

This form must be completed in its entirety.

Frontline HRO Client:

Name: _____

New Host Name: _____

Host Location/Address: _____

City: _____ State: _____ Zip: _____

Class Code Requested (if known) : _____

Number of Employees for New Code: _____

Estimated Annual Gross Payroll: _____

Class Code Requested Begin Date : _____

Detailed description of employee work duties to be performed:

Instructions: Please be sure to provide as much detail as possible in the description of employee work duties to ensure employees are classified accurately.

Note: Please allow 24-48 hours for approval.

Fill out request in its entirety and email to risk@frontlinehro.com.

For Internal Use Only

New Comp Code State: _____	New Comp Code Only: _____
<input type="checkbox"/> Approved by UW	<input type="checkbox"/> Approved by UW
<input type="checkbox"/> Location Added	<input type="checkbox"/> Job Code Ad ded
<input type="checkbox"/> WC MOD State Added	<input type="checkbox"/> Job Code Added
<input type="checkbox"/> Job Code Ad ded	Exhibit A Generated: _____
Client Reporting SUTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exhibit A Signed: _____
<input type="checkbox"/> EIN Added	Rate: _____
<input type="checkbox"/> Rate Added	Fund: _____ Location# _____