

RENEWAL PROFESSIONAL EMPLOYER ORGANIZATION APPLICATION FOR LICENSURE MONTANA



The application fee is:

_____ \$750.00 Unrestricted license
_____ \$500.00 Restricted license

Fees Payable To: Department of Labor and Industry
Employment Standards Division

Mailing Address: PO Box 8011, Helena MT 59624-8011

Street Address: 1315 Lockey Ave, Helena MT 59601

Contact Person: Jazmyn Walsh, PEO License Examiner

Phone : (406) 444-5891

Email : DLIERDPEOResource@mt.gov

Web Address : <http://erd.dli.mt.gov/work-comp-regulations/professional-employer-organizations>

**Important Information
(Must be completed)**

Applicant Name(s): _____

FEIN(s) _____

Street and Mailing Address: _____

Montana Branch Offices _____ Yes _____ No (If yes, attach list of all MT branch locations, street address and phone number)

Contact Person(s): _____

Business Phone # _____ Email(s): _____

State Unemployment Tax Account(s) (SUTA): _____

Workers' Compensation Policy Number(s): _____

BENEFITS PROGRAMS: A professional employer organization or group shall disclose to the department, to each client, and to its employees information on any health or life fringe benefit program provided for its employees.

Are benefits provided _____ Yes _____ No

If yes, please complete the following information or submit as an attachment:

Type of benefits: _____

Identity of each Insurer providing coverage: _____

Amount of benefits for each type of coverage: _____

Policy limits on each insurance policy: _____

Whether coverage is fully insured, partially insured or fully self-funded: _____

CHECKLIST A:

The following supporting documents must be submitted with your application in order to comply with Title 39, Chapter 8 Montana Code Annotated (MCA). Please read the instructions carefully to ensure proper completion of the application. The non-refundable application fee is \$750 for a resident or nonresident unrestricted license, or \$500 for a restricted license.

- ☐ **Financial Statements** - Pursuant to 39-8-202 (6)(a), MCA ***Except for an applicant who is granted a restricted license under subsection (9), an applicant shall maintain a tangible accounting net worth of not less than \$50,000, evidenced by: (i) providing financial statements that have been independently audited by a certified public accountant in accordance with generally accepted accounting principles; or (ii) providing independently compiled financial statements and a \$100,000 security deposit in a form that is acceptable to the department. 39-8-202 (7) MCA, The applicant shall maintain a positive working capital, as evidenced by financial statements.***

Note: Financial statements only need to be provided if applying for an Unrestricted License

- ☐ **Attestation of Financial Statement** – Pursuant to 39-8-202 (6)(c)(ii), MCA *Financial statements submitted must be attested by the president, chief financial officer, and at least one controlling person of the professional employer organization or group.*

- ☐ **Benefit Program Information** – Pursuant to 39-8-207 (6), MCA *A professional employer organization or group shall disclose to the department, to each client, and to its employees information on any health or life fringe benefit program provided for its employees. The information must include:*

Note: Summary page of benefits is sufficient, no need to send complete coverage information.

- (a) the type of benefits;*
- (b) the identity of each insurer providing each type of coverage;*
- (c) the amount of benefits for each type of coverage and to whom or on whose behalf the benefits will be paid;*
- (d) the policy limits on each insurance policy; and*
- (e) whether coverage is fully insured, partially insured, or fully self-funded.*

- ☐ **Proof of workers' compensation** - Pursuant to 39-8-207 (4)(c), MCA *provide workers' compensation coverage for all employees and provide, maintain, and secure all records and documents required of employers under the workers' compensation laws of this state. A license may not be issued to a professional employer organization or group until the department receives proof of Montana workers' compensation coverage for the professional employer organization or group.*

- ☐ **List of Montana Client Companies** –Provide a list of clients currently under contract with the PEO, including the name of the business, their Federal Employer ID number, business address, primary WC class codes, WC policy number and the beginning date of the contract.

