



**PEO - STAFFING SERVICE
RELEASE OF INFORMATION**
POLICHOLDER SERVICES
SFN 53793 (06/2023)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – General information		
Employer account number	Effective date of coverage	
SECTION 2 – Business details		
Legal business name	Federal Identification Number	
Attention for correspondence		
Mailing address line 1		
Mailing address line 2		
City	State	ZIP code
SECTION 3 – Release of information		
<p>My business, _____, has contracted with _____, a Staffing Service/Professional Employer Organization (PEO) located at _____, to provide services which are not temporary in nature to my business.</p> <p>I hereby authorize Workforce Safety & Insurance (WSI) to release any information pertaining to my workers' compensation account to the above named staffing service/PEO. As a contributing employer pursuant to N.D.C.C. § 65-01-08, I further authorize the above named staffing service/PEO to sign my annual payroll report as my authorized agent, submit the completed annual payroll report to WSI and remit premium to WSI on my behalf. I understand that my WSI account will remain open, but will be managed by the staffing service/PEO. I understand that all correspondence from WSI will be sent to the above address and duplicate publications, correspondence, and billing statements will not be sent to my business location unless I specifically request it. I understand the liability for the payment of premium is my responsibility pursuant to N.D.C.C. § 65-04-26.1.</p> <p>I have no other employees who are not being reported through the above named business. I agree to notify WSI if I hire employees which are not reported to my staffing service/PEO.</p> <p>This release is effective until revoked by me in writing.</p>		
SECTION 4 – Signature		
Name	Date	