New Employer Orientation

A Primer for Ohio Workers' Compensation

What you absolutely, positively need to know before you leave this training!

1. Managed Care Organization (MCO) must be selected within 30 days. BWC will not automatically assign an MCO after 30 days. BWC will assign an MCO when the employer reports any payroll or when there is a first claim. Until that point, the employer can select an MCO.

2. All employees, whether full or part-time must be covered by workers' compensation.

3. Contractors may or may not be contractors under Ohio workers' compensation law. Know the difference.

4. Your Certificate of Coverage from BWC MUST be posted in a visible location.

5. When you receive your semi-annual payroll report, verify correct manual classifications

6. When filing a claim, ensure claim is assigned against proper manual classification

7. Once you become "experience rated", your premiums are based on the claim costs from the oldest four of the last 5 calendar years.

8. Lost time claims result in "reserves" being assigned. This can significantly raise your premiums.

9. Payroll reports and premiums are due on February 28 and August 31 of each year. Failure to pay premiums on time results in you, the employer, paying for all injury costs, dollar for dollar, in addition to penalties and interest for back premiums.

10. Employers with more than 10 employees must maintain the OSHA Form 300 and post the OSHA Form 300A during February, March & April of each year.

11. BWC provides on-site risk and safety consulting to any employer at no additional cost.

12. BWC's Division of Safety & Hygiene offers over 50 different courses on safety and workers' compensation management. These courses are pre-funded through employer premiums.

New Employer Orientation

Agenda

8:30 am - 11:30 am

- Your workers' compensation policy: Who is covered on your Workers' Compensation policy? What is elective coverage?
- What is a Premium Security Deposit? How it is determined?
- What are manual classifications? How they are assigned? What is their importance in determining your premium rates?
- Payroll Reporting: When and how to report payroll. How to track wages and accrue expenses.
- The benefits of an effective safety process.
- What is a Managed Care Organization (MCO)? A Third Party Administrator (TPA)? How to select an MCO.
- Workers' Compensation cost control strategies for your business.
- Claims Management: What happens when you have a Workers' Compensation claim?

New Employer Orientation

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BWC Office Locations

Ohio Center for Occupational Safety & Health (OCOSH)
13430 Yarmouth Drive
Pickerington, OH 43147
1-800-OHIO BWC
(Follow the prompts)
(614) 995-8622
Safety@bwc.state.oh.us

Cambridge
61501 Southgate Parkway
Cambridge, OH 43725
(740) 435-4210

Canton
400 Third St. S.E.
PO Box 24801
Canton, OH 44701-4801
(330) 471-0397

Cleveland
615 W. Superior Ave.
6th Floor
Cleveland, OH 44113
(216) 787-3060

Columbus
30 W. Spring St.
11th Floor
Columbus, OH 43215
(614) 752-4538

Dayton
3401 Park Center Drive
PO Box 13910
Dayton, OH 45414
(800-862-7768
(937) 264-5230

Garfield Heights
4800 E. 131st St.
Garfield Heights, OH 44105
(216) 584-0115

Governor's Hill
8650 Governor's Hill Dr.
4th Floor
Cincinnati, OH 45249
(513) 583-4403

Hamilton
One Renaissance Center
345 High St.
Hamilton, OH 45011
(513) 785-4510

Lima
2025 E. Fourth St.
Lima, OH 45804
(419) 227-4116

Logan
1225 W. Hunter St.
Logan, OH 43138
(740) 385-9848

Mansfield
240 Tappan Drive N.
PO Box 8051
Mansfield, OH 44906
(419) 529-4528

Portsmouth
1005 Fourth St.
PO Box 1307
Portsmouth, OH 45662
(740) 353-3419

Springfield
1 S. Limestone St.
PO Box 1467
Springfield, OH 45501
(937) 327-1365

Toledo
1 Government Center
12th Floor
Toledo, OH 43604
(419) 245-2474

Youngstown
242 Federal Plaza W.
Suite 200
Youngstown, OH 44503
(330) 797-5010

Who are the Parties Involved?

- Bureau of Workers' Compensation (BWC)
    - IM: Injury Management: BWC staff who manage workers' compensation claims
        - Claims Service Specialists (CSS)
        - Rehab Specialist
        - Re-employment Advisors (REA)
    - EM: Employer Management: BWC staff who assist employers in implementing employer strategies to prevent injuries and to manage those injuries that occur
        - Employer Services Specialists (ESS)
        - Safety Consultants
        - Industrial Hygienists
        - Ergonomists
    - Auditors: BWC staff who audit payroll of employers to verify accuracy of payroll reports

- Employer: Pay premiums for workers' compensation coverage and implements strategies to prevent those injuries and manage costs

- Injured worker/representative: Employee who is injured on the job and is eligible for medical care and compensation

- Medical Providers: Provides medical treatment and rehabilitation services

- Industrial Commission (IC): The adjudicatory branch of the workers' compensation system. In addition to establishing adjudicatory policies, the IC has original jurisdiction on claims matters, such as determining levels of disability and resolving disputed claims issues) and commissioners.

- Managed Care Organization (MCO): Agencies that medically manage employee injuries. Every employer is assigned an MCO. MCOs are paid by BWC and not the employer.

- Third Party Administrator (TPA): TPAs are optional for employers and require a contract between employer and TPA. TPAs are paid by the employer. TPAs can assist employers in managing workers' compensation needs, filing payroll, applying for Group Rating plans, initiate Claim Settlements and Handicap Reimbursements, and attend IC hearings.

Ohio Bureau of Workers' Compensation - Microsoft Internet Explorer

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Back Search Favorites

Address http://www.ohiobwc.com/ Go

Ohio.gov So much to Discover.

Home | Injured Workers | Ohio Employers | Medical Providers | BWC Library | Contact Us

BWC Better Workers' Compensation Built with you in mind

Ohio Bureau of Workers' Compensation

Governor, Ted Strickland
Administrator/CEO Marsha P. Ryan

INJURED WORKERS

- File a claim
- Claim documents
- Diagnosis info

See more »

OHIO EMPLOYERS

- Apply for coverage
- File a claim
- Payroll reports

See more »

SAFETY SERVICES

- Consulting services
- Library services
- Training services

See more »

MEDICAL PROVIDERS

- File a claim
- Claim documents
- Pharmacy benefits

See more »

E-account Log On

User ID: Password: Sign on

Create E-Account Problems Logging on? Lost password?

Live Support

Online support available Monday thru Friday 7:30 a.m. - 5:30 p.m.

Click here to get help

BWC Library

- About BWC
- BWC publications
- Policies and procedures

start Inbox - M... Microsoft... Microsoft... Intrafin h... Ohio Bur... 2:55 PM Monday 5/14/2007

YOUR POLICY

YOUR WORKERS' COMPENSATION POLICY

Basic Information

- Workers Compensation is "no-fault" insurance for work-related injuries and illnesses
- In Ohio, you must provide coverage to your employees regardless of the number of employees
- Coverage for employees is activated upon BWC's receipt of application and Security Deposit
- Ohio employers must post their Certificate of Coverage

Basic Information

- **Who is considered an employee?**
  - Employees are those you have direct control over their work (full time, part time, seasonal)
  - Officers of the company may be employees depending on the type of company

Basic Information

- **Who is not considered an employee?**
  - Ministers are not employees
  - Independent contractors are not employees*
    - *Caution: Just because someone calls themselves a "contractor" doesn't make them one
  - Temporary personnel are not employees of the host employer. They are employees of the temporary agency.
  - Family members of a farm are not employees

Basic Information

- **Supplemental (elective) Coverage**
  - **The following individuals are not covered under an employer's workers' compensation policy unless the individuals have elected to purchase supplemental coverage**
    - Sole Proprietor / Partnerships
    - Ministers (engaged in ministry)
    - Individuals incorporated as a corporation
    - Family members of a farm all can elect to be covered (special payroll reporting requirements)
  - Coverage for these individuals may be activated by completing the BWC U-3S Form

Basic Information

- **Did you purchase an existing company?**
  - If so, you incurred all credits and debts associated with workers' compensation coverage (Successorship Liability)
  - You incurred claim history of all previous claims affecting your future premiums, including settlement issues, appeals, etc.
  - **U-118 Merger/Acquisition Notification to BWC* (Mandatory submission to BWC)**
  - **U-117 Notification of Policy Update***
    (Changes in address, officers, business type, etc)

Independent Contractor/Employee Questionnaire

Injured worker name: _____ Claim number: _____

Question	Yes	No
1) Is the person required to comply with instructions from the other contracting party regarding the manner or method of performing services?		
2) Is the person required by the other contracting party to have particular training?		
3) Are the person's services integrated into the regular functioning of the other contracting party?		
4) Is the person required to perform the work personally?		
5) Was the person hired, supervised, or paid by the other contracting party?		
6) Does a continuing relationship exist between the person and the other contracting party that contemplates continuing or recurring work even if the work is not full time?		
7) Are the person's hours of work established by the other contracting party?		
8) Is the person required to devote full time to the business of the other contracting party?		
9) Is the person required to perform the work on the premises of the other contracting party?		
10) Is the person required to follow the order of work set by the other contracting party?		
11) Is the person required to make oral or written reports of progress to the other contracting party?		
12) Is the person paid for services on a regular basis such as hourly, weekly, or monthly?		
13) Are the person's expenses paid for by the other contracting party?		
14) Are the person's tools and materials furnished by the other contracting party?		
15) Is the person provided with the facilities used to perform services?		
16) Does the person fail to realize a profit or suffer a loss as a result of the services provided?		
17) Does the person only perform the service for this specific employer, rather than a number of employers at the same time?		
18) Does the person choose not to make the same services available to the general public?		
19) Does the other contracting party have a right to discharge this person?		
20) Does the person have the right to end the relationship with other contracting party without incurring liability pursuant to an employment contract or agreement?		

Signature of person completing the questionnaire: _____ Date: _____

Notification of Business Acquisition/Merger or Purchase/Sale

BWC
Better Workers' Compensation
Built with *you* in mind

Have questions? Need assistance? BWC is here to help!
Call 1-800-OHIOBWC, and listen to the options to reach a customer service representative.
You can dial the number nationwide, and in Canada and Mexico from 7:30 a.m. to 5:30 p.m. EST.
Remember, you can access information and request services by visiting BWC's Web site at ohiobwc.com

Purpose of form: To notify BWC when an employer succeeds, in whole or in part, another in the operation of a business.

If the succeeding employer does not have Ohio workers' compensation coverage, he or she must complete an *Application for Ohio Workers' Compensation Coverage* (U-3) in addition to the *Notification of Business Acquisition/Merger or Purchase/Sale* (U-118). If the succeeding employer has Ohio workers' compensation coverage, he or she only needs to submit the U-118.

Ohio workers' compensation rule (Rule 4123-17-02 Basic or manual rate) requires an employer that succeeds another employer in the operation of a business, in whole or in part, to notify BWC of the succession. Additionally, the succeeding employer must preserve the former employer's payroll records for the five years preceding the date of succession.

Whenever one employer succeeds another employer in the operation of a business, in whole or in part, BWC requires information on the succession to calculate the experience rating of the succeeding employer. Additionally for successions taking place on or after Sept. 1, 2006, where one employer wholly succeeds in the operation of a business, BWC shall transfer to the successor any and all existing and future liabilities or credits of the former employer in addition to the experience transfer.

If an employer purchases or acquires only a portion of the business, BWC transfers only that portion of the former employer's experience to the succeeding employer. A BWC auditor will inspect the former employer's payroll and claims records to determine what should transfer to the successor for rate calculation purposes.

Notify BWC by following these steps:

1. Complete all sections of this form and provide as many details as possible to avoid unnecessary requests for additional information;
2. Sign and date the form;
3. Mail the completed form to:

Ohio Bureau of Workers' Compensation
Policy Processing Department, 22nd floor
30 W. Spring St.
Columbus, Ohio 43215-2256

Section A - General information

Provide general information on the succeeding and former employer. If the succeeding employer does not have Ohio workers' compensation coverage, the succeeding employer is required to complete the following forms:

- The U-3;
- The U-118.

You can apply for coverage online at **ohiobwc.com** or by completing the U-3. You can obtain the U-3 application by visiting BWC's Web site at **ohiobwc.com** or by calling 1-800-OHIOBWC.

Section B - Transaction details

BWC uses the information provided in this section to determine if a succession has occurred. BWC evaluates criteria, including but not limited to, criteria listed below to make this determination.

- Business ownership
- Continuity of business operations
- Real estate, plant and equipment, material inventories and other real property
- Customer profiles
- Industrial pursuit
- Employee roster

Section C - Succeeding employer responsibilities

This section provides the succeeding employer with its responsibilities related to acquisition/merger or purchase/sale of another employer's business.

Section D - Certification

This section is where the parties associated with the transaction read the certification statement and provide their signatures. BWC has the authority to proceed with processing the transaction without the signature or agreement of one or both of the parties.

Section A - General information

Succeeding employer

Ohio workers' compensation policy number	Legal business name
Trade name or doing business as name (DBA)	Telephone number

If the succeeding employer does not have Ohio workers' compensation coverage, the succeeding employer is required to complete and submit the following forms:

1. The U-118;
2. The U-3, which is available on BWC's Web site at **ohiobwc.com** or by calling 1-800-OHIOBWC. If you do not have an Ohio workers' compensation policy number at the time you file this form, indicate "applied for" in the appropriate field.

Former employer

Ohio workers compensation policy number	Legal business name
Trade name or doing business as name (DBA)	Telephone number

Section B - Transaction details

1. On what date did you acquire or purchase the business? _____

2. Did you acquire or purchase the assets and/or ownership interest (all or portion) of the former employer? ☐ Yes ☐ No

3. Is there a purchase/sale agreement associated with this transaction? ☐ Yes ☐ No
(If yes, attach a copy of the purchase/sale agreement)

4. List the names of all partners, corporate officers or individuals that have an ownership interest for the successor and former employer.

Successor employer	Former employer

5. Did you acquire or purchase the right to use the former employer's business name? ☐ Yes ☐ No

Policy number

Section B - Transaction details (continued)

6. Did you acquire all or part of the business? ☐ All ☐ Part
If this is a partial acquisition or sale, of an existing business, explain what portion or location of the entire operation was acquired or purchased.

7. Has the business been in continuous operation? ☐ Yes ☐ No
Explain

8. Are you operating in the former employer's location? ☐ Yes ☐ No
Explain

9. Did you hire any or all of former employer's employees? ☐ Yes ☐ No
Explain and provide details on the number of employees re-employed

10. Did you acquire or purchase any machinery or equipment from the former employer? ☐ Yes ☐ No
Explain

11. Did you acquire or purchase the former employer's contracts or customers? ☐ Yes ☐ No
Explain

12. Will the succeeding employer conduct business in the same or similar manner as the former employer? ☐ Yes ☐ No
Explain (identify any changes in the operation or finished products)

13. Provide any additional information you believe pertinent to the transaction (attach additional information as needed):

6

Policy number

Section C - Succeeding employer responsibilities

The succeeding employer is responsible for notifying BWC of the succession and for preserving the former employer's payroll records for the five years preceding the date of succession.

Section D - Certification

By my signature, I certify I have the authority to notify BWC of this transfer, and the facts set forth on this notification form are true and correct to the best of my knowledge. I am aware that any person who misrepresents, conceals facts or makes false statements may be subject to civil, criminal and/or administrative penalties.

Furthermore, I am aware that pursuant to BWC Rule 4123-17-02 Basic or manual rate BWC shall transfer the former employer's rights and obligations under the workers' compensation law to the successor employer in addition to any credits of the former employer when one employer wholly succeeds in the operation of the business. Where one employer wholly or partially succeeds in the operation of the business, the experience of the former employer will be transferred to establish the rate of the succeeding employer.

Succeeding employer

Signature of owner, partner, member or executive officer

Title

Print name of above signature

Date

Telephone number

Former employer

Signature of owner, partner, member or executive officer

Title

Print name of above signature

Date

Telephone number

BWC has the right to proceed with processing a transaction to transfer the former employers experience and the liabilities or credits when the successor wholly succeeds another employer in the operation of a business without one or both of the parties' signature or approval.

BWC USE ONLY

Team number	Account examiner name

Notification of Policy Update

Have questions? Need assistance? BWC is here to help!
Call 1-800-OHIOBWC, and listen to the options to reach a customer service representative.
You can dial the number nationwide, and in Canada and Mexico from 7:30 a.m. to 5:30 p.m. EST.
Remember, you can access information and request services by visiting BWC's Web site at ohiobwc.com

Purpose of form: To notify BWC of changes to the information on your Ohio workers' compensation policy. Complete all sections of this form that apply to your updates. The sections are:

Section A - Update business information
(legal business name, trade name (DBA), entity type and/or owners/officers);

Section B - Update address and contact information;

Section C - Request to cancel elective coverage;

Section D - Request to cancel Ohio workers' compensation coverage.

Your assigned workers' compensation policy number and responsibility for premium will not change as a result of completing the *Notification of Policy Update* (U-117). BWC will not issue a new policy number in situations where essentially the same employer, regardless of entity type, has an existing BWC policy (i.e., only one policy is established for any given individual, group of individuals or legal entity).

Coverage on certain owners or ministers is voluntary. Listed below are the categories of individuals that quality for elective coverage. If you wish to elect coverage on a qualifying individual, you must completed and submit an *Application for Elective Coverage* (U3-S), which is available on BWC's Web site at ohiobwc.com or by calling 1-800-OHIOBWC.

- Sole proprietor
- Partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate minister of a religious organization
- Individual incorporated as a corporation (with no employees)

This form is not intended for situations where the employer succeeds, in whole or in part, another employer in the operation of a business. Complete *Notification of Business Acquisition/Merger or Purchase/Sale (U-118)* to notify BWC of this type of transaction.

Notify BWC by following these steps:

① Complete all sections of the form that apply to your policy updates;

② Sign and date the form;

③ Mail the completed form to:

Ohio Bureau of Workers' Compensation
Policy Processing Department, 22nd floor
30 W. Spring St.
Columbus, Ohio 43215-2256

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Provide your policy number, federal identification number or Social Security number and legal business name in BWC's records below. Provide your updated information in the appropriate section of this form.

Policy number	Federal employer identification number or Social Security number
Legal business name	

Section A - Update business information

You can request an update to the legal business name, trade name or doing business as (DBA), federal employer identification/Social Security number, entity type and/or owners/officers on a workers' compensation policy when the employer is essentially the same employer (same or similar ownership group).

Update business name and/or federal employer identification number or Social Security number Effective date

Legal business name	
Trade name or DBA	Federal employer identification number or Social Security number

Update business entity type Effective date _____

Please check the one business entity type below that applies to you and attach supporting documentation (e.g., certificate from Secretary of State and related materials, legal contract, etc.)

☐ Sole proprietor ☐ Limited liability company acting as a sole proprietor ☐ Corporation

☐ Partnership ☐ Limited liability company acting as a partnership ☐ Individual incorporated as a corporation

☐ Limited partnership ☐ Limited liability company acting as a corporation ☐ Family farm corporation

Incorporation date	Charter number	State where incorporated

Have you changed the nature of your business operation or finished products? ☐ Yes ☐ No
Explain

_____

_____

Provide additional information you believe pertinent to the transaction (attach additional information as needed):

_____

_____

Policy number

Section A - Update business information (continued)

Update owners/officers

Name #1 (last, first, middle)		Effective date	% Ownership
Home address (street or PO Box)			
City	State	ZIP code	
Social Security number	Title		

Name #2 (last, first, middle)		Effective date	% Ownership
Home address (street or PO Box)			
City	State	ZIP code	
Social Security number	Title		

Name #3 (last, first, middle)		Effective date	% Ownership
Home address (street or PO Box)			
City	State	ZIP code	
Social Security number	Title		
		Total ownership %	

List names of owners / officers no longer affiliated with the business (print name):

Name	End date

Section B - Update address and contact information

Update primary physical location and contact information

BWC uses the primary address to assign one customer service office for all your risk-management services. Please provide the address for your primary Ohio location best capable of handling and resolving your risk-management issues or an out of state location if you have no physical Ohio location.

Street (Do not use P.O. box)	City
State, ZIP code	Location phone
Location fax	E-mail address
Web site	
Contact name	Contact phone

Update mailing address (if different from primary physical location)

Street	City
State	ZIP code
Contact name	Contact phone

Policy number

Section C - Request to cancel elective coverage

If elective coverage is no longer required for one or more qualifying individuals, cancel elective coverage for the individual listed below.

Name	Effective date of cancellation

Upon cancellation of elective coverage, BWC will NOT pay benefits for work-related injuries.

If you choose to elect coverage for a qualifying individual in the future, you must complete and submit a U-3S. You can obtain this application by visiting BWC's Web site at **ohiobwc.com** or by calling 1-800-OHIOBWC.

Section D - Request to cancel Ohio workers' compensation coverage

If you will continue to have employees working for you, including casual labor or part-time help, you should not cancel your coverage. Additionally, you should not cancel your coverage if you are leasing your employees from a professional employer organization (PEO). As a client in a PEO agreement, you must maintain active workers' compensation coverage.

If workers' compensation is not longer required, please indicate reason and other facts about the cancellation of coverage. You should maintain coverage through the last date you have employees.

