



**TEMPORARY AUTHORIZATION
TO REVIEW INFORMATION**

FAX 513-755-6882

TO: Ohio Bureau of Workers' Compensation

- Employer Services Department, L22
- Self-Insured Department, L26

Return to:
Employers Choice Plus
7116 Sennet Place
West Chester, OH 45069
(800) 381-4978 Fax: (513)755-6882

From: Policy number
Entity
DBA
Address _____

NOTE: For this to be a **VALID** letter, it must be stamped by the Self-Insured Department for self-insured employers or by the Employer Services Department for all employers other than self-insured. This authorization, being temporary in nature, will not be recorded via computer or be retained by the Employer Services Department. A copy must be in the possession of a representative when requesting service relative to the authority granted therein.

This is to certify that **EMPLOYERS CHOICE PLUS – 217564-80**
including its agents or representatives identified to you by them, has been retained to review and perform studies on certain workers' compensation matters on our behalf.

The limited letter of authority provides access to the following types of information relating to our account:

- (1) Risk files
- (2) Claim files
- (3) Merit-rated or non-merit-rated experiences
- (4) Other associated data

This authorization does NOT include the authority to:

- (1) Review protest letters
- (2) File protest letters
- (3) File form CHP-4
- (4) File Motions, I-12's or IC-88's
- (5) File self-insurance applications
- (6) Represent the employer at hearings
- (7) Pursue other similar actions on behalf of the employer

I understand that this authorization is limited and temporary in nature and will expire on _____
or automatically nine months from the date received by the Employer Services Department or Self-Insured Department,
whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	E-mail address
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Print name	Title	Signature	Date
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Completion of the temporary authorization provides a third-party administrator (TPA) limited authority to view an employer's payroll and loss experience. By signing the AC-3, the employer grants permission to the BWC to release information to the employer's authorized representative(s). The form allows a third-party representative to view an employer's information regarding payroll, claims and experience modification.

Attention group rating prospects:

- Employers may complete the AC-3, for as many TPAs or group-rating sponsors as they feel are necessary to obtain quotes for a group-rating program.
- Group Sponsors must notify all current group members if they will not be accepted for the next group rating year. The deadline for this notification is prior to the first Monday in February for private employers and prior to the second Friday in August for public employers.
- All potential group-rating prospects must have:
 - Active BWC coverage status as of the application deadline;
 - Active coverage from the application deadline through the group-rating year.
 - No outstanding balances;
 - Operations similar in nature to the other members of their group.
- Any changes to a group member's policy will affect the group policy. Changes can result in either debits or credits to each of the members.

Note:

For complete information on rules for group rating, see Rules 4123-17-61 through 4123-17-68 of the Ohio Administrative code or your TPA.

All group-rating applicants are subject to review by the BWC Employer Programs Unit.