 unless all information is completed and accurate, including a state-fund policy application number and/or an active client policy number.

Alternate Employer Organization (AEO) information	
Company name	Policy number
Contact person name	Telephone number

AEO lease information	
Check only one <input type="checkbox"/> New lease <input type="checkbox"/> Lease termination	Effective date of lease or termination

Client company information		
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

Who is your Payroll Service Vendor (PSV)
<input type="checkbox"/> Managed by the AEO Managed by a third party vendor _____

Signatures are required by both parties	Title	Date
Print client signatory		
Client signature		
Print AEO signatory		
AEO signature		

Notice: Signing this form is 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 or misrepresentation of any of the above information on this form may lead to registration revocation as outlined in Ohio Revised Code Section 4133.