☐ Out of business (closed operation): Cancel account/policy Effective date: _____

☐ Business sold: (Select one) _____ All of business sold Effective date: _____

_____ Part of business sold Effective date: _____

Purchaser (new owner) information

Policy number: _____ Acquisition/purchase date: _____

Legal business name: _____

Address: _____

Contact name and phone number: _____

Section E - Certification

By my signature, I certify I have the authority to notify BWC of the change, and the facts set forth on this notification form are true and correct to the best of my knowledge and belief. I am aware that any person who misrepresents, conceals facts, or makes false statements may be subject to civil, criminal and/or administrative penalties.

_____ _____
Signature of owner, partner, member or executive officer Title

_____ _____
Print name of above signature Date

_____
Telephone number

BWC USE ONLY

Team number	Account examiner name

SECURITY DEPOSIT

WHAT IS A PREMIUM SECURITY DEPOSIT?

Premium Security Deposit

- A Premium Security Deposit (PSD) is an amount held by BWC for the duration of the policy
- The deposit is maintained to cover any outstanding balances at the time the policy is discontinued
- The PSD is calculated based on information provided on the application from the employer

Premium Security Deposit

- Since workers' compensation premiums are paid in arrears (after the fact), a security deposit is required to initiate coverage*
- Minimum ($10) /Maximum ($1,000)*
- If additional security deposit is required, employer will receive an invoice from BWC*
- Coverage is activated upon BWC's receipt of application and security deposit
- Employer will receive a certificate of coverage. <u>This must be posted</u>

Ohio Revised Code (ORC) 4123-17-16

PREMIUM SECURITY DEPOSIT

(A) Each employer, on the occasion of instituting coverage under Chapter 4123. of the Revised Code, shall submit a premium security deposit.

(B) A premium security deposit shall be in an amount equal to thirty per cent of the employer's semiannual premium obligation based on the employer's estimated expenditure for wages for a six-month period, plus thirty per cent of the employer's premium obligation for an additional two-month adjustment period, but in no event shall the premium security deposit collected from an employer be less than ten dollars or more than one thousand dollars.

(C) The bureau of workers' compensation shall review the security deposit of every employer who has submitted a deposit of less than one thousand dollars. If, in the opinion of the bureau, the amount of any such employer's deposit is less than the amount due under the law, the bureau may require the employer to submit such additional amount as it shall deem necessary, up to the maximum of one thousand dollars.

(D) The premium security deposit collected from an employer shall entitle the employer to the benefits of Chapter 4123. of the Revised Code for the remainder of the six-month payroll reporting period during which such deposit is collected, and for an additional adjustment period of two months from the close of such six-month period. Thereafter, if the employer pays the premium due at the close of any six-month period, coverage shall be extended for an additional eight-month period, beginning from the end of the six-month period for which the employer pays the premium due.

BWC
Better Workers' Compensation
Built with *you* in mind.

Ted Strickland, Governor William E. Mabe, Administrator/CEO

Invoice/Statement

Online payment is quick and convenient. Log on to **ohiobwc.com**, and click on Ohio Employers, and then Accounts Receivable balance to pay your balance using a credit card or electronic funds transfer.

BWC may turn over balances not paid by the invoice due date to the Ohio Attorney General's office for collection. Please read the back of this invoice for additional information. For other employer information, call **1-800-OHIOBWC**.

Para asistencia en Español, llame a 1-800-644-6292 opción 9.

John Q. Employer
Acme Widgets
1127 Route 65
Somewhere, Ohio 43376

Policy Information

Policy Number:	137765-0	Invoice Number:	**80386**	Invoice Date:	**02/01/2007**
Federal ID Number:	20-886213	Current Rating Plan:	**Base**	Due Date:	**03/01/2007**
Coverage Status:	**ACTIVE**				

Billing Summary

	Breakdown	Total
Outstanding Balance: BWC	$0.00	$0.00
Current Activity - Detail Attached		
Payment/Refund Transactions	$10.00 cr	
Security Deposit Transactions	$1,000.00	$990.00
Ending Balance: BWC	$990.00	$990.00

Example

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the **Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.**
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
137765-0	80386	03/01/2007	$990.00	$ _____

Mail to:
BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

0151528100000008038622490100000000099000

BWC
Ohio Bureau of Workers' Compensation
Built with *you* in mind.

Ted Strickland,Governor William E. Mabe, Administrator/CEO

Invoice/Statement

Current Activity Detail

John Q. Employer
Acme Widgets
1127 Route 65
Somewhere, Ohio 43376

Policy Number	Invoice Number
137765-0	80386224
Invoice Date	**Due Date**
02/01/2007	03/01/2007

Payment

		Balance
01/05/2007		10.00 cr
Transaction Total		$10.00 cr
Payment/Refund Transactions Total		$10.00 cr

Initial Security Deposit	Class Code	Payroll Estimate	1 30% of Estimate	2 Rate	Balance (1 x 2)
01/25/2007	8810-RN	23,000.00	6,900.00	0.002900	20.01
	9014-RN	95,000.00	28,500.00	0.060900	1,735.65
Transaction Total					$1,755.66

Maximum Deposit Adjustment		Balance
01/25/2007	Maximum Deposit Adjustment	755.66 cr
Transaction Total		$755.66 cr
Security Deposit Transactions Total		$1,000.00
TOTAL MONTHLY ACTIVITY		$990.00

Example

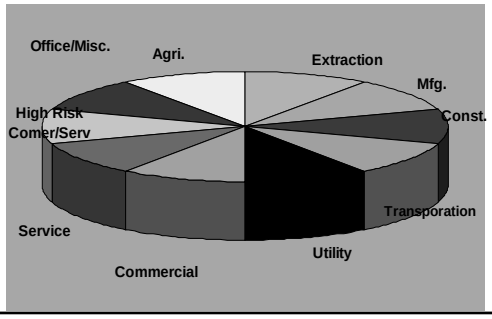
MANUAL
CLASSIFICATIONS

WHAT ARE MANUAL CLASSIFICATIONS?

NCCI Manual Classifications

- National Council on Compensation Insurance (NCCI). Industry classification system used by 42 states and District of Columbia
- Each employer is assigned one or more classification based on their operation*
- BWC assigns the NCCI classification based on the information in your application for coverage
- Employers need to go on-line at www.ohiobwc.com to verify accuracy of classification

10 Industry Groups



Why are NCCI Classifications Important?

- Premium rates are based on the degree of hazard relative to your specific operation
- Worker compensation claims are coded to NCCI manual classifications. The total cost of claims in a specific manual classification is then used to calculate rates for that specific classification

NCCI Manual Classifications

The rate an employer pays to insure an employee in case of a work-related injury is based on the industry pursuit of the employer. BWC reviews the information on the coverage application and assigns manual classifications to the employer that correspond with the work being done and the risk of injury due to hazards associated to that work.

For example, the manual classification for an office worker carries a lower rate than the manual classification for a construction worker. This is because there is less hazard and risk of injury for the office worker and claims costs for office workers are typically lower than claims costs for construction workers.

BWC converted its manual classifications to those established by the National Council on Compensation Insurance (NCCI). BWC implemented this change, mandated by law, over a four-year period, 1996 through 2000. BWC converted to the NCCI classification system because it represents a more equitable premium rate structure than the previous system. It also is a more accurate and understandable system, which better classifies employers by their predominant business. As of January 2002, 42 states and the District of Columbia use the NCCI classification system.

PREMIUM
AND PAYROLL

PREMIUMS AND PAYROLL REPORTING

For specific questions regarding your payroll and/or premium, contact the Employer Management section in your local service office

Premiums

- BWC is a revenue-neutral insurance agency
- Each year, BWC must collect enough money in premiums to pay all claims costs for injuries occurring that year (including all future costs)
- Costs are equitably divided among all employers through the NCCI coding mechanism*
- Premiums rates are based on each $100 of payroll
- Payroll size and NCCI classifications are used to help determine risk and calculate premiums due

Premiums

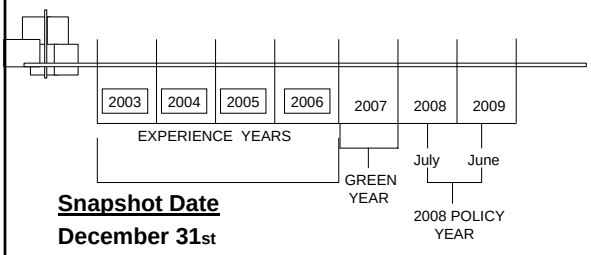
- Most new employers are "base rated" their first 2 years of operation, and pay the average premium rate **unless** they purchased an existing business

  (Base rated employers can be enrolled in a Group Rating plan)
- After 2 years, an employer may stay base rated or become "experience rated"*

  Contact your local Employer Services Specialist for details

EXPERIENCE RATING

Rates as of 7/1/08 for private employers



Snapshot Date

December 31st

Premiums pay for:

- Medical: Money paid for doctor bills, hospital care, therapy, drugs, etc.
- Indemnity: Money paid to injured workers to compensate for lost wages and permanent damage

*Lost time claim costs will also reflect a "reserve" cost. This is the anticipated future cost of that claim

Micro Insurance Reserving Analysis (MIRA)

- **Why Reserve?**
- To have enough money set aside…
  - So cost is distributed equitably
  - To protect the State Fund
  - To anticipate future costs of an injury
  - To aid in premium calculations

Payroll Reporting

- **What constitutes payroll?**
  - In defining payroll, BWC generally follows the guidelines of the Ohio Department of Job and Family Services and Federal Unemployment Tax Authority (FUTA)
  - Includes all wages, bonuses, sale of leave, and other remunerations received by employee
  - How you pay the worker (W-2, 1099, etc) has no bearing on payroll reporting

What is reportable to BWC?

- Gross hourly wages
- Gross salaries
- Commissions and tips
- Bonus payments, including stock
- Vacation or holiday pay
- Severance pay
- Overtime pay
- Shift or holiday differential pay
- Personal use of company vehicle
- Profit sharing paid to employees as payroll
- Per diem and travel allowance not paid to reimburse expenses
- Disability payments except those provided under workers' compensation
- Portions of 125 cafeteria plans, 401K or other retirement or disability plans reportable as FUTA wages

Payroll Reporting

- BWC mails payroll reports to employers twice a year (January and July)*
- Employers calculate payroll for the previous 6 month period for each manual classification*
- Employers then multiply payroll times the premium rate for each respective manual classification
- Auditing: Employers are periodically audited by BWC staff to verify reporting

* Employers need to establish a payroll tracking system now to correctly assign ongoing payroll to appropriate manual classifications

Payroll Reporting

Note

Most employers will have a minimum of two manual classifications

1. Their primary business operation (i.e. tree trimming, parts manufacturing, etc.)

2. Clerical classification (8810) for their office personnel. Employees classified in the 8810 manual are not allowed to be exposed to the operative hazards of the business*

Payroll Reporting

- Payroll Reports and full payment must be physically **RECEIVED** by BWC by the due date (February 28 & August 31).*
- Best way to assure timely submission is using BWC's on-line payment system
  - FlexPay or 50/50 Program* (if available)
- If late, employer is considered "lapsed". Any injuries incurred during a "lapsed" period, the employer pays dollar for dollar the cost of the injury!

Premium Rate Calculations
(Base Rating & Experience Rating)

Premium Rates

The Ohio Constitution requires BWC to classify industries according to the degree of hazard in the business. This is accomplished when BWC assigns manual classifications to the employer based on the description of work being performed (this information is taken from the coverage application). Each manual classification has its own base premium rate.

How are base premium rates determined?

- Base rates are determined by claims costs for a particular classification industry wide and not just from one employer's experience.
- BWC's actuarial department analyzes the costs of all claims in each manual classification during the oldest four of the most recent five years.
- This information is used to project the cost of claims that will occur the next year for each manual classification.
- BWC's administrator uses this actuarial data to make recommendations for premium rates and assessments.
- Final approval of premium rates comes from the BWC Board of Directors.
- New rates for private, state-fund employers are effective each July 1 and new rates for public, state-fund employers are effective each January 1.

Base Rating

- Base-rated employers pay their workers compensation premiums according to base rates recommended by BWC's administrator and approved by the BWC Board of Directors.
- Base rating allows employers to pay workers compensation premiums based on the average costs of claims filed against all employers in like industries, utilizing the same manual classifications.
- Manual classifications are assigned based on the description of work being performed (this information is supplied by the employer on the initial coverage application).
- The base rate assigned to a particular manual classification is determined by a review of combined claims costs in the experiences of all employers associated to that manual classification.
- An employer's "experience" is a statistical picture of claims costs during the oldest four of the most recent five-year period.
- BWC limits the average base-rate increase or decrease to a 30-percent yearly maximum. This provides relief from the occasional fluctuation that may occur from one year to the next.
- Approximately 70 percent of all Ohio employers are base-rated.

Experience Rating

Experience rating is an incentive system to promote safe working conditions. Employers who become experience rated can be credit-rated or penalty-rated, depending on the claims cost record of their particular business.

How does BWC determine if an employer should be experience rated?

- BWC reviews payroll information received from every employer.
- Associated to every manual classification rate is an expected loss rate.
- If an employer's payroll and manual classification rates are such that the expected loss reaches $8000 or more, then that employer automatically becomes experience rated.
- An employer with a better-than-average loss experience, compared to others in the same classification, will receive a credit and pay a rate lower than the base rate. The maximum credit is 95 percent.

An employer with a bad loss experience, compared to others in the same classification, will be penalized and pay a rate higher than the base rate. There is no limit on the maximum penalty.

Smaller employers are excluded from experience rating for their own benefit. One serious accident could cause a smaller employer's rates to increase severely, and the employer's premium stability could be dramatically altered for the next four experience-rating years.

Approximately 20 percent of Ohio's employers are experience-rated.

Employer: Acme Widgets Inc **Policy #**:12345-0
Service: (DP-21) - NCCI manuals

Payroll period: 07/01/2006 - 12/31/2006
Payroll report number: 6004482

NCCI manuals

Manual description	**Number of employees**	**Payroll**	**Rate**	**Premium**
1701 RN cement mfg			0.150141	
8742 RN salespersons or collectors - outside			0.008916	
8810 RN clerical office employees noc			0.006123	
1 - 3 of 3				

Multiply payroll times rate to obtain premium due

8810 Manual Classification: Clerical Office Employees

Code 8810 is applied to clerical office employees provided they are not otherwise classified. Clerical employees who engage in telecommuting activities may qualify for Code 8871.

Code 8810 employees are common to so many businesses that they are considered Standard Exceptions unless they are specifically included with the phraseology of a basic classification. The duties of a clerical office employee include creation or maintenance of financial or other employer records, handling correspondence, computer composition, technical drafting, and telephone duties, including sales by phone.

The clerical office classification continues to apply to a qualified clerical office employee who performs a duty outside of a qualified clerical office area when that duty does not involve direct supervision or physical labor and is directly related to that employee's duties in the office. These duties do not exclude the depositing of funds at the bank, purchase of office supplies, and pickup or delivery of mail, provided they are incidental and directly related to that employee's duties in the office. However, for purposes of this rule, the definition of clerical duties excludes outside sales or outside representatives; any work exposed to the operative hazards of the business; and any work, such as a stock or tally clerk, which is necessary, incidental or related to any operations of the business other than a clerical office.

A clerical office is a work area separated and distinguishable from all other work areas and hazards of the employer by floors, walls, partitions, counters or other physical barriers. A clerical office excludes work or service areas and areas where inventory is located, products are displayed for sale, or to which the purchaser customarily brings the product from another area for payment.

FlexPay

Private state-fund employers must report payroll and pay premium twice a year, by Aug. 31 for the 1/1/XX to 6/30/XX period and Feb. 28 for the 7/1/XX to 12/31/XX period. FlexPay provides you with an alternative method of paying your premium. It allows you to pre-pay your premiums online and receive discounts for early payment.

Private state-fund employers with active coverage are eligible to participate in FlexPay regardless of their participation in BWC alternative rating/discount programs. You are not eligible to participate or receive any discount if you report zero payroll for the reporting period. The early payment discount is available to you only if you pay your premiums online. If you are participating in retrospective rating, BWC will apply your early payment discount only to the minimum premium as defined by rule 4123-17-44.

With FlexPay, discounts are incremental and decline based upon the payment date. The earlier you pay your premiums, the larger the discount. We will base the discount rates on our most recent actuarial audit, so they may fluctuate by payroll period. BWC will apply your discount to the total blended premium you pay after all other discounts, dividends, etc.

Eligible employers wishing to participate in FlexPay can view a schedule of discounts and payment deadlines that must be met to receive the corresponding discount. See example below.

Example only	
Payment by	Discount rate
Jan. 31	2.75%
Feb. 28	2.36%
March 31	1.97%
April 30	1.58%
May 31	1.19%
June 30	0.8%
July 31	0.41%
Period due date: Aug. 31	

The amount of the discount we apply to your payment depends upon the date we receive it online.

Example: If you pay your premiums by Feb. 28, you'll receive a 2.36-percent discount as illustrated in the above table. If you pay by July 31, you'll receive a discount of 0.41 percent. If you pay your premiums after the final FlexPay payment dates for the semiannual payroll periods (7/31/XX in the above example), you'll receive no discount.

Besides paying your premiums online and receiving a discount through FlexPay, you'll also be able to view a history of your payments and the applied discounts.

Transaction date	Transaction type	Transaction amount
March 30	Discount	$96.15
March 30	Payment	$4,880.67
Feb. 21	Discount	$66.36
Feb. 21	Payment	$2,811.76

With a two-month overlap in the payment schedules, you will, at times, be able to view the payment history for two periods. You also can view the payroll you've reported through FlexPay.

We will accept payroll information, actual or estimated, with payment at any time during the applicable period. You can make payments on your own schedule (monthly, bimonthly, quarterly, etc.). Your initial FlexPay payment must be a minimum of $50. If your reported payroll generates premium less than $50 the credit balance will be available to apply to future FlexPay premium. You can make payments without reporting payroll. However, when reporting payroll, you must make a premium payment either via electronic funds transfer, credit card or credit transfer if you do not have a Current Plan Balance Credit. Once you choose to use FlexPay, you must report all your payroll and make all premium payments for the period online. In addition, if you want to use FlexPay for subsequent reporting periods you must re-enroll for each period.

Throughout the reporting period, employers in FlexPay can view a summary of the net premium (for the payroll reported), the total discounts applied, payments made and the current balance. The Discounted Amount Due is the amount that, if paid that day, would result in a zero balance under FlexPay for the period. The example below assumes that the employer is viewing the summary when a discount rate of 1.97 percent is in effect.

A	B	C	D	E
Net premium	Total discount applied	Total payments	Current plan balance [A-B-C]	Discounted plan balance [D/(1+discount applicable)]
$13,119.86	$207.27	$7,935.77	$4,976.82	$4,880.68

Once you have reported all payroll and paid the entire premium for the semiannual period, you can finalize your FlexPay plan, and download and print a Certificate of Coverage. This assumes that you have active coverage.

We will apply any payment you make through FlexPay to the premium owed for that reporting period. These payments cannot be transferred from FlexPay to cover other balances you owe. However, you will be able to transfer available credit balances from your account to FlexPay. We will refund or apply overpayments to any outstanding balance after you finalize your FlexPay plan.

If you fail to finalize your FlexPay plan, your coverage will lapse. Additionally, we will post any payroll reported and premium paid to your account after the final reporting date. Standard penalties will apply to any net balance due, total premium due less discounts, dividends and early payments made.

50/50 Payment Plan

Note: ***This payment option may not be available for every payroll reporting period.*** The BWC Administrator makes that determination for each payroll reporting period. The BWC web site (www.ohiobwc.com) will have an announcement banner if the plan is approved for the current payroll reporting period.

To participate in the 50/50 Payment Plan, you must make your premium payments on line (www.ohiobwc.com). Your coverage status must be active and you must not be enrolled in the Flexible Payment Plan (FlexPay) for the reporting period. You must report your payroll **and** pay 50 percent of your premium at the same time. You **cannot** report your payroll, and then pay 50 percent of your premium later.

You must submit your payroll information and pay 50 percent of your premium by the due date (Feb. 28 or August 31). The remaining premium is due 60 days later (May 1 or November 1). To pay the remaining premium, you must use the Accounts Receivable balance service offering.

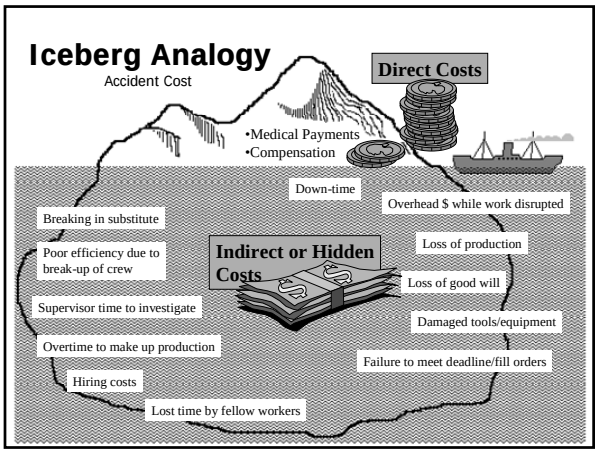
Benefits of an Effective Safety Process

Why have an effective safety process?

- Financial
- Ethical
- Legal

Financial

- Cheapest claim is no claim
- Injuries impact financial bottom line
- Average medical claim ~ $800
- Average lost time claim ~ $52,000
- Hidden costs of an injury can be 4 – 10 times direct (or insured) costs



Ethical

- Employer responsibility to protect employees
- Families are disrupted by injuries

Legal

- OSHA standards and law requires employer to provide safe workplace
- OSHA standards
- Intentionally ignoring safety hazards can lead to Intentional Tort lawsuits
- Potential criminal charges

Anything Special I Need to Know About Safety?

