

Worker Leasing Update Notice

(Change of client information)

Internal use only

Received date:

☐ Approved ☐ Rejected

This notice is used to update a client's information on an active Worker Leasing Notice (Form 2465). Changes that should be reported include business legal name, federal employer identification number (FEIN) correction, client address, addition or deletion of assumed business name, and Oregon workers' compensation coverage effective date correction. You must notify the Oregon Workers' Compensation Division and your insurer within 30 days after the effective date of a change or knowledge that a correction is needed [OAR 436-180-0110(2)].

Please fax this notice to 503-947-7820. For other filing options, call 971-375-1309.

CLIENT INFORMATION (provide ONLY client information in this section)

Client's **current** legal name: _____ FEIN: _____
(do NOT use SSNs)

CHANGE BEING REPORTED

Effective date

- ☐ Client name change Former name: _____
☐ Assumed business name ☐ added ☐ deleted _____
(name being added/deleted)
- ☐ Client's principal business address: _____
(updated address)
- ☐ Client's mailing address: _____
(updated address)
- ☐ Client's phone number: _____
- ☐ Client's email address: _____
- ☐ Correction to effective date Corrected effective date: _____ Reason: _____
- ☐ Correction to FEIN Incorrect FEIN: _____ Reason: _____
- Use only for FEIN correction. If a client changes its FEIN, submit a Notice of Termination (Form 3271) to cancel Oregon proof of coverage for the prior FEIN/entity and file a new Worker Leasing Notice (Form 2465) to establish Oregon proof of coverage for the new FEIN/entity.*
- ☐ Other change (specify): _____

WORKER LEASING COMPANY INFORMATION

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

Oregon leasing license no.: WLC000__ __ FEIN: _____

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

Signature of authorized representative _____ Date _____