

PEO SOURCE

WE ARE YOUR ADVOCATES TO THE PEO INDUSTRY.

Corporate Office Orlando, FL • (561) 635-0991 or (954) 294-1432 • Fax (561) 828-6128 • www.peo-source.com

Additional Required Information for Submissions to PEO Source Inc without Medical:

1. Please complete the attached New Business Application (Client Company Survey). Please be sure to provide a detailed description of operations and the payroll, and number of employees by WC code.

* Note* If client is a multi state operation then please provide a breakout of the number of employees and payroll by WC code for each state.

2. The most recent State Unemployment Tax rate form (UCT-6) (state specific) showing your state tax rate for each state you have employees in.
3. If currently with a PEO, it is mandatory that we get a PEO billing report and payroll report (client can black out any confidential info such as ss#) in lieu of the items above
4. Three years of hard copy workers compensation loss runs. If loss runs are not available please advise us so that we can have client complete the no- loss affidavit for that period of time.
5. A copy of the expiring Workers Compensation Declaration Page, and Information page. (This is the page of the policy that shows the estimated payroll by WC code, Modifier, any discounts and premium). If with a PEO this is not needed.
6. If no prior WC we need a letter on Client's Company letterhead stating that there has been no prior WC or any prior losses
7. If client in business for less than three years we will need a brief resume of the principals

If Medical Insurance is required we need the following additional information:

The completed separate Medical Questionnaire and Census (must have date of birth, sex and zip code for all employees, even if declining coverage); as well as the type of coverage desired for the following:

- 1-Employee
- 2-Employee and Spouse
- 3 -Employee and Children
- 4-Full family
- 5-Declined with verifiable coverage elsewhere
- 6-Declined with no coverage
- 7-Part time
- 8-Not eligible yet due to time in service

1. A copy of client's current health plan with description of current benefits
2. Please advise us how much your client company contributes towards health plans
3. A copy of the clients detailed medical bill from the carrier.