

Electronic Benefit Card

Now you can have quick, easy access to your workers' compensation benefits thanks to the Electronic Benefit Card, issued by the Ohio Bureau of Workers' Compensation (BWC) and Bank One®. The Electronic Benefit Card is available to injured workers who receive benefit payments from BWC (excluding death and temporary partial benefits).

No monthly
or annual fee

Quick and easy access
to your funds

No waiting in line
at the bank

Timely receipt of
payments

24-hour access
to money

Monthly statements

Internet access to
account information

Customer service
24 hours a day,
every day

Quick turnaround
for replacement
card

Worldwide
acceptance

Why should you apply for the Electronic Benefit Card?

Why wouldn't you?

1. Pay no more check-cashing fees! Receive 100 percent of your benefit.
2. Receive around-the-clock access to your money. You can use the Electronic Benefit Card at any bank machine, anywhere (with no ATM fees if used at Bank One machines).
3. Make bill payments by phone.
4. Use it like a credit card for making purchases (only without the costly finance charges).

You don't need to have a bank account.

Bank One issues your Electronic Benefit Card, which will directly access your BWC account. You will receive a personal identification number (PIN) when you call to activate your card, which ensures that only you can access your money. It is safer than carrying cash, and replacing a lost or stolen card is quick and easy.

It's easy to apply. Just complete the form and mail it to BWC.

Any questions?

- Please call Bank One, (877) 252-4622, with questions about your Electronic Benefit Card.
- For questions about your workers' compensation claim, please call 1-800-OHIOBWC (800) 644-6292.

To apply

Carefully read and sign the Electronic Benefit Card agreement and provide your claim number. For quick processing of your enrollment card, be sure to provide all necessary information. Mail it to: BWC Benefits Payable, P.O. Box 15429, Columbus, OH 43215-0429

Electronic Benefit Card agreement

This form shall remain in full force and effect until BWC has received written notification from me of its termination. BWC has the right to terminate this program at any time.

I agree, under the terms of this agreement, that use of the Electronic Benefit Card constitutes payment to me under the provisions of the Ohio Revised Code (ORC) Section 4123.67. By signing this form, I state that I am entitled to these workers' compensation benefits and will promptly notify BWC should I become employed or otherwise ineligible to receive such benefits.

Notice: If your Electronic Benefit Card payments are to compensate you for total disability, you are not entitled to these payments if you are working. Working includes full- or part-time employment. If you are receiving permanent or total compensation due to the loss of two limbs and/or eyesight as provided in Section 4123.58 of the Ohio Revised Code, this statement does not apply. Any person who obtains compensation from BWC by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution.

Signature _____
(required)

Claim number _____
(required)