- Employers with more than 10 employees (unless exempt – see list) are required to maintain OSHA 300/300A forms*
  - OSHA 300A required to be posted during February, March & April of each year
  - Employer must verbally notify OSHA within 8 hours if:
    - One Fatality
    - Three or more employees hospitalized from same accident

Anything Special I Need to Know About Safety?

Use of independent contractors

- Are they really contractors?
  - See checklist in student manual
- Verify workers' compensation coverage
- Contractors need to brief your workers on hazards being brought into your workplace
- You need to brief contractors on hazards they will be exposed to from your operations

Anything Special I Need to Know About Safety?

- **Temporaries**
  - Verify who trains temporary employees
  - Host employer legally responsible to provide personal protective equipment (PPE)
  - Workers' compensation coverage is responsibility of temporary agency
  - OSHA fines are responsibility of host employer

BWC Safety Services

- BWC's Division of Safety & Hygiene Consultants and Training Classes
  - Safety Consultants
  - Ergonomists
  - Industrial Hygienists
- Can visit on-site
- Paid for through workers' compensation premiums
- Not affiliated with any enforcement agency (OSHA, EPA)
- Contact local office or call 1-800-OHIO BWC

Training Opportunities

- **Training**
  - Ohio Center for Occupational Safety & Health (OCOSH) Over 50 different courses available around state
  - Web-based training programs on www.ohiobwc.com web site
  - Pre-packaged PowerPoint training modules available on web site
  - Strongly recommend 2 specific courses
    - Fundamentals of an Effective Safety & Health Program
    - Controlling Workers' Compensation Costs

What Other Resources Do I Have Available?

- Videos: Over 800 titles available in OCOSH video library. Only cost is insured return postage.
- Library: Division of Safety & Hygiene library can research any safety & health topic.
- Local Safety Councils*: 80 safety councils around state. Excellent for networking.
- All-Ohio Safety Congress and Expo
  - Annual 3-day event / Largest free safety convention in US
  - Over 50 training sessions / Over 250 exhibitors
  - Held annually in March/April
    March 31 – April 2, 2009 Columbus Convention Center

What Other Resources Do I Have Available?

- Safety Programs: BWC web site has written safety program templates that employers can use to develop their own programs
- Publications: BWC provides numerous publications such as Safety Leader's Discussion Guide, Best Practices, Industry and Construction Safety Manuals
- OSHA web site* www.osha.gov
  - Excellent source of training programs
  - Obtain current OSHA standards

Occupational Safety and Health Administration - OSHA HOME PAGE - Microsoft Internet Explorer

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March 19, 2007

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OSHA 35-Year Milestones

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President's FY 2008 Budget Request for OSHA more...

eMatrix for Hurricane Response and Recovery

OSHA News

- OOSHA Issues Revised Guide to Help Protect Employees from Amputation
- OSHA Identifies 14,000 Workplaces with High Injury and Illness Rates
- OSHA Seeks Information from Stakeholders on Ionizing Radiation
- OSHA Schedules Federal Advisory Council Meeting
- U.S. Labor Department Presents Federal Safety and Health Achievement Awards during Ceremony

Find It! in DOL

Department of Labor

Compliance Assistance

- eTools
- Grants
- Hispanic Employer/Worker
- Posters
- QuickCards
- Quick Start
- Recordkeeping
- Small Business
- Training

Laws & Regulations

- Standards
- Interpretations
- Federal Registers
- Directives
- Dockets & E-Comments

Enforcement

- Federal Agency Programs
- Local Emphasis
- Whistleblower Program
- Enforcement Activity

Internet

start Inbox - Micr... Microsoft Po... Microsoft Word 2 Windows... Occupationa... 10:35 AM Monday 3/19/2007

OSHA Recordkeeping Requirements for Private Employers

29 CFR 1904: Recording and Reporting Occupational Injuries and Illness

All private employers are required to comply with the Occupational Safety & Health Act (OSHA) regulations, regardless of number of employees. Private employers are also required to maintain the OSHA Form 300, Log of Work-related Injuries and Illnesses, and **to post the OSHA Form 300A annually during the months of February, March and April.**

There are two exemptions to employers maintaining and posting the OSHA 300 forms.

1. Small Employers: An employer who has no more than ten (10) employees (regardless of physical location) AT ANY TIME during the calendar year immediately preceding the current calendar year need not comply UNLESS they have been notified in writing by the Bureau of Labor Statistics that they have been selected to participate in a statistical survey of occupational injuries and illnesses.

2. Low-Hazard Industries: Employers with certain Standard Industry Classification (SIC) codes (see list) are exempt from maintaining and posting the OSHA 300 forms, provided they have been notified in writing by the Bureau of Labor Statistics that they have been selected to participate in a statistical survey of occupational injuries and illnesses.

   To determine if your company is exempt under the SIC code exemption: Access the statistics section of OSHA's internet home page, at http://www.osha.gov/oshstats/. Go to the website and choose SIC Manual and follow the directions. If you still cannot determine your SIC code, you can call an OSHA area office.

Reporting Injuries/Illnesses to OSHA

1904.39(a): Regardless of recordkeeping requirements or exemptions, an employer **must** contact OSHA under the following conditions.

Within eight (8) hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident, you must orally report the fatality/multiple hospitalization by telephone or in person to the Area Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor, that is nearest to the site of the incident. You may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).

Recordkeeping: Employers who *may be* exempt from maintaining OSHA 300/300A logs

Non-Mandatory Appendix A to Subpart B -- Partially Exempt Industries

Employers are not required to keep OSHA injury and illness records for any establishment classified in the following Standard Industrial Classification (SIC) codes, **unless they are asked in writing to do so** by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees (see §1904.39).

SIC Code	Industry Description	SIC Code	Industry Description
525	Hardware Stores	725	Shoe Repair and Shoeshine Parlors
542	Meat and Fish Markets	726	Funeral Service and Crematories
544	Candy, Nut, and Confectionery Stores	729	Miscellaneous Personal Services
545	Dairy Products Stores	731	Advertising Services
546	Retail Bakeries	732	Credit Reporting and Collection Services
549	Miscellaneous Food Stores	733	Mailing, Reproduction, & Stenographic Services
551	New and Used Car Dealers	737	Computer and Data Processing Services
552	Used Car Dealers	738	Miscellaneous Business Services
554	Gasoline Service Stations	764	Reupholstery and Furniture Repair
557	Motorcycle Dealers	78	Motion Picture
56	Apparel and Accessory Stores	791	Dance Studios, Schools, and Halls
573	Radio, Television, & Computer Stores	792	Producers, Orchestras, Entertainers
58	Eating and Drinking Places	793	Bowling Centers
591	Drug Stores and Proprietary Stores	801	Offices & Clinics Of Medical Doctors
592	Liquor Stores	802	Offices and Clinics Of Dentists
594	Miscellaneous Shopping Goods Stores	803	Offices Of Osteopathic Physicians
599	Retail Stores, Not Elsewhere Classified	804	Offices Of Other Health Practitioners
60	Depository Institutions (banks & savings institutions)	807	Medical and Dental Laboratories
61	Nondepository Institutions (credit institutions)	809	Health and Allied Services, Not Elsewhere Classified
62	Security and Commodity Brokers	81	Legal Services
63	Insurance Carriers	82	Educational Services (schools, colleges, universities and libraries)
64	Insurance Agents, Brokers, & Services	832	Individual and Family Services
653	Real Estate Agents and Managers	835	Child Day Care Services
654	Title Abstract Offices	839	Social Services, Not Elsewhere Classified
67	Holding and Other Investment Offices	841	Museums and Art Galleries
722	Photographic Studios, Portrait	86	Membership Organizations
723	Beauty Shops	87	Engineering, Accounting, Research, Management, and Related Services
724	Barber Shops	899	Services, not elsewhere classified

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ *State* _____

Identify the person			Describe the case			Classify the case											
(A) Case no.	(B) Employee's name	(C) Job title (e.g., *Welder*)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., *Loading dock north end*)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., *Second degree burns on right forearm from acetylene torch*)	Using these four categories, check ONLY the most serious result for each case: Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other recordable cases (J)	Enter the number of days the injured or ill worker was: On job transfer or restriction (K)	Away from work (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
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___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
___	_____	_____	__/__ month/day	_____	_____	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐
					Page totals ➤	___	___	___	___	___	___	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ **of** ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . . (M)

(1) Injuries _____

(2) Skin disorders _____

(3) Respiratory conditions _____

(4) Poisonings _____

(5) All other illnesses _____

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., SIC 3715*)

___ ___ ___ ___

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

( ) - Phone _____ / / Date _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Ohio Safety Councils

Akron
Summit County Safety Council
One Cascade Plaza - 17th Floor
Akron, OH 44308
330-379-3185
330-376-3852 (Fax)

Alliance
Eastern Stark County Safety Council
210 E. Main St.
Alliance, OH 44601
330-823-6260
330-823-4434 (Fax)

Ashland
Ashland Area Safety Council
10 W. Second Street, 2nd Floor
Ashland, OH 44805
419-281-4584
419-281-4585 (Fax)

Ashtabula
Ashtabula County Safety Council
1565 St. Rt. 167
Jefferson, OH 44047
440-576-6015
440-576-6502 (Fax)

Barberton
South Summit Safety Council
503 West Park Avenue
Barberton, OH 44203
330-745-3141
330-745-4559 (Fax)

Bellefontaine
Logan County Area Safety Council
100 South Main Street
Bellefontaine, OH 43311
937-599-5121
937-599-2411 (Fax)

Bucyrus
Bucyrus Area Safety Council
110 East Mary Street
Bucyrus, OH 44820
419-562-4357
419-562-7983 (Fax)

Cambridge
Guernsey/Noble Safety Council
918 Wheeling Avenue
P.O. Box 488
Cambridge, OH 43725
740-439-6688
740-439-6689 (Fax)

Canton
Stark County Safety Council
222 Market Avenue N
Canton, OH 44702
800-533-4302
330-456-7253
330-452-7786 (Fax)

Celina
Grand Lake Area Safety Council
226 N. Main Street
Celina, OH 45822
419-586-2219
419-586-8645 (Fax)

Chillicothe
Ross County Safety Council
45 E. Main St.
Chillicothe, OH 45601
740-702-2722
740-702-2727 (Fax)

Cincinnati
Greater Cincinnati Safety Council
300 Carew Tower
441 Vine St.
Cincinnati, OH 45202-2812
513-686-2945
513-579-3101 (Fax)

Tri-State Safety Council
3 Kovach Drive
Cincinnati, OH 45215
513-221-8020
513-221-8023 (Fax)

Circleville
Pickaway County Safety Council
135 West Main Street
P.O. Box 462
Circleville, OH 43113
740-474-4923
740-477-6800 (Fax)

Cleveland
Cleveland Southwest Safety Council
173 Front St.
P.O. Box 163
Berea, OH 44017
440-346-4235
440-235-6871 (Fax)

Construction Safety Council of Northeast Ohio
950 Keynote Circle, Suite 10
Cleveland, OH 44131
216-398-9860
216-398-9801 (Fax)

Greater Cleveland Safety Council
Hanna Building Annex
1422 Euclid Avenue, Suite 327
Cleveland, OH 44115
216-621-0059
216-621-0062 (Fax)

Columbiana
Columbiana Area Safety Council
104-1/2 S. Main St.
Columbiana OH 44408
330-482-3822
330-482-3960 (Fax)

Columbus
Capital Area Safety Council
140 N. Otterbein Ave.
Westerville, OH 43081
614-890-0800
614-890-0801 (Fax)

Ohio Trucking Safety Council
50 W. Broad St., Suite 1111
Columbus OH 43215
614-221-5375
614-221-3717 (Fax)

Safety Council of Greater Columbus
1175 Dublin Road
Columbus OH 43215
614-486-9521
614-486-7620 (Fax)

Coshocton
Coshocton County Safety Council
101 North Whitewoman St.
Coshocton, OH 43812
740-622-5411
740-622-9902 (Fax)

Dayton
Dayton/Miami Valley Safety Council
One Chamber Plaza - 5th and Main
Suite 200
Dayton, OH 45402-2400
937-226-8227
937-226-8254 (Fax)

Defiance
Black Swamp Safety Council
615 West Third Street
Defiance, OH 43512
419-782-7946
419-782-0111 (Fax)

Delaware
Delaware Area Safety Council
23 North Union Street
Delaware, OH 43015
740-369-6221
740-369-4817 (Fax)

East Liverpool
East Liverpool Area Safety Council
529 Market Street
P.O. Box 94
East Liverpool, OH 43920
330-385-0845
330-385-0581 (Fax)

Eaton
Preble County Safety Council
110 W. Main St., Suite #3
Eaton, OH 45320
937-456-4949
937-456-4949 (Fax)

Findlay
Hancock County Safety Council
123 East Main Cross Street
Findlay, OH 45840
419-422-3313
419-422-9508 (Fax)

Fostoria
Fostoria Safety Council
P.O. Box 907
Fostoria, OH 44830-0907
419-436-6639
419-436-6664 (Fax)

Fremont
Sandusky County Safety Council
101 S. Front
Fremont, OH 43420
419-332-1591
419-332-8666 (Fax)

Galion
Galion Safety Council
P.O. Box 972
Galion, OH 44833
419-462-4305
419-462-4345 (Fax)

Green
CAK Safety Council
4759 Massillon Road
Green, OH 44232-0547
330-896-3023
330-896-3178

Greenville
Darke County Safety Council
622 S. Broadway
Greenville, OH 45331
937-548-2102
937-548-5608 (Fax)

Hamilton
Greater Hamilton Safety Council
350 North Third Street
Hamilton, OH 45011
513-896-5333
513-896-5334 (Fax)

Kenton
Hardin County Safety Council
225 S. Detroit St.
Kenton, OH 43326
419-673-4131
419-674-4876 (Fax)

Lancaster
Fairfield County Business-Industry
Safety Council
One North Broad
P.O. Box 2450
Lancaster, OH 43130
740-653-8251
740-653-7074 (Fax)

Lebanon
Warren County Safety Council
20 N. Broadway
Lebanon, OH 45036
513-932-1100
513-932-9050 (Fax)

Lima
West Central Ohio Safety Council
147 N. Main Street
Lima, OH 45801
419-222-6045
419-229-0266 (Fax)

London
Madison County Safety Council
730 Keny Blvd.
London, OH 43140
740-852-2250
740-852-5133 (Fax)

Lorain
Lorain County Safety Council
224 Middle Avenue, 5th Floor
Elyria, OH 44035
440-328-2550
440-328-2557 (Fax)

Mansfield
Richland County Safety Council
597 Park Avenue East, #133
Mansfield, OH 44905
419-525-0615
419-525-2140 (Fax)

Marietta
Mid-Ohio Valley Safety Council
Riverview Building, 100 Front St.,
Suite 200
Marietta, OH 45750
740-373-5176
740-373-7808 (Fax)

Marion
Marion Area Safety Council
205 W. Center St.
Marion, OH 43302
740-382-2181
740-387-7722 (Fax)

Marysville
Union County Safety Council
227 E. Fifth St
Marysville, OH 43040
937-642-6279
937-644-0422 (Fax)

Medina
Medina Safety Council
145 North Court Street
Medina, OH 44256
330-723-8773
330-722-6844 (Fax)

Mentor
Lake County Safety Council
6972 Spinach Drive
Mentor, OH 44060
440-255-1616
440-255-1717 (Fax)

Middlefield
Geauga Safety Council
P.O. Box 801
Middlefield, OH 44062
440-632-5705
440-632-9091 (Fax)

Middletown
Safety Council of Southwestern Ohio
4412 Lewis St.
Middletown, OH 45044
513-423-9758
513-423-9759 (Fax)

Millersburg
Holmes Area Safety Council
35 North Monroe Street
Millersburg, OH 44654
330-674-3975
330-674-3976 (Fax)

Mount Vernon
Knox County Safety Council
7 E. Ohio Ave.
Mount Vernon, OH 43050
740-393-1111
740-393-1590 (Fax)
800-837-5669

Nelsonville
Appalachian Regional Safety Council
3301 Hocking Parkway
Nelsonville, OH 45764
740-753-6592
740-753-5072 (Fax)

New Philadelphia
Tuscarawas Valley Safety Council
1323 Fourth Street
New Philadelphia, OH 44663
330-343-4474
330-343-6526 (Fax)

Newark
Licking County Safety Council
50 West Locust Street
P.O. Box 702
Newark, OH 43058-0702
740-345-9757
740-345-5141 (Fax)

Norwalk
Huron County Safety Council
10 West Main
Norwalk, OH 44857
419-668-4155
419-663-6173 (Fax)

Oak Harbor
Ottawa County Safety Council
8043 West St. Rt. 163
Oak Harbor, OH 43449
419-898-6242
419-898-6244 (Fax)

Orrville
Orrville Area Safety Council
132 South Main Street
Orrville, OH 44667
330-682-8881
330-682-8383 (Fax)

Piqua
Miami County Safety Council
326 N. Main Street
P.O. Box 1142
Piqua, OH 45356
937-773-2765
937-773-8553 (Fax)

Portsmouth
Southern Ohio Safety Council
342 Second St.
Portsmouth, OH 45662
740-353-7647
740-353-5824 (Fax)

Ravenna
Portage County Safety Council
609 West Main St.
Ravenna, OH 44266
330-296-9991
330-296-7966 (Fax)

Rio Grande
Southeastern Ohio Safety Council
P.O. Box 500
Rio Grande, OH 45674
740-245-7228
740-245-4909 (Fax)

Salem
Salem Area Safety Council
713 East State Street
Salem, OH 44460
330-337-3473
330-337-3474 (Fax)

Sandusky
Sandusky Area Safety Council
225 W. Washington Row
P.O. Box 620
Sandusky, OH 44871-0620
419-625-6421
419-625-7914 (Fax)

Sidney
Shelby County Safety Council
101 S. Ohio Ave., 2nd Floor
Sidney, OH 45365
937-492-9122
937-498-2472 (Fax)

South Point
Lawrence County Safety Council
216 South Collins Ave., South
South Point, OH 45680
740-377-4550
740-377-2091 (Fax)

Springfield
Springfield - Clark County Safety Council
333 N. Limestone Street, Suite 201
Springfield, OH 45503
937-325-7621
937-325-8765 (Fax)

St. Clairsville
Belmont County Safety Council
116 West Main St.
St. Clairsville, OH 43950
740-695-9623
740-695-4280 (Fax)

Steubenville
Jefferson County Safety Council
630 Market Street
P.O. Box 278
Steubenville, OH 43952
740-282-6226
740-282-6285 (Fax)

Tiffin
Tiffin Area Safety Council
62 South Washington Street
Tiffin, OH 44883
419-447-4141
419-447-5141 (Fax)

Toledo
Safety Council Of Northwest Ohio
8015 Rinker Pointe Court
Northwood, OH 43619
419-662-7777
419-662-8888 (Fax)

Urbana
Champaign County Safety Council
113 Miami St.
Urbana, OH 43078
937-653-5764
937-652-1599 (Fax)

Van Wert
Van Wert Area Safety Council
118 W. Main St.
Van Wert, OH 45891
419-238-4390
419-238-4589 (Fax)

Wilmington
Highland/Fayette/Clinton Safety Council
40 N. South St.
Wilmington, OH 45177
937-382-2737
937-382-2316 (Fax)

Wooster
Wooster Area Safety Council
377 West Liberty Street
Wooster, OH 44691
330-262-5735
330-262-5745 (Fax)

Youngstown
Mahoning Valley Safety Council
11 Federal Plaza Central, Suite 1600
Youngstown, OH 44504
330-744-2131
330-746-0330 (Fax)

National Safety Council, Northern Ohio Chapter
25 E. Boardman Street, Suite 338
Youngstown, OH 44503
330-747-8657
330-747-6141 (Fax)

Zanesville
Zanesville - Muskingum County Safety Council
205 North Fifth Street
Zanesville, OH 43701
740-455-8282
740-454-2963 (Fax)

For the most up-to-date listing, please visit our web site at:
www.ohiobwc.com/employer/programs/safety/SafetyCouncils.asp

BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS BY STATE & FEDERAL LAWS

This poster can be obtained from:
Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, Ohio 43215
(614) 466-1015

	P OSTER	ADDITIONAL INFORMATION
Needed Yes ☒ No ☐ Posted? ☐	**Ohio Workers' Compensation Certificate** Must be posted by every employer subject to the law. Certificate furnished by the Bureau of Workers' Compensation must be posted for employees to see. **As of August 2004,** check your BWC Certificate to ensure that it has the statement about your participation in the ***BWC Drug Free Workplace Program***. *If not, you need to contact your local BWC office ASAP!*	Agency: Ohio Bureau of Workers' Compensation Questions Number: 614-466-1015 Web: http://www.ohiobwc.com/ Publication Number: Certificates are individually numbered. Last Revised: New ones are sent to employers every 6 months.