Note: In addition to active clients, the list should include those clients still active with PEO but no MT employee exposure referred to as “Inactive in MT”. Throughout the year the PEO shall provide the PEO manager with client information using the prescribed Client/Termination form Reference 39-8-207 (2)(e), MCA. The form contains a box indicating, Client is “Inactive in MT” if applicable, check this box.

- ☐ **Applicant/Controlling Person Questionnaire** - Reference 39-8-202 (5)(a)(iii), MCA

- ☐ **Declaration of Accuracy form** - Reference 39-8-202 (5)(a)(iii), MCA

- ☐ **State of Domicile Good Standing (Restricted License Only)** – Provide a copy of current PEO license from state of domicile. Reference 39-8-202 (9)(a-c), MCA

- ☐ **Professional Employer Organization Group Guarantee form** – Reference 39-8-202 (4)(e)(iii)

CHECKLIST B:

The following need to be submitted if changes have occurred or occur during the license year.

Pursuant to 39-8-207(1), MCA **Requirements of Licensee** *A professional employer organization or group shall, by written contract with the client, establish the responsibilities and duties of each party.*

- ☐ **Client Service Agreement** Reference 39-8-207 (1)(a)-(d), MCA)
- ☐ **Employee Disclosure** Reference 39-8-207 (2)(a)(i)(ii), MCA)

Pursuant to 39-8-207(2)(d), MCA **Requirements of Licensee** *The professional employer organization or group shall: notify the department in writing within 20 days of a change of business address or a change in partners, directors, officers, members, or controlling persons designated in the license. The following forms should be used for these changes and are contained within this Renewal application.*

- ☐ **Applicant Authorization for Release of Information**
- ☐ **PEO Ownership Information/Business Operational History**
- ☐ **Applicant/Controlling Person Information Sheet**
- ☐ **Controlling Person Authorization for Release of Information**

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

By secure web message through [Uieservices.mt.gov](https://uieservices.mt.gov) (See instructions below)

Mail: Department of Labor & Industry
Employment Standards Division (ESD)
Attn: Jazmyn Walsh
PO Box 8011, Helena MT 59604-801
301 South Park Ave, Floor 5
Helena MT 59601
Phone: 406-444- 5981
Email: DLIERDPEOResource@mt.gov

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/Title: _____ Contact Email: _____
Telephone: _____ Federal Tax ID #: _____ UI Account #: _____
=====

Client Company Information

Name of Client Company: _____
Address of Client Company: _____
City, State & Zip: _____ Telephone: _____
Contact Person/Title: _____ Contact Email: _____
Telephone: _____ Federal Tax ID #: _____
Client MT UI Account # : _____ (If they do not have a UI account # or it's unknown, please call (406) 444-3834, option 1).
Month, Day and Year leasing arrangement **initiated** in Montana: _____
Month, Day and Year leasing arrangement **terminated** with PEO: _____
If different than termination 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 Date of final PEO payroll: _____
☐ Client is still active with PEO but no Montana employee exposure. Date of final MT payroll: _____
WC class codes used for this client: _____
WC policy number: _____ Policy effective date: _____
Completed by: _____ Date form completed: _____

*** Instructions:** To send the form in uieservices, if you do not have a web logon, go to login.mt.gov to set up an Okta login. Then go to uieservices.mt.gov, sign in with your email and Okta PW, click on Sign Up for eservices using your PEO's FEIN. Need help getting set up? Call (406) 444-3834, option 2.
To send the form in Uieservices, go to the Account section, click on View and Send Messages, then Send a Message, select UI Tax Account, then PEO Client List from the dropdown menu, indicate the client the form is for and attach the form.

ATTESTATION OF FINANCIAL STATEMENT

We, the undersigned, in conformance with section 39-8-202, MCA, do hereby attest to the accuracy and completeness of the financial statements **submitted herein** and **attached hereto** by _____ (applicant) as part of the application process for licensure as a Professional Employer Organization.

attest: _____

Date

Signature and printed name of applicant **president**

attest: _____

Date

Signature and printed name of **chief financial officer**

attest: _____

Date

Signature and printed name of a **controlling person**

DECLARATION OF ACCURACY

I, _____, declare that to the best of my knowledge the applicant is qualified in all respects for the license for which applied in this application; that all of the questions in this application have been answered truthfully; that all supporting documents, submitted with this application are true, correct, complete and valid; and that there have been no material omissions of fact which would have bearing upon the State of Montana's decision to grant the requested license.

