

This form must be completed in its entirety.

Advanced HR's Client: _____

Name: _____

New Client Location Name: _____

New Client Location/Address: _____

City: _____ State: _____ Zip Code: _____

Class Code Requested (if known) : _____

Number of Employees for New Code: _____

Estimated Annual Gross Payroll: _____

Class Code Requested Begin Date : _____

Instructions: Please be sure to provide as much detail as possible in the description of employee work duties to ensure employees are classified accurately.

Note: Please allow 24-48 hours for approval.

Fill out request in its entirety and email to risk@advancedhr.net

For Internal Use Only

- New Comp Code State: _____
- ☐ Approved by UW
 - ☐ Location Added
 - ☐ WC MOD State Added
 - ☐ Job Code Added
 - Client Reporting SUTA: ☐ Yes ☐ No
 - ☐ EIN Added
 - ☐ Rate Added

- New Comp Code Only: _____
- ☐ Approved by UW
 - ☐ Job Code Added
 - Exhibit A Generated: _____
 - Exhibit A Signed: _____
 - Rate: _____
 - Fund: _____
 - Location# _____