A packet of these posters can be obtained from:
Ohio Department of Job & Family Services (ODJFS)
145 South Front Street
Columbus, Ohio 43215
(614) 644-2703

Needed Yes ☐ No ☐ Posted? ☐	**Ohio Unemployment Compensation Law** Must be posted by all employers who contribute to the Ohio Unemployment Compensation Fund. Web: http://unemployment.ohio.gov/	Agency: ODJFS, Unemployment Compensation Tech Support Questions Number: 866-733-0025 or 614-466-4568 Publication Number: JFS55341 Last Revised: April 2002
Needed Yes ☐ No ☐ Posted? ☐	***Updated* Ohio Minimum Wage Law** Only employers whose annual gross volume of safes is $150,000 or more and who are not covered by the federal Fair Labor Standards Act must post a summary of Ohio Minimum Fair Wage Standards Law Web: http://www.com.state.oh.us/	Agency: Ohio Department of Commerce, Division of Labor and Worker Safety Questions Number: 614-644-2239 Poster: http://198.234.41.198/w3/webwh.nsf/Files/MWPoster.pdf/$FILE/MWPoster.pdf Publication Number: N/A Last Revised: 1/29/07
Needed Yes ☐ No ☐ Posted? ☐	***Updated* Ohio Minor Labor Law** Posted in every room of any factory, workshop, or office where employees under eighteen years of age are permitted to work; and employers of minors must post names of employees under 18, including working hours, meal time, and time starting and ending work day. Web: http://wagehour.bes.state.oh.us/	Agency: Department of Commerce, Division of Labor and Worker Safety Questions Number: 614-644-2239 Poster: http://198.234.41.198/w3/webwh.nsf/Files/MLLPoster.pdf/$FILE/MLLPoster.pdf Publication Number: N/A Last Revised: 1/29/07
Needed Yes ☐ No ☐ Posted? ☐	**Safety and Health Protection on the Job Poster** **Public Employment Risk Reduction Program (PERRP)** All public employers in Ohio must post this poster informing employees of their rights to a safe and healthy workplace under the Ohio Revised Code. Web: http://www.ohiobwc.com/employer/programs/safety/SandHOSHAandPERRP.asp	Agency: BWC, Division of Safety & Health, PERRP Questions Number: 1-800-671-6858 or 614-644-1618 Poster: http://198.234.41.214/w3/webpo2.nsf/Files/PERRP_poster.pdf/$FILE/PERRP_poster.pdf Publication Number: N/A Last Revised: May 2001
Needed Yes ☐ No ☐ Posted? ☐	**Ohio Fair Employment Practices Law** All employers of four or more employees must post in a conspicuous place. Law prohibits discrimination in employment practices relative to race, color, religion, sex, national origin, disability, or ancestry. Web: http://www.state.oh.us/crc/index.htm	Agency: Ohio Civil Rights Commission Central Office Questions Number: 614-466-2785 http://crc.ohio.gov/publication_list.htm Publication Number: N/A Last Revised: June 2004
Needed Yes ☐ No ☐ Posted? ☐	***Updated* OSHA Workplace Poster** **Job Safety & Health Poster is required to be posted by all private employers.** Web: http://www.osha-slc.gov/Publications/poster.html	Agency: OSHA Questions Number: 1-800-321-OSHA Publication Number: OSHA 3165-12R http://www.osha-slc.gov/Publications/osha3165.pdf Last Revised: 2007

BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS BY STATE & FEDERAL LAWS

	P OSTER	ADDITIONAL INFORMATION
Needed Yes ☐ No ☐ Posted? ☐	**Fair Labor Standards Act (FLSA) Poster** Covers most employers engaged in interstate commerce with gross annual sales of $500,000 and over. Poster covers minimum wage, overtime pay, equal pay for equal work, child labor, students, apprentices, and handicapped workers. Web: http://www.dol.gov/esa/whd/flsa/	Agency: U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division Questions Number: 1-866-487-9243 or 1-866-4-USWAGE Poster: http://www.dol.gov/esa/regs/compliance/posters/flsa.htm Publication Number: WH Publication 1088 Last Revised: October 1996
Needed Yes ☐ No ☐ Posted? ☐	**The Equal Employment Opportunity (EEO) Poster** Required of all employers of 15 or more employees, all government contractors and subcontractors, regardless of number of employees. Web: http://www.dol.gov/esa/regs/compliance/posters/eeo.htm	Agency: U.S. Department of Labor, Employment Standards Administration, Office of Federal Contract Compliance Programs Questions Number: 1-866-487-2365 or 1-866-4-USA-DOL Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/eeopost.pdf Publication Number: EEOC-P/E-1 Last Revised: Fall 2002
Needed Yes ☐ No ☐ Posted? ☐	**Family and Medical Leave Act (FMLA) Poster** Public agencies (including state, local, and federal employers), public and private elementary and secondary schools, as well as private sector employers who employ 50 or more employees in 20 or more work weeks and who are engaged in commerce or in any industry or activity affecting commerce, including joint employers and successors or covered employers.	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Web: http://www.dol.gov/esa/regs/compliance/posters/fmla.htm Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/fmlaen.pdf Publication Number: WH Publication 1420 Last Revised: August 2001
Needed Yes ☐ No ☐ Posted? ☐	**Employee Polygraph Protection Act (EPPA) Poster** Any employer engaged in or affecting commerce or in the production of goods for commerce. Does not apply to federal, state and local governments, or to circumstances covered by the national defense and security exemption.	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Web: http://www.dol.gov/esa/regs/compliance/posters/eppa.htm Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/eppac.pdf Publication Number: WH Publication 1462 Last Revised: September 1988

These posters can be obtained from:

US Dept. of Labor
200 N. High Street, Room 646
Columbus, Ohio 43215
(614) 469-5677

Needed Yes ☐ No ☐ Posted? ☐	**The Beck Poster** Applies to Federal Contractors and Subcontractors the meet the requirements of the law. This is a notice of employee rights concerning payment of union dues or fees.	Agency: US. Department of Labor, National Labor Relations Board, Division of Information Questions Number: 1-866-667-6572 Web: http://www.dol.gov/esa/regs/compliance/olms/BeckInfo.htm Publication Number: BeckPosterWithNLRB Last Revised: February 17, 2001
Needed Yes ☐ No ☐ Posted? ☐	**The Beck Poster for Contractors Subject to the Railway Labor Act** Applies to Federal Contractors and Subcontractors subject to the railway labor act the meet the requirements of the law. This is a notice of employee rights concerning payment of union dues or fees.	Agency: U.S. Department of Labor Questions Number: 1-866-487-2365 Web: http://www.dol.gov/esa/regs/compliance/olms/BeckInfo.htm Publication Number: BeckPosterWithoutNLRB Last Revised: February 17, 2001
Needed Yes ☐ No ☐ Posted? ☐	**Davis-Bacon Poster (Government Construction)** Any contractor/subcontractor engaged in contracts in excess of $2,000 for the actual construction, alteration/repair of a public building or public work or building or work financed in whole or in part from federal funds, federal guarantee or federal pledge which is subject to the labor standards provisions of any of the acts listed in 29 CFR 5.1.	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Web: http://www.dol.gov/esa/regs/compliance/posters/davis.htm Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/eppac.pdf Publication Number: WH Publication 1421 Last Revised: January 1986
Needed Yes ☐ No ☐ Posted? ☐	**Service Contract Act / Walsh-Healey Poster** Applies to all employers whose workers are engaged directly in production or furnishing of materials, supplies, or equipment amounting to more than $2,500 under a government contract. Web: http://www.dol.gov/esa/regs/compliance/posters/sca.htm	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/govc.pdf Publication Number: WH Publication 1313 Last Revised: October 1996

BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS BY STATE & FEDERAL LAWS

	P OSTER	ADDITIONAL INFORMATION
Needed Yes ☐ No ☐ Posted? ☐	**Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Poster** Each farm labor contractor, agricultural employer and agricultural association which employs any migrant agricultural worker. Web: http://www.dol.gov/esa/regs/compliance/posters/mspaensp.htm	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/mspaensp.pdf Publication Number: WH Publication 1376 Last Revised: April 1983
Needed Yes ☐ No ☐ Posted? ☐	**Notice to Workers with Disabilities/Special Minimum Wage Poster** Every employer having workers employed under special minimum wage certificates authorized by section 14(c) of the Fair Labor Standards Act. Web: http://www.dol.gov/esa/regs/compliance/posters/disab.htm	Agency: U.S. Department of Labor, Columbus Office Questions Number: 614-469-5415 Poster: http://www.dol.gov/esa/regs/compliance/posters/pdf/disabc.pdf Publication Number: WH Publication 1284 Last Revised: October 1996
Needed Yes ☐ No ☐ Posted? ☐	**Annual Summary, OSHA Form 300A** Must be posted from February 1 to April 30 each year, unless exempt from keeping OSHA 300 Log. Exempt employers include those with 10 or fewer employees, and those with exempt (low hazard) SIC codes. Web: http://www.osha.gov/	Agency: OSHA Questions Number: 1-800-321-OSHA Poster: http://www.osha.gov/recordkeeping/RKforms.html Publication Number: OSHA 300A Last Revised: 2004
Needed Yes ☐ No ☐ Posted? ☐	**Fireworks Safety Tips: Retail Fireworks Sales** Notice to be posted at retail fireworks sales locations. Web: http://www.osha.gov/	Agency: OSHA Questions Number: 1-800-321-OSHA Poster: http://www.osha.gov/Publications/fireworks-poster2.pdf Publication Number: OSHA 6026 Last Revised: 2004
Needed Yes ☐ No ☐ Posted? ☐	**Fireworks Safety Tips: Display Operators** Notice to be posted at display operators locations. Web: http://www.osha.gov/	Agency: OSHA Questions Number: 1-800-321-OSHA Poster: http://www.osha.gov/Publications/fireworks-poster1.pdf Publication Number: OSHA 6025 Last Revised: 2004

These posters can be obtained from the respective agency.

Needed Yes ☐ No ☐ Posted? ☐	**Notice - Federal Aid Projects (False Statements)** All contractors working on a highway construction project, whether state or federal, with federal aid are required by law to post this Fraud Notice Poster. Web: http://www.fhwa.dot.gov/index.html	Agency: US Department of Transportation, Federal Highway Administration Questions Number: 202-366-2519 Poster: http://www.fhwa.dot.gov/programadmin/contracts/fhwa1022.htm Publication Number: FHWA-1022 Last Revised: June 1990
Needed Yes ☐ No ☐ Posted? ☐	**Wage Rate Information Poster** Construction work on Federal-Aid Highway Project's are subject to the minimum wage rate provisions of Section 113, Title 23, Untied States Code and the overtime wage provisions of the Contract Work Hours and Safety Standards Act. They are also required to post this notice. Web: http://www.fhwa.dot.gov/index.html	Agency: US Department of Transportation, Federal Highway Administration Questions Number: 202-366-2519 Poster: http://www.fhwa.dot.gov/programadmin/contracts/fhwa1495.htm Publication Number: FHWA-1495 Last Revised: October 1, 2003
Needed Yes ☐ No ☐ Posted? ☐	**Whistleblower Protection Program Poster** Employees of air carriers, their contractors, and their subcontractors, are protected from retaliation, discharge or otherwise being discriminated against for providing information relating to air carrier safety violations to their employer or to the Federal Government, or filed, testified, or assisted in a proceeding against the employer relating to any violation or alleged violation of any order, regulation, or standard of the Federal Aviation Administration or any other Federal law relating to air carrier safety, or because they are about to engage in any of these actions. Web: http://www.faa.gov/avr/afs/whistleblower/	Agency: OSHA & Federal Aviation Administration Questions Number: 1-800-321-OSHA Publication Number: FAA-WBPP-01 Last Revised: April 5, 2000

BULLETIN BOARD POSTERS REQUIRED FOR OHIO EMPLOYERS BY STATE AND FEDERAL LAWS

	P OSTER	ADDITIONAL INFORMATION
Needed Yes ☐ No ☐ Posted? ☐	***NEW* The Uniformed Services Employment and Reemployment Rights Act (USERRA)** Requirement To Provide Notice - Each employer shall provide to persons entitled to rights and benefits under this chapter a notice of the rights, benefits, and obligations of such persons and such employers under this chapter. The requirement for the provision of notice under this section may be met by the posting of the notice where employers customarily place notices for employees. Web: http://www.dol.gov/vets/	Agency: US Department of Labor Questions Number: 1-866-487-2365 Private and State Worker Poster: http://www.dol.gov/vets/programs/userra/poster.pdf Federal Worker Poster: http://www.dol.gov/vets/programs/userra/USERRA_Federal.pdf Last Revised: January 2006 *Updated from 2/2005 Version*
Needed Yes ☐ No ☐ Posted? ☐	**Tanning Rules** All tanning services provided by ultraviolet means for public consumption as defined in section 4713.25 of the Revised Code shall post this notice in a conspicuous place for its' employees. Web: http://www.cos.ohio.gov/	Agency: Ohio State Board of Cosmetology Questions Number: 614-466-3834 Poster: http://www.cos.ohio.gov/uploads/File/TANR6-04.pdf Last Revised: June 2004
Needed Yes ☐ No ☐ Posted? ☐	**Salon Operation and Sanitation Rules** All Salon Operations are required to post this notice in a conspicuous place for its' employees. Web: http://www.cos.ohio.gov/	Agency: Ohio State Board of Cosmetology Questions Number: 614-466-3834 Poster: http://www.cos.ohio.gov/uploads/File/SOSR6-04.pdf Last Revised: June 2004

The following four posters are mentioned as required by law on various all-in-one poster suppliers' web sites. However after speaking with the governing agencies, none of the four posters listed below are required by law. You can however optionally post the information.

Posted ?☐	**Ohio's Concealed Weapons Law Poster** May be posted by employers. For more information review the information at the hyperlink to the right. Web: http://www.ag.state.oh.us/le/prevention/concealcarry/index.asp	Agency: Ohio Attorney Generals Office Questions Number: 1-614-466-4320 Poster: http://www.ag.state.oh.us/le/prevention/pubs/cc_hb12_sign.pdf
Posted ?☐	**No Smoking Poster** Prohibits smoking in public places and places of employment. Ohio. Requires the posting of "No Smoking" signs. Web: http://www.odh.ohio.gov/ASSETS/E56C86E2A29C4C83A9378259578E1573/SFOlaw.pdf	Agency: The Ohio Department of Health Violations: 1-866-559-OHIO (6446) Poster: http://www.odh.state.oh.us/alerts/ohiosmokingban.aspx
	INS Discrimination Poster May be posted by employers. Web: http://www.uscis.gov/	Agency: Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) Questions Number: 1-800-375-5283
	IRS Withholding Notice combined with IRS Earned Income Notice May be posted by employers. Web: http://www.irs.gov/	Agency: Internal Revenue Service Questions Number: 1-800-829-4933 – Customer Service Number Poster: http://www.irs.gov/pub/irs-pdf/n797.pdf Last Revised: December 2005
	Payday Notice May be posted by employers. Web: http://www.irs.gov/	Agency: Internal Revenue Service Questions Number: 1-800-829-4933 – Customer Service Number

All in one labor law poster providers

(This is not an endorsement of any of the companies listed or their products. You are still need to ensure you have all the required postings.)

Company	Internet Address	Company	Internet Address
All in One Poster Company	http://www.allinoneposters.com/	HR Direct	http://www.hrdirect.com/
Business Know How	http://www.businessknowhow.net/	Labor Law Center	http://www.laborlawcenter.com/
Compliance Poster Company	http://www.complianceposter.com/	Labor Law Compliance Center	http://www.laborlawcc.com/
G Neil	http://www.gneil.com/	Labor Law Posters	http://www.labor-law-posters.com/
Gov Doc	http://home.govdocs.com/	Poster Compliance Center	http://postercompliance.com/
Government Poster	http://www.governmentposter.com/	Poster Solutions	http://www.postersolution.com/

INTERNET WEB SITES
for
OCCUPATIONAL SAFETY & HEALTH INFORMATION
September 2007

The Ohio Bureau of Workers' Compensation provides a variety of safety tools and resources on our web site, www.ohiobwc.com. Click on Safety Services to find out more about what BWC's Division of Safety & Hygiene offers online. Tools and resources include lifting guidelines, recordkeeping spreadsheets, sample OSHA program guides, and training materials. You'll also find a longer version of this list of web sites.

GENERAL

CANADIAN CENTRE FOR OCCUPATIONAL HEALTH & SAFETY (CCOHS)
http://ccohs.ca
This Canadian government site has an extensive Internet directory. There is also a unique feature called "OSH Answers" and a guide to safety-related acronyms.

NATIONAL SAFETY COUNCIL (NSC)
http://www.nsc.org
Visit this web site for information on safety in the workplace, at home, on the road and in the community.

NYCOSH
http://www.nycosh.org
The New York Committee for Occupational Safety & Health offers news releases, links to helpful safety resources, strategies for safer workplaces, information on workplace hazards, workers' compensation and much more.

OCCUPATIONAL HAZARDS
http://www.occupationalhazards.com
The online version of the magazine *Occupational Hazards* is filled with today's headlines, articles, white papers, case studies, and product news.

OKLAHOMA STATE UNIVERSITY
http://www.pp.okstate.edu/ehs
The Department of Environmental Health & Safety at OSU has an online safety resource library with topics from A-Z. Go to the "Links Library" option.

OREGON HEALTH & SCIENCE UNIVERSITY
http://www.croetweb.com
This site consists of information on occupations & industries, chemical hazards, workplace safety issues, ergonomic issues, biological hazards, and includes materials in Spanish.

VERMONT SIRI
http://hazard.com
Contains a wide variety of resources: MSDSs, an online library of graphics, articles and PowerPoint presentations, e-mail discussion list archives, and a list of safety & health consultants.

FEDERAL GOVERNMENT

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
http://www.atsdr.cdc.gov/
Look for information on hazardous substances, emergency response and hazardous waste sites.

BUREAU OF LABOR STATISTICS, SAFETY & HEALTH
http://www.bls.gov/bls/safety.htm
Find national statistics on work-related injuries and illnesses and fatalities.

CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)
http://www.cdc.gov
A good resource for general public health issues throughout the United States. Health topics from A-Z give an in-depth look at most communicable diseases as well as topics such as safe driving, violence, and air pollution.

ENVIRONMENTAL PROTECTION AGENCY (EPA)
http://www.epa.gov
The EPA's web site provides a wealth of information on a wide range of topics. Of particular interest: resources on lead, asbestos, indoor air quality, mold, and school environmental issues.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)
http://www.fema.gov
For information on disasters and emergencies nationwide, access this web site. Publications include options for emergency preparedness and prevention, response and recovery, disaster fact sheets, and public awareness information.

MINE SAFETY AND HEALTH ADMINISTRATION
http://www.msha.gov
Features information on mine safety and health, including noise, dust, statistics, safety hazard alerts and talks, training, regulations, and rescue.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH (NIOSH)
http://www.cdc.gov/niosh/homepage.html
NIOSH's site describes their services and research activities and provides information on many workplace safety and health topics. Most of their publications are available online.

NATIONAL LIBRARY OF MEDICINE (NLM)
http://www.nlm.nih.gov
The world's largest medical library: a reliable source for medical, health and chemical hazard information.

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA)
http://www.osha.gov
OSHA'S web site includes compliance assistance resources, online publications, statistics, OSHA standards & directives, and a very useful A-Z site index.

OHIO

OHIO DEPT. OF HEALTH
http://www.odh.state.oh.us
Provides a wide variety of public health information, including occupational and environmental health, women's health, and health resources.

OHIO EPA (OEPA)
http://www.epa.state.oh.us
Use the "Topic Index" to find Ohio EPA regulations and information on permits, hazardous waste, pollution prevention, wastewater, wetlands, and much more.

STATE LIBRARY OF OHIO/OHIOLINK
http://slonet.state.oh.us/
Search the State Library of Ohio's online catalog which includes BWC's Division of Safety & Hygiene library books.

SPECIFIC (BY SUBJECT)

CONSTRUCTION
http://www.cdc.gov/elcosh/index.html
eLCOSH is a comprehensive library of construction safety information presented in both English and Spanish with items searchable by trade, hazard, job site, etc.

DRUG-FREE WORKPLACE
http://www.dol.gov/workingpartners/welcome.html
Working Partners for an Alcohol- and Drug-Free Workplace. Provides guidelines on establishing a workplace substance abuse program. Search the Substance Abuse Information Database. From the U.S. Dept. of Labor.

EMERGENCY MANAGEMENT GUIDE FOR BUSINESS & INDUSTRY
http://www.fema.gov/business/guide/index.shtm
Presents a step-by-step approach to emergency planning, response, and recovery for companies of all sizes. From the Federal Emergency Management Agency.

ERGONOMICS
http://www.ergoweb.com
Ergoweb's site offers ergonomics news, a buyer's guide and case studies, in addition to sources for software and services.

HAZARDOUS MATERIALS AND HAZARDOUS WASTE
http://tools.niehs.nih.gov/wetp
The National Clearinghouse for Worker Safety and Health Training is a resource for workers and trainers who are involved in the handling of hazardous waste or in responding to emergency releases of hazardous materials and terrorist actions.

INDOOR AIR QUALITY
http://sis.nlm.nih.gov/enviro/indoorairpollution.html
Compiled by the National Library of Medicine, this web page provides information on a variety of indoor air topics as well as glossaries, database searches and web pages in Spanish.

MSDS
http://www.ilpi.com/msds
Touted as "Where to find material safety data sheets on the Internet", this site offers links to 100 free sites as well as news, FAQs, and an MSDS glossary.

SAFETY MANUALS & SAMPLE WRITTEN PROGRAMS

OSHA
http://www.osha.gov/dcsp/compliance_assistance/sampleprograms.html
OSHA provides sample written programs for employers to use as guidance when developing their own customized programs tailored to their specific workplaces.