I understand and agree that furnishing false information or failing to disclose material information regarding the applicant's background and qualifications is grounds for refusing to issue a license and/or the revocation of a license already issued. I also understand that making false statements under penalty of perjury may subject me to criminal liability.

I declare that: (check one)

_____ I am the named applicant for licensure as a Professional Employer Organization

_____ I am the _____ (title) of _____
and I have been duly authorized to execute this Declaration on behalf of the applicant.

I declare under penalty of perjury of the laws of the State of Montana that the above statements and the statements made in this Application for Professional Employer Organization License are true and correct. I declare that this declaration was executed on

_____, 20__ at _____
_____ (city), _____ (state).

Printed name, signature and title of a control person

**APPLICANT/CONTROLLING PERSON
INFORMATION SHEET
PROFESSIONAL EMPLOYER ORGANIZATION (PEO)**

A separate form must be completed for each applicant or each controlling person, if applicable.

1. NAME OF (APPLICANT/CONTROLLING PERSON)

(Typed or Printed, Full Legal Name – First, Middle, Last)

2. SOCIAL SECURITY NUMBER _____

3. MAILING ADDRESS _____

(Number & Street or PO Box, City, County, State, Zip)

4. HOME ADDRESS _____

(Number & Street or PO Box, City, County, State, Zip)

5. TELEPHONE NUMBER _____

(Area Code/Number)

6. DATE OF BIRTH _____

7. TITLE OF CONTROLLING PERSON ☐ Owner ☐ Manager ☐ Other

8. LIST BELOW employment history for the last four (4) years, identify management and supervisory positions. (Attach additional sheets if necessary and reference item number.)

EMPLOYER & ADDRESS	DATE FROM/TO	TELEPHONE NUMBER	BRIEF DESCRIPTION OF RESPONSIBILITY
A.			
B.			
C.			
D.			

APPLICANT/CONTROLLING PERSON QUESTIONNAIRE

Note: This questionnaire shall be completed each year by the applicant/controlling person. All attachments shall also be provided each year and controlling person shall sign and date.

If the answer to any of the following questions is “YES” attach a full explanation detailing the circumstances or condition which cause the “YES” answer. Any bankruptcy within the last 10 years must attach Schedules A & B and the court order discharging the bankruptcy.

	YES	NO
1. Does the applicant, controlling person, officer, director, shareholder, or partner now hold or have they ever held an employee leasing company, or authority to practice as an employee leasing company in the State of Montana or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant or any officer, controlling person, director, shareholder, member, partner, owner or managing employee:		
a. been convicted of, pled guilty to, or entered a plea of no contest to any criminal violation?	<input type="checkbox"/>	<input type="checkbox"/>
b. ever filed for, or been subjected to an involuntary petition for, or been adjudged bankrupt, or sought protection under the bankruptcy laws?	<input type="checkbox"/>	<input type="checkbox"/>
c. had a judgment entered against them in any court?	<input type="checkbox"/>	<input type="checkbox"/>
d. applied for and been denied a bond?	<input type="checkbox"/>	<input type="checkbox"/>
e. had a bonding company or surety make a financial settlement in their behalf?	<input type="checkbox"/>	<input type="checkbox"/>
f. had a bonding company or surety revoke a bond or surety agreement executed in their behalf?	<input type="checkbox"/>	<input type="checkbox"/>
g. had a license or authority to practice denied, revoked, suspended, placed on probation or been subject to disciplinary action or restriction?	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT/CONTROLLING PERSON QUESTIONNAIRE (page two)

YES

NO

3. Are there now any outstanding unpaid past due bills; claims for salaries, wages, benefits or services; judgments, assessments or liens resulting from acts or omissions of this applicant, controlling person, officer, director, shareholder, member, partner, owner, or managing employee, for which these persons may be responsible?

