

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: Amber Weekes
PO Box 8011, Helena MT 59604-801
301 South Park Ave, Floor 5
Helena MT 59601
Phone: 406-444-7748
Email: DLIERDPEO@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.