ILLINOIS ONSITE SAFETY & HEALTH CONSULTATION PROGRAM
http://www2.illinoisbiz.biz/osha/resource.htm
At this site you will find sample written programs on a variety of topics. Also available are checklists and safety guide books, some in Spanish.

SAFETYNET
http://medical.smis.doi.gov/prog.htm
Sponsored by the U.S. Department of the Interior, you will find sample written safety programs to use as templates. Health hazard information and medical reference material is also available.

MCOs & TPAs

MCOs
(Managed Care Organizations)

&

TPAs
(Third Party Administrators)

MCO = Managed Care Organization

- Mandatory: Every employer must have an MCO. Paid for by BWC
- MCOs medically manage employer claims
- Must select MCO within 30 days of new policy
- If not selected, BWC will assign

MCO = Managed Care Organization

- A "report card" on each MCOs' performance will be sent to you to assist in your selection
- How do I select an MCO?
  - On-line at www.ohiobwc.com
  - Or fill out the MCO Selection Form in the New Employer Kit
  - Or call 1-800-OHIO BWC for list and selection form
- Once enrolled, your MCO will provide you with identification cards for your employees

TPA = Third Party Administrator

- Optional: Employers are not required to have a TPA. This is a contract between employer and TPA
- TPAs assist employers in managing workers' compensation needs
  - Filing payroll
  - Group Rating participation
  - Settlements / Handicap Reimbursements
  - Attend IC hearings

Other Parties Involved?*

- Bureau of Workers' Compensation
  - IM: Injury Management
  - EM: Employer Management
- Employer
- Injured worker/representative
- Medical Providers
- Industrial Commission

MCO Contact Tables
September 2007

1-888-OHIOCOMP		10041
To Report an Injury	**To Submit Medical**	**To Send Bills**
Phone 888-644-6266 216-426-0646 **FAX** 216-426-0651 888-644-7339	**Address** 1-888-OHIOCOMP 2900Carnegie Ave Cleveland, OH 44115 **FAX** 216-426-0651 888-644-7339 Case Management Supervisor & Phone: Melodie Russ, RNC, CCM Phone: 216-426-0646 ext 147	**Address** 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115 **FAX** 216-426-0651 888-644-7339
General Information: Phone: 888-644-6266 **Email Address: 888ohiocomp@1-888-ohiocomp.com**		

3-HAB www.3hab.com		10013
To Report an Injury	**To Submit Medical**	**To Send Bills**
Phone 513-221-3422, or 800-869-1871 (24 hrs.) **FAX** 513-221-2008, or 800-869-1872	**Address** 3-HAB Attn. Care Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 **FAX** 513-221-2008, or 800-869-1872 Case Management Supervisor & Phone: David J. Greenfield, MD 800-869-1871	**Address** 3-HAB Attn. Billing Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 **FAX** 513-221-2008, or 800-869-1872 Electronic Billing: Bob Haines 800-869-1871
General Information: 800-869-1871 **Email Address: info@3hab.com**		

AdvoCare Incorporated www.advocare-inc.com		10026
To Report an Injury	**To Submit Medical**	**To Send Bills**
Phone 800-659-4025, or 216-514-1451 (Mon. - Fri., 7:30 a.m.-5 p.m.) **FAX** 216-514-1227 877-514-1227	**Address** AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 **FAX** 216-514-1227 877-514-1227 Case Management Supervisor & Phone: Rochelle Garrett, RN,BSN,CCM 216-514-1451 X234.	**Address** AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 **FAX** 216-514-1227 877-514-1227
General Information: 800-659-4025 **Email Address: kagnich@advocare-inc.com**		

ALPS CompCare 10050

To Report an Injury	To Submit Medical	To Send Bills
Phone 513-671-6300, or 800-835-2577 (Mon.-Fri., 8:30 a.m.-5 p.m.) **FAX** 513-346-4127 877-580-7673	**Address** ALPS CompCare 10653 Chester Rd Cincinnati, OH 45215 **FAX** 513-346-4127 877-580-7673 Case Management Supervisor & Phone: Wesla Brown RN,CCM 513-671-6300	**Address** ALPS CompCare 10653 Chester Rd Cincinnati, OH 45215 **FAX** 513-346-4127 877-580-7673 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: 800-835-2577
Email Address: alps@alps1.us

AultComp 10016

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-738-5800, or 330-830-4919 **FAX** 330-830-4900 877-738-0058	**Address** Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 **FAX** 330-830-4900 877-738-0058 Case Management Supervisor & Phone: Nancy Toussant RN, COHN-S 330-830-4919	**Address** Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 Billing Inquiries: 330-830-4919 **FAX** 330-830-4900 877-738-0058 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 330-830-4919
Email Address: AULTCOMP@AULTMAN.COM

AvatarComp* division of Comprehensive Managed Care Systems www.avatarcomp.com 10034

To Report an Injury	To Submit Medical	To Send Bills
Phone 513-533-0021 800-791-9281 **FAX** 513-533-2841 888-321-8031	**Address** Avatar Comp P.O. Box 9869 Cincinnati, Oh 45209-0869 **FAX** 513-533-2841 888-321-8031 Case Management Supervisor & Phone: Connie Coleman, R.N. , CCM 1-800-791-9281	**Address** Avatar Comp P.O. Box 9869 Cincinnati, Oh 45209-0869 **FAX** 513-533-2841 888-321-8031

General Information: Phone: 800-791-9281
Email Address: joe.mercurio@avatarcomp.com

CareWorks www.careworks.com 10010

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-627-7586 Option #2 **FAX** 888-711-9284	**Address** CareWorks P.O. Box 182726 Columbus, OH 43218 **FAX** 888-711-9284 Utilization Management FAX 888-627-0074 Utilization Management Phone 888-627-7586 Option #1 State Fund Administration Coordinator Vicki Blevins 614-760-3830 614-760-3614 (fax)	**Address** CareWorks P.O. Box 94748 Cleveland, OH 44101 **Phone** 888-627-7586 Option 5

General Information: Phone: 888-627-7586
Email Address: vicki.blevins@careworks.com

Comp One 10073

To Report an Injury	To Submit Medical	To Send Bills
Phone 877-281-9821 ext. 113 or 330-259-0083 ext. 113 **FAX** 877-283-0921 or 330-259-0095	**Address** 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 **FAX** 877-283-0921 or 330-259-0095 Case Management Supervisor & Phone: Pam Webb, RN, B.A., C.D.M.S. 877-281-9821 ext. 115 or 330-259-0083 ext. 115	**Address** 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 **FAX** 877-283-0921 or 330-259-0095 Billing contact: Paulette S. 877-281-9821 ext. 114

General Information: Phone: 877-281-9821 or 330-259-0083
Email Address: DianneL@componemco.com

CompManagement Health Systems, Inc. www.chsmco.com 10005

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-247-7799 (24 hrs.) **FAX** (General) 800-334-4229 **FAX** (All Appeal Information) 866-746-2621	**Address** CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 **FAX** 800-334-4229 Customer Service Phone: 888-247-7799 Case Management Supervisor & Phone: Angie Flynn Angie.Flynn@sedgwickcms.com 513-774-5891	**Address** CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 Customer Service 888-247-7799 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 888-247-7799
Email Address: boltr@chsmco.com

CorVel Corporation www.corvel.com 10008

To Report an Injury	To Submit Medical	To Send Bills
Phone: Cleveland 800-275-6463 Toledo 800-665-3090 Cincinnati 888-794-4040 Columbus 800-987-5515 **FAX:** Cleveland 440-887-9541 Toledo 419-865-6841 Cincinnati 513-794-4053 Columbus 614-793-0747	**Address:** Cleveland: CorVel Corporation 7530 Lucerne Drive #400 Cleveland, Ohio 44130 **FAX** 440-885-2194 Toledo: 5555 Airport Hwy., Suite 145 Toledo, OH 43615 **FAX** 419-865-6845 Cincinnati: P.O. Box 429365 Cincinnati, OH 45242 **FAX** 513-794-4055 Columbus: P.O. Box 3578 Dublin, OH 43016 **FAX** 614-793-0747 TCM/UM Managers: Cleveland: Teresa Saunders, R.N., BSN,CCM 440-885-7377 Cincinnati and Columbus Marilyn Estep, R.N., CCM 513-794-4040 Toledo: Joyce Carlen, R.N., CCM 419-865-6401	**Address:** Cleveland: CorVel Corporation PO Box 30306 Cleveland, OH 44130 **FAX** 440-885-0892 All bills are handled in the Cleveland Office.

Bill Inquiry: 440-885-7377
General Information: Phone: 800-275-6463 Fax: 877-677-6756
Email Address: Duane_Szymanski@CorVel.com

GatesMcDonald Health Plus, Inc. www.gmcdhealthplus.com 10009

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-642-7587, option 1 (24 hrs.) **FAX** 888-329-6261 website: www.gmcdhealthplus.com	**Address** GatesMcDonald Health Plus P.O. Box 182720 Columbus, OH 43218-2720 **FAX** 888-329-6261 Case Management Supervisor & Phone: North Region Tina Jackson RN, CCM 614-677-0573 South Region Maryellen Zoerner, RN, CCM 614-677-0564	**Address** Gates McDonald Health Plus P.O. Box 182720 Columbus, OH 43218-2720 **FAX** 888-329-6261 Billing Contact – Nick Karnes Email: karnesn@gatesmcdonald.com Phone- 614-677-0528 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 800-642-7587 option 2
Email Address: MCOREP@gatesmcdonald.com
Website: www.gmcdhealthplus.com

GENEX Care for Ohio www.genexservices.com 10042

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-447-6250 ext.7650 **FAX** 888-275-9719	**Address** (For Medical Management and PreCertification) GENEX Care for Ohio 1329 E. Kemper Rd. Suite 4218 Cincinnati, OH. 45246 Phone 800-447-6250 ext. 7639 FAX 888-275-9719 Case Management Supervisor & Phone: Sandra Simons RN, CCM 800-447-6250 ext. 7658 Settlement Coordinator: Jelema Kraus 800-447-6250 ext 7651 Jelema.kraus@genexservices..com	**Address** GENEX Care for Ohio 1329 Kemper Rd. Suite 4218 Cincinnati, OH. 45246 For Billing Customer Service **Phone** 800-447-6250 ext. 7651 **FAX** 888-275-9719

General Information: Phone 513-346-7880 ext. 7658
800-447-6250 ext. 7658
Email Address: Sandy.Simons@genexservices.com

Employer Services: 513-346-7880 ext 7657
800-447-6250 ext 7657
Email Address: Katie.Miracle@genexservices.com

Health Management Solutions www.hmssolutions.com 10006

To Report an Injury	To Submit Medical	To Send Bills
Phone 614-799-0898, or 888-202-3515 (8:00 a.m.- 5:00 p.m.) After hours, select option 3 **FAX** 614-799-0869 or 888-303-6294	**Address** Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 **FAX** 614-799-0869 or 888-303-6294 Anne Grossman, Chief Operating Officer 888-202-3515 ext 107	**Address** Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 **FAX** **614-799-0869** or 888-303-6294 Anne Grossman 888-202-3515 ext. 107

General Information: Phone: 888-202-3515
Email Address: Fuller1200@aol.com

Klais & Company, Inc. www.klais.com 10025

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-659-4025 (Advocare) (8 a.m.-5 p.m.) **FAX** 877-867-8615	**Address** Klais and Company, Inc. Attention: Workers' Compensation 1867 West Market St. Akron, OH 44313-6977 **FAX** 877-867-8615 Case Management Supervisor & Phone: Rochelle Garrett 800-659-4025 x234	**Address** Klais and Company, Inc. Attention: Workers' Compensation 1867 West Market St. Akron, OH 44313-6977 **Phone** 800-331-1096 **FAX** 877-867-8615

General Information: Phone: 330-867-8443 x324
800-331-1096 x324
Email Address: DebbieV@Klais.com

MMAC (Managed Medical Assurance Company, Ltd.) www.medassure.com 10053

To Report an Injury	To Submit Medical	To Send Bills
Phone 330-492-5300, or 800-530-2331 (24 hrs.) **FAX** 330-492-9696 or 877-332-6622	**Address** MMAC (Managed Medical Assurance Company, Ltd.) 4150 Belden Village Street N.W., Suite 503 Canton, OH 44718-2595 **FAX** 330-492-9696 or 877-332-6622 Director of Case Management: Cheryl Halter, RN, CCM chalter@medassure.com (888) 549-6622 extension 23	**Address** MMAC (Managed Medical Assurance Company, Ltd.) 4150 Belden Village Street N.W., Suite 503 Canton, OH 44718-2595 **FAX** 330-492-9696 or 877-332-6622 Manager of Provider Billing: Brenda Hamilton bhamilton@medassure.com

General Information: Phone: 800-530-2331 or 330-492-5300
Email Address: WWW.MEDASSURE.COM

Medical Administrators, Inc. 10011

To Report an Injury	To Submit Medical	To Send Bills
Phone 440-899-2400 800-542-9479 **FAX** 440-899-2411 800-542-9480	**Address** Medical Administrators, Inc. 24500 Center Ridge Road, #470, Westlake, Ohio 44145 **FAX** 440-899-2411 800-542-9480 Case Management Supervisor & Phone: Lisa Lachendro 440-899-2400 ext. #223	**Address** Medical Administrators, Inc. 24500 Center Ridge Road, #470, Westlake, Ohio 44145 **FAX** 440-899-2411 800-542-9480 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 800-542-9479
Email Address: lisal@medadmin.com

Mercy Work Solutions, Inc. www.mercyweb.org 10030

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-222-5691 or 419-251-0479 (24 hrs.) **FAX** 419-251-0049 877-251-0049 Director: Joseph Glass 419-251-0478 Manager: Deborah Curry 419-251-0488	**Address** Mercy Work Solutions, Inc. P.O. Box 4802 Toledo, OH 43610 **FAX** 419-251-0049 877-251-0049 Case Management Supervisor & Medical Director Harvey Popovich MD, MPH 419-251-2475	**Address** Mercy Work Solutions, Inc. P.O. Box 4802 Toledo, OH 43610 **FAX** 419-251-0049 877-251-0049 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 888-222-5691 or 419-251-0479
Email Address: debbie_curry@mhsnr.org

Ohio Employee Health Partnership www.oehpmco.com 10017

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-844-0039 **FAX** 888-240-6381	**Address** Ohio Employee Health Partnership P.O. Box 267120 Columbus, OH 43226 ***New mailing address April 1, 2007:*** ***1105 Schrock Suite 210,*** ***Columbus Ohio 43229*** **FAX** 614-825-1459 888-240-6381 Case Management Julie Perkins, RN 1-888-844-0039 email juliep@oehpmco.com	**Address** Ohio Employee Health Partnership P.O. Box 26415 Columbus, OH 43226 ***New mailing address April 1, 2007:*** ***1105 Schrock Suite 210,*** Columbus Ohio 43229 **PHONE** 888-844-0039 **FAX** 877-605-8311 Billing email: billing@oehpmco.com

General Information: Phone: 888-844-0039

Email Address: karenc@oehpmco.com

Paramount Preferred Network www.paramounthealthcare.com 10037

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-740-0272 (24 hrs.) option 1 **FAX** 877-584-6570	**Address** 2545 Farmers Drive, Suite 400 Columbus, OH 43235 **FAX** 877-584-6570 Case Management Supervisor & Phone: Jackie Fullerton 888-740-0272 option 1	**Address** 1709 Spielbusch Ave. #108 Toledo, OH 43604 Janet Bonifas 888-740-0272 option 2 Fax 800-955-8088

General Information: Phone: 888-740-0272
Email Address tod.phillips@promedica.org.

Premier Comp of HomeTown Health Network www.premiercompmco.com 10028

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-776-4771 **FAX** 800-230-8935	**Address** Premier Comp of HomeTown Health Network 100 Lillian Gish Blvd. S.W. P.O. Box 1124 Massillon, Ohio 44648 **FAX** 800-230-8935 Case Management Supervisor and Return to Work services: Pam Rodriques RN, ONC, CCM 330-834-2314	**Address** Premier Comp of HomeTown Health Network 100 Lillian Gish Blvd. S.W. P.O. Box 1124 Massillon, Ohio 44648 **FAX** 800-230-8935

General Information: Phone: 800-776-4771
Email Addressprodriques@healthplan.org

Premier Managed Care Services, Inc. www.premiermco.com 10015

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-510-4155, or 614-430-3650 (24 hrs.) **FAX** 614-430-3873 or 888-510-4316	**Address** Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 **FAX** 614-430-3873 or 888-510-4316 Case Management Supervisor & Phone: Rochelle Garrett 216-514-1451 X234	**Address** Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 **FAX** 614-430-3873 or 888-510-4316

General Information: Phone: 800-510-4155
Email Address: richardd@premiermco.com

Sheakley UniComp www.sheakley.com 10002

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-743-2559, or 513-326-8003 **FAX** 888-626-2667, or 513-326-8005	**Address** Sheakley UniComp P.O. Box 422402 Cincinnati, OH 45242 **FAX** 888-626-2667, or 513-326-8005 Case Management Supervisor & Phone: Deborah Wehmeyer 513-326-8003	**Address** Sheakley UniComp P.O. Box 422402 Cincinnati, OH 45242 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 888-743-2559
Email Address: mco@sheakley.com

The Health Plan www.healthplanmwcp.com 10060

To Report an Injury	To Submit Medical	To Send Bills
Phone 888-847-7810, or 740-695-7678 **FAX** 877-847-6927	**Address** The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 **FAX** 877-847-6927 Case Management Supervisor & Phone: Valerie Kemo, R.N., C.C.M. 740-695-7678 888-847-7810	**Address** The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 **FAX** 877-847-6927

General Information: Phone: 888-847-7810
Email Address: mwcp@healthplan.org

University Hospitals CompCare www.universitycompcare.com 10052

To Report an Injury	To Submit Medical	To Send Bills
Phone 800-818-7273 **FAX** 800-654-3849	**Address** University CompCare P.O. Box 12778 Cleveland, OH 44112 **FAX** 800-654-3849 Case Management Contact Information: PJ Hrehocik Interim Vice President Phone: 216 -767- 8801	**Address** University CompCare P.O. Box 12778 Cleveland, OH 44112 **FAX** 800-654-3849 Billing Issues: Loretta Dawson, Manager, Claims Services, 216-767-8805 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM

General Information: Phone: 800-818-7273
Email Address: compcare @uhhospitals.org

Vantage Occupational Health Plan http://www.ohpinc.com/mcprog.html 10061

To Report an Injury	To Submit Medical	To Send Bills
Phone 877-847-5459 614-717-4705 **FAX** 800-946-7922 614-717-4709	**Address** Vantage Occupational Health Plan P.O. Box 1549 Dublin, OH 43017 **FAX** 800-946-7922 614-717-4709 Case Management Supervisor & Phone: Barbara Wright RN, CDMS 614-717-4705 x 226	**Address** Vantage Occupational Health Plan, P.O. Box 1549 Dublin, OH 43017 **FAX** 800-946-7922 614-717-4709

General Information: Phone: 877-847-5459
Email Address: claims@ohpinc.com

COST CONTROL

WORKERS' COMPENSATION COST CONTROL STRATEGIES

Cost Control Strategies

- Develop written company policies and procedures for…
  - Workplace safety and accountability
  - Reporting injuries and filing claims
  - Reporting near misses
  - Employee training requirements
- Investigate all injuries and near misses

What is Transitional Work?*

- Transitional work is any job, task, function or combination of tasks or functions that a worker with restrictions may perform safely, for remuneration and without the risk of re-injury
- What is the benefit of Transitional Work?
  - Eliminate/decrease time from work
  - Eliminate/decrease indemnity costs
  - Increase productivity
  - Improve morale

Cost Control Strategies

- BWC's Premium Discount Program*
  - Designed to encourage employers to implement BWC's 10-Step Business Plan for managing safety & claims
  - Up to 10% discount possible

Cost Control Strategies

- Drug Free Workplace Program (DFWP)*
  - Up to 20% discount available
  - 17% of employees abuse drugs or alcohol
  - Each abuser costs employers $7,000 each
  - State Law: BWC's DFWP program (or BWC-approved comparable drug-free program) is mandatory for contractors working on state funded projects

Other Cost Control Strategies

- Group Rating Plan*
- Salary/Wage Continuation*
- Claim Settlements*
- Handicap Reimbursements*
- Subrogation*

Other Cost Control Strategies

- Safety councils
- Safety Intervention Grants*
- Fraud awareness*
- $15,000 Medical Only Plan*

Premium Discount Program Plus (PDP+)

PDP+ is an incentive program designed to assist experience-rated employers (those not in group rating, retrospective rating or BWC's One Claim Program) having a .90, or greater, experience modifier establish a safer, more cost-effective workplace. For implementing BWC's 10-Step Business Plan, employers will receive premium discounts of up to 10 percent for each of the first two years of participation and up to 5 percent the third year, upon meeting program requirements. However, the premium discount cannot take the premium rate below a .90 experience modification.

In addition, PDP+ participants can earn bonuses of 10 percent for a 15 percent, or greater, claims severity reduction; 5 percent for a 15 percent, or greater, claims frequency reduction; and a 5-percent bonus for meeting both criteria.

