



Worker Leasing Termination Notice

(Cancels a client's proof of coverage)

Internal use only

Received date:

☐ Approved ☐ Rejected

A worker leasing company [also known as a Professional Employer Organization (PEO)] may terminate its obligation to provide workers' compensation coverage for a client by mailing a Termination Notice to the client. The worker leasing company must also file a copy with the Oregon Workers' Compensation Division and its insurer within 30 days after the final date of the lease arrangement, or its knowledge that the client obtained other coverage. The worker leasing company may substitute its own form, provided it meets the requirements under OAR 436-180-0110(3). [ORS 656.850(5)]

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

The worker leasing company is responsible to remove Notice of Compliance postings (Form 1188) for all client worksites when the worker leasing company ceases to provide workers' compensation coverage [ORS 656.056(2)].

REQUESTED TERMINATION EFFECTIVE DATE*: _____
(Coverage end date for a client in Oregon)

**Regardless of the effective date above, the termination will not be effective until the 30th day after the notice is received by the division or the effective date, whichever is later.*

CLIENT INFORMATION (provide ONLY client information in this section)

Business entity legal name: _____ FEIN: _____
(do NOT use SSNs)

Assumed business name (dba), if any: _____

Client phone: _____ Client email, if known: _____

Oregon location address: _____ or ☐ Home-based employees only

Client mailing address, if different: _____

REASON FOR TERMINATION

Client relationship continues, but:

☐ Client no longer has Oregon employees

☐ Client now has client-purchased policy

Insurer name: _____

Policy number: _____

☐ Client changed FEIN (new Form 2465 required)

☐ Other: _____

Client relationship ended:

☐ Nonpayment or other obligation not met

☐ Client out of business, retired, or deceased

☐ Changed PEO; new PEO name, if known: _____

☐ Client left PEO; unknown reason

☐ Other: _____

WORKER LEASING COMPANY INFORMATION

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

Oregon leasing license no.: WLC000__ FEIN: _____

The worker leasing company named above, by signing this Termination Notice and filing a copy with the Workers' Compensation Division, hereby certifies that notice of this termination has been provided to the workers' compensation carrier, and has been given by mail, addressed to the client at its last-known address, as required by OAR 436-180-0110(3)(b).

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

Signature of authorized representative _____ Date _____