☐☐

I, _____, do hereby certify that all of the questions in this applicant/controlling person questionnaire have been answered truthfully; that all supporting documents, submitted with this questionnaire are true, correct, complete and valid; and that there have been no material omissions of fact which would have bearing upon the State's decision to grant the requested license to the Professional Employer Organization applicant.

I understand and agree that furnishing false information or failing to disclose material information regarding the applicant's background and qualifications is grounds for refusing to issue a license and/or the revocation of a license already issued. I also understand that making false statements under penalty of perjury may subject me to criminal liability.

I declare under penalty of perjury of the laws of the State of Montana that the statements made in this Applicant/Controlling Person Questionnaire are true and correct. I declare that this declaration was executed on _____, 20____ at _____ (city), _____ (state).

Printed name and Signature

CONTROLLING PERSON AUTHORIZATION FOR RELEASE OF INFORMATION
PROFESSIONAL EMPLOYER ORGANIZATION (PEO)

(A separate form must be completed for each controlling person)

I, _____, hereby authorize all persons, institutions, organizations, schools, governmental agencies (including criminal justice agencies and tax authorities), employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in the Applicant/Controlling Person questionnaire, to release to the State of Montana, Department of Labor and Industry, Employment Standards Division ("the Division"), and its employees, agents and attorneys, any files, records or information of any type reasonably required for the Division to properly evaluate my eminence in regard to the application for licensure as a Professional Employer Organization by the State of Montana.

A copy of this authorization may be used with the same effect as the original.

_____	_____
Date	Printed name and Signature

Date of Birth _____

Social Security Number: _____

PEO OWNERSHIP INFORMATION

(reference 39-8-202 (4)(a-d) MCA)

Provide information for all owners, partners, corporate officers, shareholders with greater than 5% interest, and limited liability company individuals who have a 5% or greater interest in the company.

[illegible]

BUSINESS OPERATIONAL HISTORY

(reference 39-8-202 (5)(a) MCA)

List by jurisdiction of each name under which the applicant has operated in the preceding 5 years, including any alternative names, names of predecessors, and names of related business entities with common majority ownership.

[illegible]

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize all persons, institutions, organizations, schools, governmental agencies (including criminal justice agencies and tax authorities), employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this license application, to release to the State of Montana, Department of Labor and Industry, Employment Standards Division ("the Division"), and its employees, agents and attorneys, any files, records or information of any type reasonably required for the Division to properly evaluate the applicant's qualifications for licensure as a Professional Employer Organization by the State of Montana.

_____ By: _____

Date	Printed Name, Signature and Title
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Name of Applicant: _____

Applicant's FEIN or Social Security Number: _____

PROFESSIONAL EMPLOYER ORGANIZATION GROUP GUARANTEE FORM

Pursuant to the provisions of the Montana Professional Employer Organizations and Groups Licensing Act, the undersigned, hereby: 1) unconditionally guarantee and promise to pay any and all financial obligations of each entity of the group with respect to wages, payroll-related taxes, insurance premiums, and employee benefits; 2) authorize any entity of the group to act on behalf of the group; and 3) guarantee that each PEO within the group is majority-owned by the same person.

Guaranteeing Entity to include FEIN:

Signature of certifying Controlling Person

Printed Name of certifying Controlling Person

State of _____

County of _____

Before me, personally appeared _____ (controlling person of _____), whose identity is known to me by _____ (type of identification) and who, under oath, acknowledge their signature appears above. Sworn and subscribed before me this day of _____, 20____.

(Seal)

Notary Public

My Commission Expires:

- (1) First entity name and FEIN:_____
- (2) Second entity name and FEIN:_____
- (3) Third entity name and FEIN:_____
- (4) Fourth entity name and FEIN:_____
- (5) Fifth entity name and FEIN:_____