

PEO Replacement Checklist



Benefits To Replace (varies by client)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> EAP |
| <input type="checkbox"/> Dental | <input type="checkbox"/> FSA |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Transit Plan |
| <input type="checkbox"/> Life | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Workers' Compensation / EPL Insurance |

Consider voluntary benefit options as well as employer sponsored.

Services To Replace (varies by client)

- | | |
|---|---|
| <input type="checkbox"/> Payroll/HRIS | <input type="checkbox"/> Human Resource Services |
| <input type="checkbox"/> COBRA Administration | <input type="checkbox"/> Technology (online enrollment/eligibility) |

What To Request

- | | |
|---|--|
| <input type="checkbox"/> PEO Invoice / Chargeback Invoice* | <input type="checkbox"/> Employee Census |
| <input type="checkbox"/> Benefits Register* | <input type="checkbox"/> Rates (current and renewal) |
| <input type="checkbox"/> Plan Summaries / Benefits-at-a-Glance* | <input type="checkbox"/> Employer Contributions (employees and dependents) |

**If a census is not available, these documents may be used to create one.*

Key Items To Consider

- | | |
|---|--|
| <input type="checkbox"/> Timing / Tax Consequences | <input type="checkbox"/> FSA / Transit Benefit (spend down period) |
| <input type="checkbox"/> Two W-2's at Year End | <input type="checkbox"/> COBRA Liability |
| <input type="checkbox"/> Termination Requirements (request copies of contracts) | <input type="checkbox"/> I-9's, W-4's |
| <input type="checkbox"/> PEO Termination Notification | <input type="checkbox"/> Health Care Reform Compliance |

Implementation Requirements

- ☐ Most Recent Chargeback Invoice (in lieu of DE9C, when enrolling fewer than 100 employees)
- ☐ PEO Termination Letter (for certain carriers)
- ☐ Employer Application
- ☐ Employee Applications and Waivers
- ☐ Binder Check

Reference the carrier specific Enrollment Checklist for a comprehensive list of requirements.