

**PROFESSIONAL EMPLOYER ORGANIZATION (PEO)
AMENDMENT FORM**

Please use this form to report any change to the Statement of Ownership, Statement of Management, or Financial Institution currently on records with the Disability Compensation Division.

Controlling Persons Based on Ownership:

Please provide the below requested information filed with the Disability Compensation Division regarding each person who, individually or acting in concert with any other person or persons, owns or controls, directly or indirectly, twenty-five percent or more of the equity interests of the PEO.

Full Name and Address	Phone	% Ownership

Management:

Please provide the below requested information for any changes regarding a person who serves as President or Chief Executive Officer of the PEO or who otherwise has the authority to act as a senior executive officer of the PEO and execute contracts on behalf of the PEO currently filed with the Disability Compensation Division.

Full Name and Address	Title/Position	Phone

FINANCIAL INSTITUTION USED FOR PAYROLL

Financial Institution located in Hawaii: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____