

StaffMarket HR Outsourcing Requirements Interview
 Finding the "right" employee leasing company for your business.



Please complete this form and fax to 877-471-5608. Your RFP will be "kicked off" as soon as we have the information from this form. Full PEO matching results and RFP status will be available at www.staffmarket.com
 Call us at 877-882-7225 if you have any questions about our service.

| StaffMarket Internal Use Only | | |
|-------------------------------|---------------|---------|
| Partner Number | Client Number | User ID |
| | | |

Contact Information

| | | | |
|-------------------------------------|--|---|---------------------|
| Company Name | | | |
| First Name | | County | |
| Last Name | | Phone #1 | |
| Title | | Phone #2 | |
| Address 1 | | Fax | |
| Address 2 | | E-Mail Address | |
| City | | How long in business? | |
| State | | Preferred Contact Method? | Phone Fax Email |
| Zip | | Current PEO Customer? | |
| FEIN Number | | If so, who? | |
| Type of Business Entity – Check One | | <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit | |

Description of Operations (what does your company do?):

Payroll Frequency (Circle One) **Weekly** **Bi-Weekly** **Semi-Monthly** **Monthly**

| | | |
|--|--|---|
| Current State Unemployment Rate (if known) | | <i>If you are with a PEO and don't know these figures, please attach a copy of your bill.</i> |
| Current Work Comp Experience Modifier (if known) | | |
| Current Administrative Fee (if known) | | |

Payroll Information – *We must have payroll values in order to process your request for proposal!*

| Workers' Comp Classification/Job Description | Number of Full Time Employees | Number of Part Time Employees | Annual Payroll Per Workers' Comp Classification |
|--|-------------------------------|-------------------------------|---|
| Example: 8810/Clerical | 6 | 2 | 240,000 |
| | | | |
| | | | |
| | | | |
| | | | |



PEO Services

| Payroll Types | | Required | Nice To Have | Not Interested |
|----------------------|---|-----------------|---------------------|-----------------------|
| 1 | Do you need payroll services for employees who are paid by piecework? | | | |
| 2 | Do you need payroll services for commissioned employees? | | | |
| 3 | Do you need payroll services for tipped employees? | | | |

Time/Labor Data Collection

| | | | | |
|---|--|--|--|--|
| 4 | Do you need a PEO to support Timeclocks? | | | |
| 5 | Do you need to ability to call a service center to report your employees time? | | | |

Payroll Reports

| | | | | |
|----|---|--|--|--|
| 6 | Do you need a hardcopy Job Cost Report | | | |
| 7 | Do you need a custom built file that you can download? | | | |
| 8 | Do you need to import payroll data to your accounting software? | | | |
| 9 | Do you need certified payroll reports? | | | |
| 10 | Does your company need to handle expense reimbursement? | | | |
| 11 | Do you need a report that shows costs by department? | | | |

Payment Methods

| | | | | |
|----|--|--|--|--|
| 12 | Do you want direct deposit for your payroll checks? | | | |
| 13 | Do you want provide debit cards to your employees? | | | |
| 14 | Do you need to make your payment to the PEO in cash? | | | |

Vacation and Sick Accrual

| | | | | |
|----|--|--|--|--|
| 15 | Do you need to have support for vacation accruals? | | | |
| 16 | Do you require that employees can carry over vacation? | | | |
| 17 | Do you require that employees be able to view vacation balances on their checks? | | | |
| 18 | Do you need to have support for sick leave accruals? | | | |
| 19 | Do you require that employees can carry over sick leave? | | | |
| 20 | Do you require that employees be able to view leave balances on their checks? | | | |



| Internet Capability | | Required | Nice To Have | Not Interested |
|----------------------------|---|-----------------|---------------------|-----------------------|
| 21 | Does your business want to be able to view payroll reports via the internet? | | | |
| 22 | Do your employees need to change their address via the Internet? | | | |
| 23 | Do your employees need the ability to change their W4 via the Internet? | | | |
| 24 | Do your employees need the ability to report your payroll time via the Internet? | | | |
| 25 | Do your managers need the ability to approve payroll time via the Internet? | | | |
| 26 | Does your company want employees to enroll in benefits programs via the internet? | | | |

