

**STATE OF MONTANA
PROFESSIONAL EMPLOYER ORGANIZATION
CLIENT INITIATION OR TERMINATION FORM**

39-8-207 (2)(e) Montana Code Annotated, states the professional employer organization or group shall: notify the department in writing within 20 days after a client either commences or terminates a professional employer arrangement or an employee leasing arrangement with that professional employer organization or group.

Please furnish a copy of this completed form:

Email: DLIERDPEO@mt.gov

Mail: Department of Labor & Industry
Employment Relations Division (ERD)

Attn: Amber Weekes

PO Box 8011, Helena MT 59604-8011

301 South Park Ave, Floor 5,

Helena MT 59601

Phone: 406-444-7748

DLI/ERD use only

Excel: _____

NCCI: _____

UI: _____

UEF Letter: _____

Notes: _____

Professional Employer Organization Information:

Name of Company: _____

Address of Company: _____

City, State & Zip: _____

Contact Person: _____ Telephone# _____

Federal Tax ID # _____

=====

Client Company Information:

Name of Client Company: _____

Address of Client Company: _____

City, State & Zip: _____

Contact Person: _____ Telephone # _____

Federal Tax ID #: _____

Month, Day and Year leasing arrangement **initiated in Montana**: _____

Month, Day and Year leasing arrangement **terminated with PEO**: _____

If different than term date, please provide the **last date of payroll in Montana**: _____

If Montana business address is not a home residence, please provide the MT address (**upon termination**): _____

Reason for **termination** (be specific): _____

☐ Client has terminated with PEO

☐ Client is still active with PEO but no MT employee exposure

WC class codes used for this client: _____

WC policy number: _____ Policy effective date: _____

Completed by: _____

Date form completed: _____