



**STAFFING SERVICE - PEO**  
**RELEASE OF INFORMATION**  
 POLICHOLDER SERVICES  
 SFN 53793 (10/2014)

1600 EAST CENTURY AVENUE, SUITE 1  
 PO BOX 5585  
 BISMARCK ND 58506-5585  
**Telephone 1-800-777-5033**  
 Toll Free Fax 1-888-786-8695  
 TTY (hearing impaired) 1-800-366-6888  
 Fraud and Safety Hotline 1-800-243-3331  
[www.WorkforceSafety.com](http://www.WorkforceSafety.com)

Client name	Owner/Officer
Business location	WSI account number

**RELEASE OF INFORMATION**

My business, \_\_\_\_\_, has contracted with \_\_\_\_\_, a Staffing Service located at \_\_\_\_\_ to provide services which are not temporary in nature to my business.

I hereby authorize Workforce Safety & Insurance (WSI) to release any information pertaining to my workers' compensation account to the above named staffing service. As a contributing employer pursuant to N.D.C.C. § 65-01-08, I further authorize the above named staffing service 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.

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.

This release is effective until revoked by me in writing.

**SIGNATURE**

Owner/Officer	Date
Client company	
Contact person	Contact phone number