Human Resources Assistance

| | | | | |
|----|---|--|--|--|
| 27 | Do you need a PEO to have a local HR person? | | | |
| 28 | Do you need advice on preparing an employee handbook? | | | |
| 29 | Do you need a PEO to assist with new hire drug testing? | | | |
| 30 | Do you need a PEO to assist with random drug testing? | | | |
| 31 | Do you need pre-employment background checks? | | | |
| 32 | Do you want sexual harassment prevention training? | | | |
| 33 | Do you want employment discrimination training? | | | |
| 34 | Do you want the PEO to handle employment inquiries from third parties? | | | |
| 35 | Do you want guidance on various regulatory compliance issues? | | | |
| 36 | Do you need assistance with employee recruitment? | | | |
| 37 | Does your company need Employment Practices Liability Insurance? | | | |
| 38 | Does your company need to work with a PEO that offers support in Spanish? | | | |
| 39 | Are you interested in a pre-paid legal expenses program? | | | |
| 40 | Are you interested in employee assistance for drug and alcohol problems? | | | |
| 41 | Do you need assistance with employee outplacement? | | | |
| 42 | Does your company need assistance with establishing competitive rates of pay? | | | |
| 43 | Do you need assistance with preparing job descriptions? | | | |
| 44 | Do you want a PEO that can assist with interviewing job candidates? | | | |



| Risk Evaluation | | YES | NO |
|------------------------|---|------------|-----------|
| 55 | Do you use sub-contractors in your business? | | |
| 56 | Do your employees work with any Asbestos / Hazardous materials? | | |
| 57 | Any work performed on barges, vessels, docks or bridges over water? | | |
| 58 | Do any of your employees perform demolition? | | |
| 59 | Any prior coverage declined/cancelled/non-renewed (last 3 years)? | | |
| 60 | Does your company own, lease or operate aircraft/watercraft? | | |
| 61 | Do you have any unionized employees? | | |
| 62 | Is applicant engaged in any other type of business? | | |
| 63 | Do you lease employees to or from other employers? | | |
| 64 | Any work performed underground or above 15 feet? | | |
| 65 | Is a formal safety program in operation? | | |
| 66 | Any group transportation provided? | | |
| 67 | Any employees under 16 or over 60 years of age? | | |
| 68 | Is there any volunteer or donated labor? | | |
| 69 | Do employees travel out of state? | | |

Please explain all "YES" answers

| # | |
|---|--|
| | |
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| | |



PEO Benefits

| Medical and Dental Plans | | | Required | Nice To Have | Not Interested |
|--|---|---|--|---------------------|-----------------------|
| 1 | Do you want to offer your employees a Medical HMO plan? | | | | |
| 2 | Do you want to offer your employees a Medical PPO plan? | | | | |
| 3 | Do you want to offer your employees a Medical POS plan? | | | | |
| 4 | Do you want to offer your employees a Dental PPO Plan | | | | |
| 5 | Do you want to offer your employees a plan that provides a prescription card? | | | | |
| If you offer benefits, what percentage of your employees will participate? | | % | Will your company contribute a portion of the benefits cost? | | Yes No |
| | | | If so, what percentage of the Employee-Only premium | | |

Retirement Plans

| | | | | | |
|---|--|--|--|--|--|
| 6 | Would you like to offer your employees a 401K plan? | | | | |
| 7 | Would you like a 401K matching amount (from your company) to your employees? | | | | |
| 8 | Do you need the ability for employees to contribute bonus checks to their 401K accounts? | | | | |

Supplemental Benefits

| | | | | | |
|----|---|--|--|--|--|
| 9 | Do you want to offer your employees a plan that provides Vision care? | | | | |
| 10 | Do you want to offer your employees a plan that provides Term Life insurance? | | | | |
| 11 | Do you a want a plan that provides Accidental Death and Dismemberment? | | | | |
| 12 | Do you want a plan that offers Flexible Spending Account to your employees? | | | | |
| 13 | Do you want to offer a Long Term Disability Plan? | | | | |
| 14 | Do you want to offer a Short Term Disability Plan? | | | | |

Business Insurance

| | | | | | |
|----|--|--|--|--|--|
| 15 | Are you interested in Property and Casualty insurance? | | | | |
|----|--|--|--|--|--|

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Additional Questions

What is the main reason you are considering using a PEO?

How soon do you anticipate making a decision?

If you are with a PEO, can you provide a copy of your most recent billing?

How did you find StaffMarket?

Most PEOs will require additional information, namely workers' comp loss runs, a benefits census (listing employees' age, sex, and number of dependants), a copy of your workers' comp declaration page and proof of your state unemployment rate. Would you like for us to handle the distribution of that information? If so, please fax that information to 877-471-5608.

Thank you for taking the time to complete this information. With it, we'll find you the right PEO!



StaffMarket / Client Agreement

I authorize StaffMarket Services to execute a Request for Proposal (RFP) for Professional Employer Organization (PEO) services on behalf of my company.

