



**PEO4ME**

*Group*

610 Anthony Trail ▪ Northbrook, IL 60062 ▪  
847.564.1640 phone ▪ 847.564.1648 fax

**Intake Form / Addendum to the Master Labor Agreement**

**Company Information**

Contact:

Title:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Nature of Business:

Number of locations:

Hours eligible for benefits:

Waiting Period:

Please list all applicable Tax ID's:



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**Payment Information**

Name of Bank:

Routing Number:

Account Number:

**Employment Requirements**

Full-time hourly requirements (20-40 hrs):

# of full-time employees:

**Employer Contribution**

Employee \$ \_\_\_\_\_ or \_\_\_\_\_%

Dependents \$ \_\_\_\_\_ or \_\_\_\_\_%

**Please include the following information**

- Census
- A voided check

\*I agree to the client service agreement and master labor contract. This intake form serves as an addendum to the master labor contract.

x \_\_\_\_\_ Date \_\_\_\_\_