As an added bonus to employers who have completed PDP+, we've implemented a two-year extension of the program. To re-enter the program, employers must have:

- Completed PDP or PDP+;
- Not participated in PDP or PDP+ for two years;
- A .90 or greater experience modifier;
- Met all other eligibility and reporting requirements of PDP+.

For the first year, you can earn a 10-percent premium reduction. If you are eligible to participate in the second year, a 5-percent premium reduction will apply.

Employers who enroll in PDP+ must develop a Plan of Action for the implementation of this program and will report annually, using the self-assessment form. The workbook contains both the Plan of Action and PDP+ Self Assessment.

Benefits of participation

- Increased economic value for the organization;
- Reduced workers' compensation costs resulting from fewer claims and lower claims costs;
- Increased safety awareness;
- Enhanced communication and trust;
- Lasting, positive changes.

Program requirements

- Employers will implement BWC's 10-Step Business Plan.
- Employers will submit a Plan of Action and Self-Assessment to BWC to outline their plan for implementation.
- Employers will allow BWC access to their job sites to review the business.
- Employers who pay to use the services of a certified business or trade association sponsor will submit the Plan of Action to their sponsor instead of to BWC.
- Failure to submit the Plan of Action and Self-Assessment or denying access to the work site, will result in the loss of the discount retroactive to the beginning of the policy year.
- In order to re-enter the program for the extension period, you must have completed either the three-year or four-year program and have been out of the program for two or more years. You must meet the 15-percent frequency and 15-percent severity reduction goals in addition to the other mandatory eligibility requirements to qualify for second-year participation.

Eligibility guidelines

When filing the application for PDP+, your preliminary eligibility will automatically be determined based upon current account information before you can proceed.

To qualify to participate in the program, you must meet certain basic criteria:

- Be a private or public state-fund employer. Self-insuring employers or public employer state agencies are not eligible to participate;
- A private employer must have a .90, or greater, experience modifier for the policy year or anniversary date, in which the discount or claim severity/frequency bonus checks are given;
- A public employer taxing district must have a .90, or greater, experience modifier effective Jan. 1 of the policy year, in which the discount or claim severity/frequency bonus checks are given;
- The employer must be current on all premium payments at the beginning of the policy year or anniversary date of participation;
- The employer must have active coverage the first day of the policy year or anniversary date of participation;
- The employer must not have cumulative lapses in workers' compensation coverage of more than 59 days within the 18 months preceding the beginning of the policy year or anniversary date.

In addition:

- An employer cannot participate in retrospective rating, group rating, or the One-claim Program within the same policy year;
- Employers may participate in the Drug-Free Workplace Program (DFWP) and PDP+ during the same policy year and stack the discount amounts for both programs. We will apply the discount for PDP+ first. *Example:* If you participated in PDP+ the first year (10 percent) and Level 2 of DFWP (20 percent), you will NOT receive a 30-percent discount. You will receive the 10-percent discount off your original premium amount. Then, you'll receive the 20-percent discount off the already reduced premium amount;

  Note: When participating in both programs, the discount for PDP+ may not bring the employer's premium below an amount that would result, if we calculated the employer's premium using an experience modification of no less than .90 for that policy year. However, once we apply the PDP+ discount, the DFWP discount can take the employer's experience modification below .90.

- Employers participating in PDP+ cannot exceed the specified maximum number of years of participation.

Application deadlines

- You must complete and submit the UA-5 to request participation in PDP+. First-time applicants, or employers reactivating their participation in PDP+ after a one-year absence, can submit the application at any time of the year.
- Private employers to be eligible for a July 1 effective date should submit applications within 35 days after we publish the employer's experience rate letter. If we do not receive the application within that time but do receive it by Dec. 31, policy year and discount begin Jan. 1. If we receive the application by the next June 30, the policy year and discount begin the next July 1. We notify private employer applicants of their acceptance into the program by Feb. 28 or Aug. 31 after we confirm eligibility;
- Public employer taxing districts may submit an application at any time. We will notify public employers of their acceptance into the program with rates effective Jan. 1 by Feb. 28 after we confirm eligibility.

Drug-Free Workplace Program

BWC's DFWP program is an incentive program designed to help employers establish a safer and more cost-effective workplace. You can join hundreds of other Ohio employers by choosing to keep your employees safe and reduce the chance of an accident caused by substance use. The voluntary DFWP program encourages employers to detect and deter substance use and misuse, and take appropriate corrective action.

Note: While participation in DFWP for most employers is voluntary, construction contractors and subcontractors are required to have a drug-free workplace program (a BWC program or comparable program) to bid on or work a state-administered construction contract/project.

BWC understands that small businesses typically have fewer resources available to implement a drug-free workplace program. That's why BWC created Drug-Free EZ (DF-EZ). Small businesses can participate in this program that has the same basic elements and integrity as the DFWP but with streamlined requirements and less paperwork.

The problem?

The courts and the public are holding American employers responsible for the behavior of their substance-using employees. Not only do alcohol and other drug use affect profitability of companies, they also affect the health, safety and productivity of workers.

Consider these statistics:

- Productivity — Substance users are 33 percent to 50 percent less productive;
- Absenteeism — Users are absent an average of three weeks or more per year and are tardy three times more often than non-users;
- Accidents — Users are three to four times more likely to have an accident on the job and five times more likely to file a workers' compensation claim;
- Medical claims — Substance users file 300 percent to 400 percent more costly medical claims;
- Employee theft — An estimated 50 percent to 80 percent of all pilferage, theft and loss is due to substance-using employees.

Why participate?

Substance use is often the silent and unseen cause of work-related accidents. Unfortunately, employers and their employees don't realize it until it's too late.

Statistics from national studies show how costly substance use is within the workplace, and Ohio is no different. Estimates of the cost of substance use to employers vary, ranging from $7,000 to $25,000 annually per substance user.

The greatest value of this program is in its long-range benefits, rather than the discount itself. Implementing the DFWP program is truly a good business decision for any employer.

Who's eligible to participate in the DFWP program?

- Only state-fund employers may receive a discount. That includes private employers and public employer taxing districts with the exception of state agencies.
- Employers must be in good standing with BWC in terms of policy coverage status, payment of premiums and other monies due BWC and have limited lapses in coverage.
- Employers must have an active, reinstated or debtor-in-possession coverage status at the time they are approved to participate in the DFWP and throughout continued participation.
- Employers must be current on premium payments as of March 31 for the application year that begins July 1, or must be current as of Sept. 30 for the application year that begins Jan. 1. BWC defines current as not more than 45 days past due on any and all undisputed premiums, assessments, penalties or monies otherwise due to any fund administered by BWC, including amounts due for retrospective rating at the time of application deadline.
- Employers may not have cumulative lapses in workers' compensation coverage in excess of 59 days within the last 18 months preceding application for the DFWP program.
- Employers may not have administered an existing substance-free workplace program, comparable to BWC's DFWP Level 1, for four or more years.

Employers must not have previously completed their eligible four or five years of participation in the DFWP program.

Self-insuring employers and state agencies are not eligible for the discounts, but may receive technical assistance from BWC to establish a substance-free work environment.

These are the initial requirements for program eligibility. Employers determined to be ineligible may reapply in a subsequent program year, except for those determined to be ineligible based upon having an existing substance-free program for four or more years comparable to BWC's DFWP Level 1.

What are the key components of the DFWP program?

The DFWP program is designed to help employers deter, detect and take corrective action related to substance use that affects workplace safety. Participants must develop a substance policy that describes their drug-free program. The policy should describe annual employee education and supervisor training, drug and alcohol testing, and employee assistance, which – along with the written policy – comprise the key components of any effective drug-free workplace program.

For more details, order the Drug-Free Workplace Program Procedural Guide online, or call 1-800-OHIOBWC, and listen to the options.

Promotion of consortia

We encourage you to use the services of one-stop shop consortia to make it easier for you to meet our program requirements and to realize cost savings associated with economies of scale. We promote the development of these consortia by private-sector agencies, and you can get a list of consortia considered BWC-approved from your BWC employer services specialist.

What type of legal review do I need for my program and written substance policy? We strongly urge employers to have the company's program reviewed by competent legal counsel familiar with employment law and drug-free case law. Counsel should ensure adherence to applicable state laws, review the policy for protection of employer interests and employees' rights and ensure adherence to any collective bargaining agreements that are in place. We expressly disclaim any information provided by BWC staff or BWC documents constitutes legal advice.

How can I protect my employees' confidentiality rights?

Our drug-free workplace programs have built-in protections that ensure the privacy of all employees. We advise employers to send faxes that share individual testing information and employee assistance to a secure fax machine. We require all program documents concerning an individual's testing and treatment results be kept separate from the general personnel file and secured. Other examples are found in BWC's DFWP Technical Assistance Manual.

It is important for employers to note the new Health Insurance Portability and Accountability Act (HIPAA) appears to have limited but important implications for participating drug-free employers. BWC program requirements already strongly stress confidentiality of personal information and a signed consent-to-testing form for each employee as a term and condition of employment. Employers should follow the guidance provided by their legal counsel in terms of updating their consent-to-testing forms and any release of information forms to ensure adherence to HIPAA privacy requirements.

What discounts are available to employers for participating in the DFWP? Employers participating in both DFWP and Premium Discount Program + will receive a discount for both programs based on their eligibility. In addition, employers can stack their DFWP discount on top of the benefit they receive for participating in group rating up to a maximum benefit of 95 percent.

Level 1: 10% discount: Level 1 requires development of a written policy and certain types of testing: pre-employment and/or new hire; reasonable suspicion; post-accident; and follow-up. In addition, employers must do annual employee education and supervisor

training and develop a list of local community resources that employees with problems can turn to for assistance.

Level 2: 15% discount: Level 2 requires the same drug and alcohol testing requirements as Level 1 along with random drug testing of 10 percent of the average annual total work force. For public employers, random testing applies only to safety-sensitive positions or functions, as defined by the employer. Level 2 employers must offer annual employee education and supervisor training and must expand available employee assistance. In addition, they must implement five steps of BWC's 10-Step Business Plan, a highly coordinated safety program.

Level 3: 20% discount: Level 3 requires 25-percent random drug testing, employee education, supervisor training and expanded employee assistance. Employers must also implement all 10 steps of the 10-Step Business Plan.

Who benefits?

Employers who implement the DFWP program provide greater protection for all employees. Consider these benefits:

- Increase in productivity;
- Decrease in accidents;
- Decrease in severity of accidents;
- Reduce use of workers' compensation medical benefits by substance users;
- Decrease in theft;
- Protect the bottom line.

DFWP Provider Directory

BWC has partnered with The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to offer Ohio employers a listing of companies and individuals qualified to supply services related to a drug-free workplace. Employers may access the DFWP Provider Directory to obtain contact information for providers by service such as employee education and supervisor training. Employers also can search by county served or statewide service availability.

Group Rating

How can I participate in group rating?

You must meet the following criteria:

- Be current on all undisputed premiums, administrative costs, assessments, fines or monies otherwise due to BWC;
    - More specifically, you must be current, not more than 45 days past the due date on any and all amounts due BWC, by the group-rating application deadline. The only exception is if you submit in writing a dispute of the obligation to BWC's Adjudicating Committee detailing the reason for objection and supporting documentation.
- Be current on the payment schedule for any scheduled part-pay agreement you've entered into to pay premiums or assessments otherwise due BWC as of the application deadline;
- Not have cumulative lapses in workers' compensation coverage of 59 days in the past 18 months preceding the application deadline;
- Be in an active status as of the application deadline. Employers who become active and obtain coverage or who lapse and do not reinstate their coverage by April 1 after the application deadline cannot participate in group rating;
- Not be a member of more than one group. If you apply for more than one group on a valid group-rating application, BWC will reject you for all groups.

Once you meet that criteria, apply for group rating through a trade association or other organization of which you are member.

For the groups, they must demonstrate a common purpose and possess proven results from safety and loss-control practices. This helps confirm that the group's loss experience will differ from an individual employer's experience.

BWC adjusts rates for groups that use experience-rating credibility tables appropriate to the employers taken as if the group was one big company. The group rating plan is an annual plan for the rating of a policy year.

Largest possible discount and average discount statistics

The largest possible discount for a group-rating program is 85 percent. In 2002, the average discount was 70 percent.

Program deadlines for private and public employers

For private employers, BWC must receive applications from the group sponsors by the last business day in February of the rating year for which they are applying. **Example:** BWC must receive the applications from the group sponsors for the 2006 rating year (July 1, 2006 through June 30, 2007) by Feb. 28, 2006.

Salary/Wage Continuation

An employer may elect to continue to pay an injured worker their **regular (full) salary/wages including any regular benefits** during the period following a work-related injury/illness (including claim reactivation). The full salary or wages are paid instead of BWC awarding temporary total compensation (TT). Salary/wage continuation includes accrual of vacation time, sick leave, longevity, bonuses, retirement points, etc. as well as any other benefit the injured worker would normally receive if working, such as pay raises. Agreement to pay salary continuation does not mean the employer has certified the claim or has relinquished appeal rights.

The payment of salary continuation/wages to an injured employee in lieu of Temporary Total (TT) compensation by BWC is a privilege granted by BWC. Salary/wage payment must continue uninterrupted following the injury. The payment cannot wait until either a BWC or Industrial Commission determination is made. The salary continuation/wages in lieu of TT paid by the employer should begin in "good faith" under the assumption that a work-related injury/occupational disease occurred. Agreement to pay salary continuation does not mean the employer has certified the claim or has relinquished appeal rights.

The salary continuation/wages in lieu of TT means the regular (full) salary/wages including any regular benefits will continue to be paid in an uninterrupted manner from the time of injury. The employer may not reduce the payment amount to reflect what the employer "calculates" as the TT rate. The employer may also pay salary continuation if the injured worker returns to work with restrictions.

The injured worker **is not** required to accept salary continuation/wages in lieu of TT compensation. However, any Collective Bargaining Unit Contract entered into between the injured worker and employer may impact the option to accept salary continuation.

The employer must notify BWC in advance of the employer's policy to pay salary/wage continuation. The employer has the option to either pay or not pay salary/wage continuation for each individual claim filed. For each claim filed, BWC will contact the employer and ask if they want to pay salary/wage continuation for that claim.

If BWC discovers at any time that an employer is not paying the regular (full) salary/wages or is in non-compliance with any other aspect of this policy, BWC will immediately begin to investigate and consider the payment of Temporary Total or Living Maintenance compensation and the setting of appropriate reserves. If the employer agrees to make the necessary adjustment to comply with this policy within 48 hours (two business days) of notification by BWC, the agreement will remain in full effect.

If an injured worker ceases employment with the incident employer, salary continuation is no longer payable by that employer. The employer must notify BWC that salary continuation has stopped. The CSS will investigate to determine the injured worker's continued eligibility to TT.

Claim Settlements

Settlements can help you manage costs and bring closure to your injured workers. A settlement is an agreement between you, the injured worker and BWC.

A settlement can include one or more claims. When a settlement becomes final, the injured worker receives a lump sum payment. Injured workers receive no additional compensation and/or benefits once their claim(s) has been settled.

There are two types of settlements, partial and full.

- **Partial** settlement means settling only certain conditions and/or benefits, either medical or indemnity (compensation). Although a claim may be partially settled a reserve still exists. A reserve is the estimated future value of a claim.
- **Full** settlement means settling all allowed conditions and benefits, both medical and indemnity (compensation).

Settlements may also reduce claims costs, which impact premiums. A settlement fixes the claim cost, which then allows the premium to reflect the settlement amount and possibly reduce the employer's premium. Settlements also reduce the number of claims BWC has to manage, thus, reducing overall administrative costs.

Should I agree to settle?

You should consider the following before pursuing a settlement:

- Determine whether the injured worker is still employed or disabled;
- Evaluate whether it's in your best interest to settle the claim to resolve premium or non-premium issues, which the settlement might impact, such as claims management and/or morale of employees with similar claims;
- If you are experience rated, find out each claim's reserve, located on the experience exhibit BWC issues to you or by reviewing the Employer claim cost screen on Dolphin for the latest quarter evaluation of the claim. If the claim is still within your experience period, assess how a settlement will affect your premiums;
- Keep in mind that although full settlement of a claim will reduce the reserve (projected future costs) to zero, BWC will allocate the settlement amount for that claim as compensation paid;
- **Contact your employer services specialist** to discuss the merits of pursuing a settlement.

Handicap Reimbursement

The employer of record can request that a percentage of the costs in a workers' compensation claim be charged to, or refunded from, the Statutory Surplus Fund.

Qualifying conditions – Employers can only be granted reimbursement for costs associated to claims of injured workers with certain statutorily specified conditions. The conditions for which reimbursement can be granted are:

01 Epilepsy;
02 Diabetes;
03 Cardiac disease;
04 Arthritis;
05 Amputated foot, leg, arm or hand;
06 Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75 percent bilaterally;
07 Residual disability from poliomyelitis;
08 Cerebral palsy;
09 Multiple sclerosis;
10 Parkinson's disease;
11 Cerebral vascular accident;
12 Tuberculosis;
13 Silicosis;
14 Psycho-neurotic disability following treatment in a recognized medical mental institution;
15 Hemophilia;
16 Chronic osteomyelitis;
17 Ankylosis of joints;
18 Hyper Insulinism;
19 Muscular dystrophies;
20 Arterio-sclerosis;
21 Thrombo-phlebitis;
22 Varicose veins;
23 Cardiovascular and poliomyelitis pulmonary diseases of a firefighter employed by municipal corporation or township as a regular member of a lawfully constituted fire department;
24 Coal miners pneumoconiosis;
25 Disability with respect to which an individual has completed a rehabilitation program (ORC 4121.61-69).

Requests for handicap reimbursement must be supported by evidence as follows:

- Medical evidence (in the nature of doctor's reports and dispensary records) that the employee suffered from one of the conditions listed above;
- Evidence that the condition constituted a handicap within the meaning of the law, full or in part, but not limited to the following;
    - Evidence that the employee was hired for restricted work;
    - Evidence that prior to the injury, disease or death the employee was limited by the employer to certain restricted work;
    - Evidence that prior to the injury, disease or death, the condition caused the employee to be hospitalized or to obtain extensive medical treatment;
    - Evidence that prior to the injury, disease or death, the condition caused the employee to be absent from work an excessive amount of time;
    - Evidence in the form of affidavits or medical reports to support the contention that the injury, disease or death would not have occurred but for the pre-existing handicap condition of the employee or that the resulting disability or death was caused, in part, through aggravation of the handicapped condition.

Eligible employers

Although most employers are eligible for handicap reimbursement there are some exceptions. Employers who are eligible include:

- All state-fund employers;
- All public employers (except state agencies and universities);
- All self-insuring employers who have opted to remain in the Handicap Reimbursement program or who listed the claim on the buyout agreement.

Employers who are not eligible

- All non-complying employers (employers with no coverage or whose coverage had lapsed at the time of the injury)
- All out-of-business employers
- All self-insuring employers who have opted out of the program and did not list the claim on the buy-out agreement
- Most bankrupt employers (Requests are reviewed on a case-by-case basis. Some bankrupt employers may qualify for a reimbursement)
- State agencies and universities

When a subsequent application is filed for a different handicapped condition the employer is eligible for an additional handicap reimbursement.

Time limitations for filing

Employers must file the application for handicap reimbursement while the claim is still within the employer's experience. Time limitations for filing differ based on employer type.

- State-fund employers must file for handicap reimbursement before July 1 of the sixth year after the date of injury.
- Public employers must file for handicap reimbursement before Jan. 1 of the sixth year after the date of injury.
- Self-insuring employers (still in the program) must file for handicap reimbursement within five years from the date of the injury.

Claim settlement does not affect an employer's right to have a handicap reimbursement application considered.

All requests for Handicap Reimbursement are reviewed and determined by BWC's Legal Operations Department.

An employer with additional questions or needing further information about Handicap Reimbursement should contact **BWC Legal Operations at 614-466-6600**

Subrogation: Cost savings through subrogation

Subrogation is defined as; the assumption by a third party of another's legal right to collect a debt or damages.

Ohio Revised Code 4123.931 gives BWC subrogation rights if a third party, other than the employer or a coworker, caused or contributed to the work related injury, occupational disease or death for which a workers compensation claim has been filed.

What types of accidents typically involve subrogation?

The most common accident type is a motor vehicle accident caused by another driver. However, there are many other accident situations where subrogation could be applied. These include but are not limited to;

- Premise Liability (i.e. slips and falls not on company property)
- Products Liability (i.e. malfunctioning machinery)
- Medical Malpractice (i.e. IW goes in for surgery and is injured by the procedure)
- Construction Sites (i.e. Subcontractor A put up a scaffolding which collapses injuring an employee of Subcontractor B)
- Dog bites or Animal attacks

These injuries must occur while in the course of an injured worker's employment and must be caused by someone other than the employer or a fellow employee.

How does subrogation reduce my costs?

The current statute allows BWC to subrogate all past payments of compensation and medical benefits as well as an estimate of future values of compensation and medical benefits.

The total amount recovered by BWC through the subrogation effort is credited back to the employer's account. The employer will receive notification of the subrogation amount recovered prior to the credit appearing on the account.

If an employer becomes aware after a claim has been filed with BWC that the injured worker or the dependents of the injured worker are seeking recovery from a source other than BWC, this information should be communicated to the BWC customer service specialist.

If an employer believes that a work place injury is such that it may lead to a third party action, this information should be communicated to the BWC customer service specialist during the initial contact.

