



Self-Insured Professional Employer Organization (PEO) Client Relationship Notification

Instructions

- Use this form to notify BWC of a new client or a termination of a client.
- Self-Insured PEO: Email form to SIINQ@bwc.state.oh.us.
- **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-3 as the effective date.
- BWC will not process the UA-3 unless all information is completed and accurate, including a state-fund policy application number and/or an active client policy number.

PEO information

Company name	Policy number
Contact person name	Telephone number

PEO lease information

<p>Check only one</p> <input type="checkbox"/> New lease (All under the PEO policy) <input type="checkbox"/> Lease termination <input type="checkbox"/> New lease (All under the client policy) <input type="checkbox"/> Change in lease type – moving from all under PEO to all under client, or moving from all under client to all under PEO	Effective date of new lease or termination in Ohio
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Client company information

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

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

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 intentional misrepresentation of any of the above information on this form may lead to registration revocation as outlined in Ohio Revised Code Section 4125.