



Worker Leasing Notice

(Client Proof of Coverage)

Internal use only

Received date:

Approved Rejected

The worker leasing company [also known as a Professional Employer Organization (PEO)] must file the Worker Leasing Notice (Form 2465) with the Oregon Workers' Compensation Division and its insurer within 30 days of providing workers' compensation coverage for an Oregon client. (OAR 436-180-0110). This notice establishes required proof of coverage for your client. [ORS 656.850(5)] (Note: If your client purchases its own coverage, do **NOT** file this notice.)

Please fax this notice to 503-947-7820. For other filing options, call 503-947-7675.

A Worker Leasing Notice does not expire. The worker leasing company may terminate its obligation to provide workers' compensation coverage by filing a Worker Leasing Termination Notice (Form 3271). Liability will end no sooner than 30 days after the Termination Notice is received by the division, unless new coverage is filed for the client.

EFFECTIVE DATE OF OREGON CLIENT COVERAGE:

CLIENT INFORMATION (provide *ONLY* client information in this section)

Business entity legal name: _____ FEIN: _____
(do *NOT* use SSNs)

Assumed business name (dba), if any: _____

Client phone: _____ Client email, if known: _____

Oregon location address: _____ or Home-based employees only

Client mailing address, if different: _____

Number of client's covered employees in Oregon: _____

Type of ownership: Corporation LLC (Limited liability company) Partnership Sole proprietorship Nonprofit

Other (specify): _____

Primary business type (example: retail): _____

NAICS (industry) code: _____ Primary NCCI (governing class) code: _____

COMPLIANCE POSTERS

The division provides a Notice of Compliance poster (Form 1188) to the worker leasing company. The worker leasing company is responsible to provide a copy to clients for all client worksites when the worker leasing company provides workers' compensation coverage. The worker leasing company may provide notices to clients electronically for print out and posting. The worker leasing company must ensure notices are removed from client worksites when it no longer carries coverage. (ORS 656.056)

This worker leasing company already has current Notice of Compliance posters and will provide them to this client as required.

This worker leasing company needs updated posters. Number of posters requested: _____

WORKER LEASING COMPANY INFORMATION

Legal name: _____ dba _____
(if used in Oregon)

Oregon leasing license no.: WLC000- _____ FEIN: _____

The worker leasing company named above, by signing this Worker Leasing Notice and filing it with the Workers' Compensation Division, hereby guarantees that it is either a self-insured employer certified under ORS 656.407, or has workers' compensation insurance in effect to cover workers leased to the client and subject workers of the client.

Authorized representative name (please print) _____ Email _____ Phone _____

Signature of authorized representative _____ Date _____