An employer with additional questions or needing further information about subrogation should contact **BWC Legal Operations at 614-466-6600.**

Safety Intervention Grant$ Program

Note: This program is dependent upon funding each fiscal year

The Safety Intervention Grant$ Program is available to any Ohio state-fund or public employer who wishes to purchase equipment or other materials to substantially reduce or eliminate injuries and illnesses associated with a particular task or operation. To participate in the program an employer must have a minimum of one claim filed for the task or operation affected by the intervention within two years preceding the grant application. And the employer must maintain active workers' compensation coverage.

With the safety intervention grant, private and public employers are eligible for a 4-to-1 matching grant, up to a maximum of $40,000, meaning a total of $50,000 — $10,000 from the employer and $40,000 from BWC. The employer will benefit through a substantial reduction or elimination of workplace injuries and illnesses, and their related costs.

In return, the employer will submit quarterly data reports to BWC, an interim report after one year and a final report two years from the date of the intervention. BWC will use this information to determine the effectiveness of the intervention and share successes with other employers.

Because of the large number of requests we received for particular intervention items, and in keeping within the scope of the SafetyGRANT$ research project, the following interventions will no longer be considered for SafetyGRANT$ funding. *Other items may be added during the course of this program.*

- Floor-based patient-lifting devices, electric beds, ceiling lifts
- Patient bathing systems and toileting chairs
- Powered dolly equipment , forklifts
- Skid steerers, front-end loaders, bobcats, all earth-moving equipment
- Transplanters, taggers
- Weaponry, including tasers
- Vehicles, including cars and trucks
- Exercise equipment
- Patient ambulation devices
- Patient scales
- Personal protective equipment

To begin the application process, simply download the SafetyGRANT$ Procedural Guide from the BWC web site (www.ohiobwc.com) For more information about SafetyGRANT$, call your local BWC customer service office or 1-800-OHIOBWC, and follow the options.

Fraud Red Flags

A red flag is a warning or a sense that something isn't right with a claim and should lead one to take a closer look. The lists below will help employers know what to look for when identifying possible fraudulent behaviors. Identification of any one of the following red flags does not mean that fraud exists. However, in order to submit a Fraud Allegation Form to BWC, you need only have a suspicion that fraud may have been committed. Special agents assigned to the BWC special investigations department will carefully collect and analyze the facts to determine whether or not fraud was committed.

If you suspect workers' compensation fraud, submit a Fraud Allegation form or call 1-800-OHIOBWC, and follow the options.

Spotting injured worker claim fraud

Red flag indicators that may signal fraudulent activity include:

- Number of days worked and amount of salary inconsistent with occupation;
- Injured worker disputes average weekly wage due to additional income (i.e., per diem and/or 1099 income);
- Cross-outs, white-outs and erasures on documents;
- Injured worker files for benefits in a state other than principle location of the alleged industrial injury or occupational disease;
- Injured worker-listed occupation is inconsistent with employer's stated business;
- Injured worker address is different than principle location of employer other than border states;
- Injured worker cannot be reached because he or she is never home or is reportedly sleeping and cannot be disturbed;
- Injured worker is seen with calluses on hands, grease under fingernails;
- Injured worker moves out of state or country shortly after filing claim;
- Accident/incident occurs immediately prior to strike, layoff, plant closing, job termination or job completion;
- Injured worker is in line for early retirement;
- Injured worker refuses (or delays multiple times) diagnostic procedures to confirm injury;
- Conflicting descriptions of the accident/incident between employer's report and initial medical evaluation;
- Injury is not consistent with nature of business;
- Date, time and place of accident is unknown;
- Injured worker cannot recall specific details about the injury
- Report of injury not timely and immediate;
- No witnesses to accident;
- Tips from coworkers.

Spotting health-care provider fraud

Red flag indicators that may signal health-care provider fraudulent activity include:

- Injured worker does not recall having received the billed service;
- Provider's medical reports read almost identically even though they are for different patients with different conditions;
- Much higher health-care costs than expected for the allowed injury type;
- Frequency of treatments or duration of treatment period is greater than expected for allowed injury type, especially for older (non-catastrophic) claims;
- Frequent billing in older (non-catastrophic injury) claims;
- Larger volume of prescription drugs billed than expected for the allowed injury type;
- Billing for treatment on consecutive dates of service for minor allowed conditions;
- No change in treatment regimen or no measurable improvement after an extended period;
- Same doctor(s) and attorney(s) are repeatedly associated with the same questionable claims;
- Unexplained sudden increase in a provider's billing and payment levels;
- Provider services are billed (for non-emergency care) for dates of service on weekends or holidays or on dates when the patient was hospitalized;
- Provider bills for dates of service within time periods for which the provider had previously billed and received payment;
- Provider bills for dates of service after the effective date for change of physician of record;
- Managed care organization knowingly participates in schemes intended to cause BWC to pay monies that it otherwise would not pay;
- Medical documentation does not support service billed and/or is inconsistent with the services billed; Frequent delays in the submission of requested records;
- Great distances between the provider and injured worker;
- Submission of bills with non-industrial diagnosis codes. Bills resubmitted with codes changed to an allowed diagnosis;
- Billed procedures are inconsistent with allowed conditions or industrial conditions;
- Billed procedures are identified by American Medical Association as being for "one or more areas" billed with multiple units of service;
- Billed procedures are for evaluation and management codes only;
- Provider is actively billing multiple claims for an injured worker;
- Day or date of service is inconsistent with the type of provider;
- Provider billed for services that were not likely to have been performed.

Spotting employer fraud

Red flag indicators that may signal employer fraudulent activity include:

- Business displays or presents a Certificate of Coverage that contains inaccurate data, such as an implausible period of coverage;
- Cross-outs, white-outs and/or erasures on documents, such as the Application for Ohio Workers' Compensation Coverage (U-3) or Payroll Report (DP-21);
- Business name is not consistent with type of work being performed;
- Number of employees, classifications and payroll are inconsistent;
- Certificates of Coverage issued exceed anticipated exposure;
- New business with significant or multiple state exposures;
- Significant deposit premium made to avoid interim audits;
- Business discourages employees from filing valid workers' compensation claims;
- Employees report that the business may be shifting the costs from an employee's non-work-related health problem to a workers' compensation claim;
- Business requires newly-hired employees to complete 1099 forms, asserting themselves to be independent contractors;
- Business reports significant payroll decreases, even though revenues remain stable or increase (suggesting under-reporting of payroll);
- Principal business location is a post office box, suite number, or room number.

$15,000 Medical-Only Program (15K Program)

When an employer chooses to participate in the 15K program, the employer becomes the medical manager of the claim. The company's managed care organization (MCO) can not authorize treatment or pay medical bills. The employer can register for the program by calling 1-800-OHIOBWC. Once an employer enrolls in the 15K Program, the employer is responsible for the bills in all medical-only claims with injury dates after the enrollment effective date unless:

- The employer notifies BWC within 14 days of being notified that a claim has been filed, that it does not wish to pay for the bills in that claim;
- The employer notifies BWC that the $15,000 maximum has been reached in a claim;
- The employer notifies BWC that the company does not wish to pay any additional amount and informs BWC of the last date of service it will be responsible for in a particular claim. This could be the date of injury or after payment of any amount up to $15,000.

Once the employer notifies BWC to remove a claim from the 15K program the managed care organization (MCO) will begin processing the bills in that claim.

Employers participating in the program must do the following:

- Notify their injured workers and their health-care providers that the employer, not the MCO, is paying the medical bills for an injury;
- Pay all bills within 30 days of receipt as billed or according to prior agreement with medical provider;
- Notify BWC and the MCO if/when the $15,000 maximum is reached and supply proof of such payment to the MCO;
- Keep a record* of all work-related injuries including:
    - Injured worker's name, address and Social Security number;
    - Date and time of injury;
    - Type of injury;
    - Part of the body injured;
    - A brief description of the accident that led to the injury;
    - Copies of all bills with proof and date of payment under this program.

*These records must be maintained for six years from the last date of bill payment.

Reaching the $15,000 maximum
If the payment of a particular bill will exceed the $15,000 maximum, the employer should pay that portion of the bill that brings the total paid to $15,000, and then inform the provider to bill the MCO for the balance. The employer must then notify BWC and the MCO that the $15,000 maximum has been paid. Copies of all bills with proof and the dates of payment should be sent to the MCO. It then becomes the MCO's responsibility to process all future bills. BWC will not reimburse the employer for any bills paid by the employer.

Lost-time claims
If the injured worker loses more than seven days of work, the injury is no longer eligible for this program and a claim must be filed with BWC. If a claim has already been filed with BWC, the process to change the claim to lost time will automatically remove the claim from the 15K Program. The MCO will be responsible for processing subsequent medical bills. BWC does not reimburse the employer for bills paid under this program prior to the change over from medical only to lost time.

Injured worker and employer rights

- Payment of medical bills under this program in no way supercedes the right of the injured worker to file a workers' compensation claim.
- Payment of medical bills under this program does not waive BWC's right to hear and decide a claim if filed.
- Payment of medical bills under this program does not waive the employer's right to contest a claim if filed.

Opting out of the program
Employers can opt out of the 15K Program by calling 1-800-OHIOBWC and pressing 2. Once the employer notifies BWC of the desire to opt out of the program, BWC will send written confirmation of this decision. The MCO will then be responsible for processing bills for all medical-only claims after the program termination date.

Notice
BWC will not mediate disputes between the employer and medical provider(s) pertaining to bill payment. Employers who fail to meet the requirements of this program, including responding timely to bill payment requests, will be subject to program removal.

Transitional Work

Transitional work helps businesses offer injured employees strategies to return them to work as soon as safely possible, and before the worker is 100 percent recovered. The program uses real job-related tasks to accommodate the workers' medical restrictions for a specified time period – generally no more than three months – and gradually return them to their original duties.

Fact: Statistics show indirect employer costs for a workplace injury that becomes a long-term claim are four times greater than the direct cost of the claim itself. These costs include decreased productivity; increased hiring and training costs; higher overtime expenses; increased legal costs; lowered morale, and loss of business and customer goodwill. The costs to the injured worker are even higher.

Injured workers may recover more quickly and can participate in work activities as soon as they are medically able. They may experience a smoother transition back to their regular job. They receive a full, regular paycheck and maintain their management and coworker relationships. Transitional work also gives you an opportunity to form a closer relationship with health-care providers who will better understand your business and can respond immediately to your injured workers' concerns.

A BWC study showed that on average, employers who used a transitional work program saved $1,108 in compensation claim costs. In addition, those employers returned their injured workers to the job 10 days sooner than employers who didn't have a program. Transitional work employers also saved an average of $139 in medical costs per claim.

CLAIMS MANAGEMENT

CLAIMS MANAGEMENT

For questions regarding specific claims, contact a claims specialist in your local service office

Claims Management

- Medical Only claim – employee returns to work in 1 to 7 days
- Lost Time claim – employee is off 8 or more days and the BWC starts to pay wages (not consecutive days)
- Lost Time claims create "reserves" that predict the future cost of that claim

  Reserve amounts are based on a variety of factors, such as type of injury, medical treatment received, age of injured worker, type of employment, etc.

Claims Management

- Take all injuries seriously even if the employee states he/she doesn't need treatment
- Employers should investigate each incident (including near misses) and fix the problem that caused the injury / near miss
- File workers' compensation claims quickly
  - Claims reported more than 30 days after an injury are 48% more expensive than those reported within the first 10 days*

* Kemper Insurance study

Claims Management

- When an injury occurs:
  - Complete First Report of Injury (FROI) form
  - File FROI* through:
    - MCO: Use the packet of information from the MCO and fax the first report of injury form to the MCO

      or
    - File claim on-line and manage claim follow-up at www.ohiobwc.com

Claims Management

- For medical Only claims, you will receive correspondence regarding the claim
  - Minor claims may be automatically approved by a specialized computer program called "Auto Adjudication" (AA)*
  - Auto Adjudicated claims are for injuries that have low medical costs and which are rarely appealed.
- For Lost Time claims, a BWC Claims Representative will be contacting you

  Read the paperwork. If BWC is asking for information (wage history, accident investigation results, etc.), respond!

Claims Management

- You will be asked to "certify" the claim
  - Certify: Agree that an injury occurred in your workplace and that the injured party is your employee
  - Deny (Not-Certify): No injury occurred or it was not your employee. Claim may still be allowed* based upon documentation available to BWC Claims Specialist

    *Can be appealed to Industrial Comission

BWC
Better Workers' Compensation
Built with *you* in mind

First Report of an Injury, Occupational Disease or Death

This form can be completed and submitted online at:
ohiobwc.com

Report your injury by completing all three sections of this form

1. Complete as much of all three sections of this form as possible to reduce the time necessary in determining the claim. If this form is completed by the injured worker at the first visit to a medical provider, the injured worker may give the FROI to the provider to complete the treatment information section. The provider can then submit the FROI to the MCO.
2. Deliver, mail or fax the completed document to your employer or your employer's managed care organization (MCO).
3. If you do not know your employer's MCO, contact BWC at **1-800-OHIOBWC** and follow the prompts, or use the MCO on BWC's Web site at **ohiobwc.com.**
4. If you are unable to determine your MCO, mail or fax this form to the BWC customer service office closest to your home. For information on your local customer service office, please visit **ohiobwc.com**, or call **1-800-OHIOBWC**.

Injured workers employed by a self-insuring employer

- Complete this form and give to your employer.
- Your employer should be able to tell you if he or she is a self-insuring employer.
- If your employer is self-insuring and you file this information with BWC, processing delays may occur.

For assistance in completing this form, call your BWC customer service office Monday through Friday, 8 a.m. – 4:45 p.m.

Ashtabula Customer Focus Center
525 Lake Ave.
Ashtabula, OH 44004
Phone: (440) 964-8505
Fax: (440) 964-8530

Bridgeport Customer Focus Center
56104 National Road, Suite 112C
Bridgeport, OH 43912-2506
Phone: (740) 635-1163
Fax: (740) 635-6210

Cambridge
61501 Southgate Road
Cambridge, OH 43725
Phone: (740) 435-4200
Fax: (866) 281-9351

Canton
400 Third St., S. E.
Canton, OH 44702-1102
Phone: (330) 438-0638
Toll free: (800) 713-0991
Fax: (866) 281-9352

Cincinnati
125 E. Court St.
Cincinnati, OH 45202-2196
Phone: (513) 852-3341
Fax: (866) 281-9353

Cleveland
615 Superior Ave. W.
Cleveland, OH 44113-1889
Phone: (216) 787-3050
Toll free: (800) 821-7075
Fax: (866) 336-8345

Columbus
30 W. Spring St.
Columbus, OH 43215-2256
Phone: (614) 728-5416
Fax: (866) 336-8352

Dayton
3401 Park Center Drive
P.O. Box 13910
Dayton, OH 45413-0910
Phone: (937) 264-5000
Fax: (866) 281-9356

Garfield Heights
4800 E. 131 St.
Garfield Heights, OH 44105
Phone: (216) 584-0100
Toll free: (800) 224-6446
Fax: (866) 457-0590

Governor's Hill
8650 Governor's Hill Drive,
Cincinnati, OH 45249
Phone: (513) 583-4400
Fax: (866) 281-9357

Hamilton
One Renaissance Center
345 High St.
Hamilton, OH 45011
Phone: (513) 785-4500
Fax: (866) 336-8343

Lima
2025 E. Fourth St.
Lima, OH 45804-4101
Phone: (419) 227-3127
Toll free: (888) 419-3127
Fax: (866) 336-8346

Logan
1225 W. Hunter St.
P.O. Box 630
Logan, OH 43138-0630
Phone: (740) 385-5607
Toll free: (800) 385-5607
Fax: (866) 336-8348

Mansfield
240 Tappan Drive, N.
P.O. Box 8051
Mansfield, OH 44906-8051
Phone: (419) 747-4090
Fax: (866) 336-8350

Portsmouth
1005 Fourth St.
P.O. Box 1307
Portsmouth, OH 45662-1307
Phone: (740) 353-2187
Fax: (866) 336-8353

Springfield
1 S. Limestone St. L-5
P.O. Box 1467
Springfield, OH 45501-1467
Phone: (937) 327-1425
Fax: (866) 457-0593

Toledo
1 Government Center, Suite 1236
P.O. Box 794
Toledo, OH 43697-0794
Phone: (419) 245-2700
Fax: (866) 457-0594

Youngstown
242 Federal Plaza, W., Suite 200
P.O. Box 1877
Youngstown, OH 44501-1877
Phone: (330) 797-5500
Toll free: (800) 551-6446
Fax: (866) 457-0596

Completion instructions (continued)

Injured worker and injury/disease/death info.

Last name, first name, middle initial | Social Security number | Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed | Date of birth

Home mailing address (1) | Sex ☐ Male ☐ Female | Number of dependents

City | State | 9-digit ZIP code | Country if different from USA | Department name (2)

Wage rate $_____ Per: (3) ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Other _____

What days of the week do you usually work? (4) ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat | Regular work From ____ To ____ (4)

Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? ☐ YES ☐ NO If yes, please explain. (5) | Occupation or job title (6)

Employer name (7)

Mailing address (number and street, city or town, state, ZIP code and county)

Location, if different from mailing address

Was place of accident or exposure on employer's premises? ☐ Yes ☐ No
If no, give accident location, street address, city, state and ZIP code.

Date of injury/disease (8) | Time of injury _____ ☐ a.m. ☐ p.m. | If fatal, give date of death | Time employee began work _____ ☐ a.m. ☐ p.m. | Date last worked (9) | Date returned to work (10)

Date hired | State where hired (11) | Date employer notified (12)

Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death) (13) | Type of injury/disease and part(s) of body affected (for example: sprain of lower left back, etc.) (14)

Benefit application/medical release – I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological and/or psychiatric information that is causally or historically related to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is causally or historically related to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.

Injured worker signature (15) | Date | Telephone number ( ) | Fax number ( )

SAMPLE

Injured worker and injury/disease/death info.

1. Home address: Enter the home address where the injured worker lives. Include the apartment number, if applicable.
   - If the post office does not deliver mail to the home address, list the mailing address instead of the home address.
2. Department name: Enter the injured worker's department or area name where he/she normally reports for work.
3. Wage rate: Enter the injured worker's rate of pay, and then select how often it is received. (If the pay rate being reported is not hourly, report the gross amount.)
   - If eight or more days of work will be missed, BWC needs wage information for the 52 weeks prior to the date of injury. Submit wage information using employer payroll reports, wage statement (BWC form C-94-A), W-2s, etc.
4. What days of the week do you usually work? What are your regular work hours: Enter the days and hours the injured worker normally works.
   - If the days worked vary from week to week, list the number of hours worked in an average week.
5. Wages: If you received wages during disability, please explain.
6. Occupation or job title: Enter the injured worker's type of occupation or actual job title at the time of injury, occupational disease or death.
7. Employer name: Enter the name of the injured worker's employer at the time of the injury, occupational disease or death.
8. Date of injury/disease: Enter the date injured worker was injured. OR
   If the injured worker contracted an occupational disease, determine which of the following happened most recently:
   - The occupational disease was diagnosed by a medical provider;
   - The first medical treatment;
   - The injured worker first quit work, due to the occupational disease.

   Enter this as the date of occupational disease.
9. Date last worked: Enter the last day worked as a result of this injury, occupational disease or death.
10. Date returned to work: Enter the date the injured worker returned to work after the injury or occupational disease.
11. State where hired: Enter the state where the injured worker was hired by the employer listed on this application.
12. Date employer notified: Enter the date the employer was notified of the injury, occupational disease or death.
13. Description of accident: Describe in detail the events that caused the injury, occupational disease or death. Attach additional sheets, if necessary.
14. Type of injury/disease and part of body affected: Describe the nature of the injury, occupational disease or death.
    Indicate the part(s) of body injured, affected or that caused the death.
    Examples:
    - Laceration of first toe, left foot;
    - Sprain of lower right back; etc.
15. Injured worker signature (injured workers only): Please read the Benefit /application/medical release information before signing and dating this form.

Instructions continued on last page

BWC
Better Workers' Compensation
Built with *you* in mind

First Report of an Injury, Occupational Disease or Death

WARNING:
Any person who obtains compensation from BWC or self-insuring employers 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 for fraud.
(R.C. 2913.48)

Injured worker and injury/disease/death info.

Last name, first name, middle initial | Social Security number | Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed | Date of birth

Home mailing address | Sex ☐ Male ☐ Female | Number of dependents

City | State | 9-digit ZIP code | Country if different from USA | Department name

Wage rate $ _____ Per: ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Other _____ | What days of the week do you usually work? ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat | Regular work hours From _____ To _____

Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? ☐ Yes ☐ No If yes, please explain. | Occupation or job title

Employer name

Mailing address (number and street, city or town, state, ZIP code and county)

Location, if different from mailing address

Was the place of accident or exposure on employer's premises? ☐ Yes ☐ No
(If no, give accident location, street address, city, state and ZIP code)

Date of injury/disease | Time of injury _____ ☐ a.m. ☐ p.m. | If fatal, give date of death | Time employee began work _____ ☐ a.m. ☐ p.m. | Date last worked | Date returned to work

Date hired | State where hired | Date employer notified

Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.) | Type of injury/disease and part(s) of body affected (For example: sprain of lower left back)

Benefit application/medical release – I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and/or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological and/or psychiatric information that is causally or historically related to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is causally or historically related to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.

Injured worker signature | Date | E-mail address | Telephone number ( ) | Work number ( )

Treatment info.

