



North Carolina Department of Insurance

Mike Causey, Commissioner

Professional Employer Organization

Notification of Initiation of Client Company Relationship (Single Client)

Financial Analysis and
Receivership Division
Special Entities Section
1203 Mail Service Center
Raleigh, NC 27699-1203
(919) 807-6178
www.ncdoi.com

Pursuant to N.C.G.S. § 58-89A-110(g) a licensee is required to notify its workers' compensation carrier, the Commissioner and the North Carolina Industrial Commission (www.ic.nc.gov) within 30 days of its initiation of a relationship with a client company.

Licensee Name: _____

Client Company Information:

Name: _____

Address: _____

Telephone Number: _____

Workers' Compensation Classification Codes used for this Client Company: _____

Federal Employer Identification Number: _____

Month, Day and Year Relationship was Initiated: _____

Other Information:

1. To the best of your knowledge, does the client company named above owe its current or prior carrier any premium for workers' compensation insurance, or does the client company owe its current or prior professional employer organization amounts due under a PEO agreement, except for premiums or amounts due that are subject to dispute? **If "Yes", attach an explanation.** Yes No

2. If the licensee secures workers' compensation coverage for employees assigned to the client company named above, is the premium paid by the licensee for the policy commensurate with exposure and anticipated claim experience for all assigned employees covered under such policy? **If "Yes" attach an executed form PEO-17. If "No" attach an explanation.** Yes No

3. In accordance with N.C.G.S. § 58-89A-115, please provide plan summaries from each carrier and attach an exhibit disclosing the following with respect to any insurance or benefit plan provided by the licensee for the benefit of its employees assigned to the client company named above:
 - The type of coverage.
 - The identity of each insurer for each type of coverage.
 - The amount of benefits provided for each type of coverage and to whom or on whose behalf benefits are to be paid.
 - The policy limits on each insurance policy.
 - Whether the coverage is fully insured, partially insured, or fully self-funded.

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4. If the Licensee offers to its employees assigned to the client company named above any health benefit plan that is not fully insured by an authorized insurer, please provide evidence that:
- The plan utilizes a licensed or registered third party administrator.
 - All plan assets, including participant contributions, are held in a trust account.
 - The plan provides sound reserves as determined using generally accepted actuarial standards.
5. In accordance with N.C.G.S. § 58-89A-110(g) has the Licensee notified its' workers' compensation carrier, if applicable, and the North Carolina Industrial Commission of the initiation of the Licensee's relationship with the Client Company named above? **If "No" attach an explanation.** Yes No
6. Attach evidence of workers' compensation coverage for the employees assigned to the client company named above.
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Under the penalties of perjury, I attest that I have reviewed this notification and accompanying information, and to the best of my knowledge and belief it is true, correct and complete.

Signature of Authorized Individual

Date

Printed Name

Title