

PROPOSAL WORKSHEET FOR PEO SERVICES

A. NAME OF COMPANY:

Contact: _____ Title: _____

Years In Business: _____ Federal I.D. number: _____ SIC Code: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Web site (URL): _____

General Business Information:

Corporation Limited Partnership Sole Proprietor Other: _____

State of Incorporation? _____

B. PAYROLL INFORMATION:

Desired effective date for W.C. and Payroll coverage: ____/____/____

Number of Employees: Full Time? _____ Part Time? _____ Contract? _____

Payday: Mon. Tues. Wed. Thu. Fri. Sat. Sun.

Pay Period: _____ Projected first payroll check date: ____/____/____

When is payroll compiled/submitted? _____

Payroll Frequency: Wkly Bi-wkly Semi-Monthly Monthly

Average monthly gross payroll: \$ _____

State Unemployment Rate: _____

Is a copy of a payroll journal available? Yes No

Who currently processes payroll?

Name: _____ Title: _____

Tax reporting? Name: _____ Title: _____

Who handles payroll deductions (garnishments, draws, uniforms, etc.)? Vacation/sick leave accruals?

Name: _____ Title: _____

Estimated cost of payroll and tax administration? \$ _____

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***E.* BENEFITS INFORMATION:**

What benefits are offered to employees? Health Dental Life STD/LTD EAP

Flex Plan 401(k) Direct Deposit EPLI Others: _____

Health Carrier: _____ Plan: _____

What % of benefits does employer pay? _____

Who administers these plans? _____ Cost? \$ _____

Is a copy of a health invoice available? Yes No Other: _____

What benefits would you like to offer? _____

***F.* HUMAN RESOURCES INFORMATION:**

Who does the hiring, firing, disciplining of employees?

Name: _____ Title: _____

What is the orientation process for new employees?

Does the company have an employee handbook? Yes No

Does the company have drug testing policy? Yes No

***G.* UNDERWRITING DOCUMENTS NEEDED:**

Prior PEO Invoices (1st month and latest) OR SUTA Information and 941's (4 Qtrs.)

W/C Dec Page and Extension Pages

Gatekeeper & PHIQ's

Loss Runs – 3 – 5 years

Group Billing Rate History

Loss History Statement Form

Group Census

Current Health Plan Description/ Outline of Benefits

PEC: _____ Date: ____/____/____