

- 6. A copy of the applicant’s most recent financial statement that: **Attachment** _____
 - a. is prepared on a GAAP basis;
 - b. is audited by an independent CPA,
 - c. complies with Section 31A-40-205; and
 - d. complies with Section 31A-40-305.

- 7. A statement of ownership that:
 - a. includes the name of a person that, individually or acting in concert with one or more persons, owns or controls, directly or indirectly, 10% or more equity interest in the PEO; and
 - b. includes a completed Biographical Affidavit, found on the Department’s Web site, for each named person. If there has been no change since previous application was filed, mark “No Change”. **No Change** _____ **Attachment** _____

- 8. A list of all individuals who serve as a director, president, chief executive officer, or senior executive officer of the PEO with a completed Biographical Affidavit, found on the Departments Web Site, for each individual on the list. If there have been no changes since previous application was filed, mark “No Change” **No Change** _____ **Attachment** _____

- 9. Documentation explaining how the applicant meets, or will meet, the workers’ compensation requirements of 31A-40-209. The documentation must include. Please include information for all coverage provided: **Attachment** _____
 - a. the name of the insurer providing workers’ compensation insurance for each client; or
 - b. if a client is self-insured, a copy of the approval form from the Division of Industrial Accidents, Utah Labor Commission.

- 10. Documentation explaining how the applicant meets, or will meet, the unemployment compensation insurance requirements of 31A-40-210. Please include information for all coverage provided: **Attachment** _____

- 11. Documentation on health benefit plans, if offered by the PEO. Please provide information annually. If the company does not provide any health coverage, mark “None”: **None** _____ **Attachment** _____
 - a. for a fully insured health benefit plan:
 - i. the name of the insurance company issuing the health benefit plan; and
 - ii. the term and effective date of coverage.
 - b. for a not fully insured health benefit plan proof that:
 - i. the PEO operated as a PEO for at least one year before offering the health benefit plan;
 - ii. the health benefit plan is administered by a third-party administrator licensed to do business in this state;
 - iii. all assets of the health benefit plan, including participant contributions, are held in a trust account;
 - iv. the health benefit plan has and maintains reserves that are sound for the health benefit plan as determined by an actuary who uses generally accepted actuarial standards of practice and is an independent qualified actuary;
 - v. the health benefit plan provides written notice to a covered employee participating in the health benefit plan that the health benefit plan is self-insured or is not fully insured; and
 - vi. the health plan consents to an audit, to be paid by the sponsoring professional employer organization, on a random basis, or on finding of reasonable need by the commissioner.

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

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Signature	Date	Printed Name	Title
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Submitting this application and attachments thereto certifies that the statements and documentation are true.