

New Classification Code/Location Request



This form must be completed in its entirety.

Human Capital Client:

Name:

New Client Location/Address:

City:

State:

Zip:

Class Code Requested (if known):

Number of Employees for New Code:

Estimated Annual Gross Payroll:

Class Code Requested Begin Date:

New State Add: (if other than current)

Detailed description of employee work duties to be performed:

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 return to:

Email: wcdept@human-capital.com

Fax: 248.204.0722

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