



Small Group Underwriting PEO (Professional Employer Organization)/ Leased Employees

This form is required on all new business sales where leased employees are involved.

Group Name
Address (Street, City, State, Zip Code)

1.	Are you currently a client of a PEO (Professional Employer Organization) or use an employee leasing arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, provide the name of the PEO.	
2.	Is group health insurance covered under your PEO contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Who is considered the employer of the eligible employees? Check one. <input type="checkbox"/> Plan Sponsor/Employer/Group <input type="checkbox"/> PEO <input type="checkbox"/> Co-Employer with PEO and Plan Sponsor	
4.	By enrolling for coverage as a small employer I am not in violation of any contract with the PEO.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Employer Name (Print)	
Employer Signature	Date