I further understand that:

- Under no circumstances will my company be liable for fees to StaffMarket.
- StaffMarket will assist locating a PEO that can provide the services needed by my company and that StaffMarket Services is not a Professional Employer. Organization (PEO) and does not provide PEO services.
- StaffMarket Services provides no guarantees regarding the capabilities or solvency of any PEO and I will hold StaffMarket Services harmless for any misrepresentations or omissions made by any PEO or PEO representative.
- StaffMarket does not guarantee that I will receive any PEO proposals.
- StaffMarket Services is not acting in any legal capacity as an agent or representative of any PEO and StaffMarket has no liability for any damages that may result from my company's relationship or lack thereof with any PEO.
- StaffMarket shall not be responsible for any damages regarding obtaining or maintaining any required insurance.

I agree that:

- In the event I successfully establish a relationship with any PEO at any time within the next six months, I will provide the name of the PEO to StaffMarket within 2 weeks of the start date of my PEO contract.
- The information provided to StaffMarket in conjunction with this RFP is true and accurate to the best of my knowledge and I hereby authorize StaffMarket to provide to this information to its partners as required.

X _____
(Signature)

(Printed Name)

(Company Name)



Workers' Compensation Insurance Loss History Affidavit
Fax to 877-471-5608 or email to info@staffmarket.com

I, _____, do hereby certify and swear that _____
(name of owner or officer) (company name; dba)

has incurred _____ injuries within the last _____ months.
(Number of injuries)

Please list the injuries and the costs incurred in the table below for the last 36 months:

| Year of Claim | Name of Injured | Amount of Claim | Open or Closed | Description of Injury |
|---------------|-----------------|-----------------|----------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: if there have been no injuries, write (None) in the table above.

Explanation if an individual claim amount exceeds \$15,000.00.

| |
|--|
| |
| |
| |
| |
| |

Company: _____
 Signed by: _____ Date: _____
 Title / Position _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.



StaffMarket Census Template

Please List All Employees In Order To Determine Participation

| Employee number | Age OR Birth date | Sex | Level of Coverage - Employee Only, Employee + Child, Employee + Spouse, Employee + Family | Employee State | Zip Code | Work Comp Code | Annual Payroll (For LTD) | Full or Part Time (F/P) |
|-----------------|--------------------------|-----|--|--|----------|----------------|--------------------------|------------------------------------|
| | | | NOTE - if an employee has coverage elsewhere, please indicate that here. This will improve your company's overall participation | | | | | |
| 1 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 2 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 3 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 4 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 5 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 6 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 7 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 8 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 9 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 10 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |
| 11 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | <input type="checkbox"/> Full Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | <input type="checkbox"/> Part Time |

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| | | | | | | | | | | |
|----|--------------------------|-------------------|--------------------------|-------------------|--|--|--|--|--------------------------|-----------|
| 12 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 13 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 14 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 15 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 16 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 17 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 18 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 19 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 20 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 21 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 22 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 23 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 24 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 25 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 26 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |
| 27 | <input type="checkbox"/> | Employee Only | <input type="checkbox"/> | Employee + Child | | | | | <input type="checkbox"/> | Full Time |
| | <input type="checkbox"/> | Employee + Spouse | <input type="checkbox"/> | Employee + Family | | | | | <input type="checkbox"/> | Part Time |

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| Employee number | Age OR Birth date | Sex | Level of Coverage - Employee Only, Employee + Child, Employee + Spouse, Employee + Family | | Employee State | Zip Code | WC Code | Annual Payroll (For LTD) | Full or Part Time (F/P) | |
|-----------------|-------------------|-----|--|--|----------------|----------|---------|--------------------------|--|--|
| | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family |
| 28 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 29 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 30 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 31 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 32 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 33 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 34 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 35 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 36 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 37 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 38 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 39 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 40 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| 41 | | | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |

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| | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|------------------------------------|
| 42 | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | | | <input type="checkbox"/> Full Time |
| | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | | | <input type="checkbox"/> Part Time |
| 43 | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | | | <input type="checkbox"/> Full Time |
| | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | | | <input type="checkbox"/> Part Time |
| 44 | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | | | <input type="checkbox"/> Full Time |
| | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | | | <input type="checkbox"/> Part Time |
| 45 | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Child | | | | | | | <input type="checkbox"/> Full Time |
| | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Family | | | | | | | <input type="checkbox"/> Part Time |

If you have employees in more than one state, please provide a breakdown

Payroll by State Breakdown

| State | Work Comp Code | Number of Employees | Payroll | State Unemployment Rate |
|-------|----------------|---------------------|---------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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