Health-care provider name | Telephone number ( ) | Fax number ( ) | Initial treatment date

Street address | City | State | 9-digit ZIP code

Diagnosis(es): Include ICD code(s)

Will the incident cause the injured worker to miss eight or more days of work? ☐ Yes ☐ No | Is the injury causally related to the industrial incident? ☐ Yes ☐ No

Health-care provider signature | 11-digit BWC provider number | Date

Employer info.

Employer policy number | Check if ☐ Employer is self-insuring ☐ Injured worker is owner/partner/member of firm

Telephone number ( ) | Fax number ( ) | E-mail address | Federal ID number | Manual number

Was employee treated in an emergency room? ☐ Yes ☐ No | Was employee hospitalized overnight as an inpatient? ☐ Yes ☐ No

If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code

☐ **Certification -** The employer certifies that the facts in this application are correct and valid.

☐ **Rejection -** The employer rejects the validity of this claim for the reason(s) listed below:

For self-insuring employers only
☐ **Clarification -** The employer clarifies and allows the claim for the condition(s) below:
☐ **Medical only** ☐ **Lost time**

Employer signature and title | Date | OSHA case number

BWC-1101 (Rev. 8/2005)
This form meets **OSHA 301** requirements

FROI-1 (Combines C-1, C-2, C-3, C-6, C-50, OD-1, OD-1-22)

Tear off this sheet and return the completed form to your employer's managed care organization (MCO) or to your local BWC customer service office.

Completion instructions
(continued)

Treatment info.

Health-care provider name | Telephone number ( ) | Fax number ( ) | Initial treatment date

Street address | City | State | 9-digit ZIP code

Diagnosis(es): Include ICD code(s) 1

Will the incident cause the injured worker to miss eight or more days of work? ☐ Yes ☐ No | 2 Is the injury causally related to the industrial incident? ☐ Yes ☐ No

Health-care provider signature 3 | 11-digit BWC provider number 4 | Date

SAMPLE

Treatment info.

1. Indicate the diagnosis and ICD codes for conditions being treated as a result of the injury.
2. Indicate the treating provider's medical opinion that the injury sustained is causally related to the industrial incident, that the injury could result from the method (manner) of the accident, as described by the injured worker. It must be clear that the diagnosis in all probability occurred as a result of the injury.
3. Signature of the health-care provider completing this form.
4. Enter the physician's or health-care provider's 11-digit BWC-assigned provider number.

Employer info.

1 Employer policy number | Check if ☐ Employer is self-insuring ☐ injured worker is owner/partner/member of firm

Telephone number ( ) | Fax number ( ) | E-mail address | Federal ID number | Manual number 2

Was employee treated in an emergency room? ☐Yes ☐No | Was employee hospitalized as an inpatient? ☐Yes ☐No

If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code

3 ☐ **Certification -** The employer **certifies** that the facts in this application are correct and valid.

4 ☐ **Rejection -** The employer **rejects** the validity of this claim for the reason(s) listed below:

For self-insuring employers only

5 ☐ **Clarification -** The employer **clarifies** and allows the claim for the condition(s) below:

Employer: signature and title | Date | OSHA case number 6

SAMPLE

Employer info.

1. Enter the employer's BWC-assigned policy number, which is located on the BWC certificate of coverage.
2. Enter the four-digit code that indicates the injured worker's job classification, located on the semiannual payroll report.
   - If you do not know the injured worker's manual number, call **1-800-OHIOBWC** and follow the prompts.
3. If certification is selected and the claim is allowed, it will promptly be paid. Employers certifying a claim waive both the notice of receipt and notice of first order of compensation.
4. If rejection is selected, use the space provided to list the reasons for rejection. Attach additional sheets, if necessary.
5. Self-insuring employers that choose to clarify certification may use the space provided. Attach additional sheet, if necessary.
6. If this is an OSHA-reportable injury, include the case number assigned by the employer. This form meets OSHA 301 requirements and may be used in lieu of the OSHA 301 when reporting recordable injuries and illnesses to the federal government.

Note:
If your employee misses eight or more days of work, BWC will need wage information for the 52 weeks prior to the date of injury. Submit wage information using employer payroll reports, wage statement (BWC form C-94-A), W-2s, etc.

BWC
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Built with *you* in mind

First Report of an Injury, Occupational Disease or Death

This form can be completed and submitted online at:
ohiobwc.com

Report your injury by completing all three sections of this form

1. Complete as much of all three sections of this form as possible to reduce the time necessary in determining the claim. If this form is completed by the injured worker at the first visit to a medical provider, the injured worker may give the FROI to the provider to complete the treatment information section. The provider can then submit the FROI to the MCO.
2. Deliver, mail or fax the completed document to your employer or your employer's managed care organization (MCO).
3. If you do not know your employer's MCO, contact BWC at **1-800-OHIOBWC** and follow the prompts, or use the MCO on BWC's Web site at **ohiobwc.com.**
4. If you are unable to determine your MCO, mail or fax this form to the BWC customer service office closest to your home. For information on your local customer service office, please visit **ohiobwc.com**, or call **1-800-OHIOBWC**.

Injured workers employed by a self-insuring employer

- Complete this form and give to your employer.
- Your employer should be able to tell you if he or she is a self-insuring employer.
- If your employer is self-insuring and you file this information with BWC, processing delays may occur.

For assistance in completing this form, call your BWC customer service office Monday through Friday, 8 a.m. – 4:45 p.m.

Ashtabula Customer Focus Center
525 Lake Ave.
Ashtabula, OH 44004
Phone: (440) 964-8505
Fax: (440) 964-8530

Bridgeport Customer Focus Center
56104 National Road, Suite 112C
Bridgeport, OH 43912-2506
Phone: (740) 635-1163
Fax: (740) 635-6210

Cambridge
61501 Southgate Road
Cambridge, OH 43725
Phone: (740) 435-4200
Fax: (866) 281-9351

Canton
400 Third St., S. E.
Canton, OH 44702-1102
Phone: (330) 438-0638
Toll free: (800) 713-0991
Fax: (866) 281-9352

Cincinnati
125 E. Court St.
Cincinnati, OH 45202-2196
Phone: (513) 852-3341
Fax: (866) 281-9353

Cleveland
615 Superior Ave. W.
Cleveland, OH 44113-1889
Phone: (216) 787-3050
Toll free: (800) 821-7075
Fax: (866) 336-8345

Columbus
30 W. Spring St.
Columbus, OH 43215-2256
Phone: (614) 728-5416
Fax: (866) 336-8352

Dayton
3401 Park Center Drive
P.O. Box 13910
Dayton, OH 45413-0910
Phone: (937) 264-5000
Fax: (866) 281-9356

Garfield Heights
4800 E. 131 St.
Garfield Heights, OH 44105
Phone: (216) 584-0100
Toll free: (800) 224-6446
Fax: (866) 457-0590

Governor's Hill
8650 Governor's Hill Drive,
Cincinnati, OH 45249
Phone: (513) 583-4400
Fax: (866) 281-9357

Hamilton
One Renaissance Center
345 High St.
Hamilton, OH 45011
Phone: (513) 785-4500
Fax: (866) 336-8343

Lima
2025 E. Fourth St.
Lima, OH 45804-4101
Phone: (419) 227-3127
Toll free: (888) 419-3127
Fax: (866) 336-8346

Logan
1225 W. Hunter St.
P.O. Box 630
Logan, OH 43138-0630
Phone: (740) 385-5607
Toll free: (800) 385-5607
Fax: (866) 336-8348

Mansfield
240 Tappan Drive, N.
P.O. Box 8051
Mansfield, OH 44906-8051
Phone: (419) 747-4090
Fax: (866) 336-8350

Portsmouth
1005 Fourth St.
P.O. Box 1307
Portsmouth, OH 45662-1307
Phone: (740) 353-2187
Fax: (866) 336-8353

Springfield
1 S. Limestone St. L-5
P.O. Box 1467
Springfield, OH 45501-1467
Phone: (937) 327-1425
Fax: (866) 457-0593

Toledo
1 Government Center, Suite 1236
P.O. Box 794
Toledo, OH 43697-0794
Phone: (419) 245-2700
Fax: (866) 457-0594

Youngstown
242 Federal Plaza, W., Suite 200
P.O. Box 1877
Youngstown, OH 44501-1877
Phone: (330) 797-5500
Toll free: (800) 551-6446
Fax: (866) 457-0596

Completion instructions (continued)

Injured worker and injury/disease/death info.

Last name, first name, middle initial | Social Security number | Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed | Date of birth

Home mailing address (1) | Sex ☐ Male ☐ Female | Number of dependents

City | State | 9-digit ZIP code | Country if different from USA | Department name (2)

Wage rate $_____ Per: (3) ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Other _____ | What days of the week do you usually work? (4) ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat | Regular work From ____ To ____ (4)

Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? ☐ YES ☐ NO If yes, please explain. (5) | Occupation or job title (6)

Employer name (7)

Mailing address (number and street, city or town, state, ZIP code and county)

Location, if different from mailing address

Was place of accident or exposure on employer's premises? ☐ Yes ☐ No
If no, give accident location, street address, city, state and ZIP code.

Date of injury/disease (8) | Time of injury _____ ☐ a.m. ☐ p.m. | If fatal, give date of death | Time employee began work _____ ☐ a.m. ☐ p.m. | Date last worked (9) | Date returned to work (10)

Date hired | State where hired (11) | Date employer notified (12)

Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death) (13) | Type of injury/disease and part(s) of body affected (for example: sprain of lower left back, etc.) (14)

Benefit application/medical release – I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological and/or psychiatric information that is causally or historically related to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is causally or historically related to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.

Injured worker signature (15) | Date | Telephone number ( ) | Fax number ( )

SAMPLE

Injured worker and injury/disease/death info.

1. Home address: Enter the home address where the injured worker lives. Include the apartment number, if applicable.
   - If the post office does not deliver mail to the home address, list the mailing address instead of the home address.
2. Department name: Enter the injured worker's department or area name where he/she normally reports for work.
3. Wage rate: Enter the injured worker's rate of pay, and then select how often it is received. (If the pay rate being reported is not hourly, report the gross amount.)
   - If eight or more days of work will be missed, BWC needs wage information for the 52 weeks prior to the date of injury. Submit wage information using employer payroll reports, wage statement (BWC form C-94-A), W-2s, etc.
4. What days of the week do you usually work? What are your regular work hours: Enter the days and hours the injured worker normally works.
   - If the days worked vary from week to week, list the number of hours worked in an average week.
5. Wages: If you received wages during disability, please explain.
6. Occupation or job title: Enter the injured worker's type of occupation or actual job title at the time of injury, occupational disease or death.
7. Employer name: Enter the name of the injured worker's employer at the time of the injury, occupational disease or death.
8. Date of injury/disease: Enter the date injured worker was injured. OR
   If the injured worker contracted an occupational disease, determine which of the following happened most recently:
   - The occupational disease was diagnosed by a medical provider;
   - The first medical treatment;
   - The injured worker first quit work, due to the occupational disease.

   Enter this as the date of occupational disease.
9. Date last worked: Enter the last day worked as a result of this injury, occupational disease or death.
10. Date returned to work: Enter the date the injured worker returned to work after the injury or occupational disease.
11. State where hired: Enter the state where the injured worker was hired by the employer listed on this application.
12. Date employer notified: Enter the date the employer was notified of the injury, occupational disease or death.
13. Description of accident: Describe in detail the events that caused the injury, occupational disease or death. Attach additional sheets, if necessary.
14. Type of injury/disease and part of body affected: Describe the nature of the injury, occupational disease or death.
    Indicate the part(s) of body injured, affected or that caused the death.
    Examples:
    - Laceration of first toe, left foot;
    - Sprain of lower right back; etc.
15. Injured worker signature (injured workers only): Please read the Benefit /application/medical release information before signing and dating this form.

Instructions continued on last page

Tear off this sheet and return the completed form to your employer's managed care organization (MCO) or to your local BWC customer service office.

BWC
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Built with *you* in mind

First Report of an Injury, Occupational Disease or Death

WARNING:
Any person who obtains compensation from BWC or self-insuring employers 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 for fraud.
(R.C. 2913.48)

Injured worker and injury/disease/death info.

Last name, first name, middle initial	Social Security number	Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	Date of birth
Home mailing address	Sex ☐ Male ☐ Female		Number of dependents
City / State / 9-digit ZIP code	Country if different from USA		Department name

Wage rate $ _____ Per: ☐ Hour ☐ Year ☐ Month ☐ Other ☐ Week	What days of the week do you usually work? ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat	Regular work hours From _____ To _____
Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? ☐ Yes ☐ No If yes, please explain.		Occupation or job title

Employer name

Mailing address (number and street, city or town, state, ZIP code and county)

Location, if different from mailing address

Was the place of accident or exposure on employer's premises? ☐ Yes ☐ No
(If no, give accident location, street address, city, state and ZIP code)

Date of injury/disease	Time of injury _____ ☐ a.m. ☐ p.m.	If fatal, give date of death	Time employee began work _____ ☐ a.m. ☐ p.m.	Date last worked	Date returned to work

Date hired	State where hired	Date employer notified

Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.)	Type of injury/disease and part(s) of body affected (For example: sprain of lower left back)

Benefit application/medical release *– I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and/or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological and/or psychiatric information that is causally or historically related to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is causally or historically related to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.*

Injured worker signature	Date	E-mail address	Telephone number ( )	Work number ( )

Treatment info.

Health-care provider name	Telephone number ( )	Fax number ( )	Initial treatment date
Street address	City	State	9-digit ZIP code

Diagnosis(es): Include ICD code(s)

Will the incident cause the injured worker to miss eight or more days of work? ☐ Yes ☐ No	Is the injury causally related to the industrial incident? ☐ Yes ☐ No

Health-care provider signature	11-digit BWC provider number	Date

Employer info.

Employer policy number

Check if ☐ Employer is self-insuring
☐ Injured worker is owner/partner/member of firm

Telephone number ( )	Fax number ( )	E-mail address	Federal ID number	Manual number

Was employee treated in an emergency room? ☐ Yes ☐ No	Was employee hospitalized overnight as an inpatient? ☐ Yes ☐ No

If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code

☐ **Certification -** The employer certifies that the facts in this application are correct and valid.

☐ **Rejection -** The employer rejects the validity of this claim for the reason(s) listed below:

For self-insuring employers only
☐ **Clarification -** The employer clarifies and allows the claim for the condition(s) below:
☐ **Medical only** ☐ **Lost time**

Employer signature and title	Date	OSHA case number

BWC-1101 (Rev. 8/2005)

This form meets **OSHA 301** requirements

FROI-1 (Combines C-1, C-2, C-3, C-6, C-50, OD-1, OD-1-22)

Completion instructions
(continued)

Treatment info.

Health-care provider name | Telephone number ( ) | Fax number ( ) | Initial treatment date

Street address | City | State | 9-digit ZIP code

Diagnosis(es): Include ICD code(s) 1

Will the incident cause the injured worker to miss eight or more days of work? ☐ Yes ☐ No | 2 Is the injury causally related to the industrial incident? ☐ Yes ☐ No

Health-care provider signature 3 | 11-digit BWC provider number 4 | Date

SAMPLE

Treatment info.

1. Indicate the diagnosis and ICD codes for conditions being treated as a result of the injury.
2. Indicate the treating provider's medical opinion that the injury sustained is causally related to the industrial incident, that the injury could result from the method (manner) of the accident, as described by the injured worker. It must be clear that the diagnosis in all probability occurred as a result of the injury.
3. Signature of the health-care provider completing this form.
4. Enter the physician's or health-care provider's 11-digit BWC-assigned provider number.

Employer info.

1 Employer policy number | Check if ☐ Employer is self-insuring ☐ injured worker is owner/partner/member of firm

Telephone number ( ) | Fax number ( ) | E-mail address | Federal ID number | Manual number 2

Was employee treated in an emergency room? ☐Yes ☐No | Was employee hospitalized as an inpatient? ☐Yes ☐No

If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code

3 ☐ **Certification -** The employer **certifies** that the facts in this application are correct and valid.

4 ☐ **Rejection -** The employer **rejects** the validity of this claim for the reason(s) listed below:

For self-insuring employers only

5 ☐ **Clarification -** The employer **clarifies** and allows the claim for the condition(s) below:

Employer: signature and title | Date | OSHA case number 6

SAMPLE

Employer info.

1. Enter the employer's BWC-assigned policy number, which is located on the BWC certificate of coverage.
2. Enter the four-digit code that indicates the injured worker's job classification, located on the semiannual payroll report.
   - If you do not know the injured worker's manual number, call **1-800-OHIOBWC** and follow the prompts.
3. If certification is selected and the claim is allowed, it will promptly be paid. Employers certifying a claim waive both the notice of receipt and notice of first order of compensation.
4. If rejection is selected, use the space provided to list the reasons for rejection. Attach additional sheets, if necessary.
5. Self-insuring employers that choose to clarify certification may use the space provided. Attach additional sheet, if necessary.
6. If this is an OSHA-reportable injury, include the case number assigned by the employer. This form meets OSHA 301 requirements and may be used in lieu of the OSHA 301 when reporting recordable injuries and illnesses to the federal government.

Note:
If your employee misses eight or more days of work, BWC will need wage information for the 52 weeks prior to the date of injury. Submit wage information using employer payroll reports, wage statement (BWC form C-94-A), W-2s, etc.

Auto Adjudication (AA)

Auto adjudication (AA) is the systematic allowance of low risk claims with no or very little human intervention. This process supports BWC's goals of improving customer service and reducing costs by allowing time previously spent on these claims to be used to investigate and determine more difficult claims. The AA program will evaluate every claim to determine if it meets the criteria for allowance by the system.

The claims that will be allowed by AA are for injuries that, based on historical data, have low medical costs and which are rarely appealed. Only the **initial allowance** decision will be made by AA. All subsequent allowances will be determined by a claims specialist.

AA claims are assigned a Triage Level 1. Triage is a systematic process that evaluated the severity of a claim up to the point of determination. The system will set the triage level when the claim is entered into the system. This level will be used to systematically direct claims not allowed by AA to either the central determination unit (CDU) or the claims service specialist in the appropriate Customer Service office for determination.

The outcome of AA is determined based on rules that are designed to identify claims that:

- are low cost;
- have a low rate of appeal;
- and which do not have a risk element that can be identified based on initial claim data.

Computing and Paying Compensation

Full Weekly Wage (FWW)

For employees who have been either continuously employed for six weeks prior to the date of injury or who have worked for at least seven days prior to the date of injury, the FWW shall be the higher of either:

The gross wages (including overtime pay) earned over the aforementioned six week period, divided by six,
or
The employee's gross wages earned for the seven days prior to the date of injury (excluding overtime pay).

Injured worker not continuously employed for six weeks prior to the date of injury

When a worker is injured during the first several hours or days of employment, or has not been continuously employed for six weeks prior to the date of injury, it is necessary to establish what the worker would have earned during the week of the injury. In these instances, the FWW shall be computed by multiplying the employee's *hourly rate* times the number of hours *scheduled* to work for the week in which the injury occurred.

Guideline for injured worker with multiple employers

An employee who works for two or more employers at the same time and sustains an injury while in the employ of one employer but is unable to work all jobs may include wages from all employers to determine FWW and average weekly wage (AWW).

Example:

Injured worker works day shift for Employer A and nights for Employer B. Injured worker sustains an injury while working for Employer A. Medical proof from the attending physician substantiates that the injured worker cannot work for either employer. The injured worker is entitled to temporary total (TT) benefits. FWW calculations should include wages from both employers.
It is the responsibility of the injured worker to provide proof of wages from other employers.

Average Weekly Wage (AWW)

The AWW is determined by averaging the injured worker's earnings for the 52 weeks prior to the date of the injury. Earnings from all employers the injured worker received wages from the year prior to the injury can be included. Proof of earnings from jobs other than the job where the injury occurred is the responsibility of the injured worker.

Divide the total by 52 (number of weeks in a calendar year) unless there are periods of unemployment due to sickness, industrial depression, strike, lockout or inability to work after honest, diligent effort to secure employment. There must be an explanation in the claim substantiating proof of these periods. **Note:** Additional earned benefits for tips, laundry, room and board, house rent or other services and goods which are part of the remuneration on the injured worker can be considered wages upon satisfactory proof.

Seasonal Workers

Wages for seasonal workers (e.g. fruit or vegetable pickers) must be computed by using all wages and dividing by 52 weeks. Periods of unemployment are not omitted because the injured worker is a seasonal worker by choice.

Self-Employment

Additional earnings of employees who are also self-employed shall be included in the computation of the AWW as long as they can be substantiated as earnings rather than investment income.

Special Circumstances

The BWC claims specialist may request a hearing in cases of wage dispute or where usual guidelines do not justly determine the wage.

Minimum and Maximum Benefits

The minimum and maximum benefits for an injured worker are determined by the Statewide Average Weekly Wage. Each December, the Ohio Department of Jobs and Family Services (ODJFS) establishes the SAWW for the next year.

Maximum: The SAWW is the maximum payable to an injured worker, regardless of amount of wages reported, for the year in which the injury is reported.

Minimum: The minimum amount payable to an injured worker for the year in which they are injured is equivalent to 33 1/3% of the SAWW.

When is compensation payable?

No compensation is payable for the first week of total disability unless the injured worker is off 14 consecutive days.

Example

Date of injury: February 1, 2007

First day worker is unable to work: February 2, 2007
Worker returned to work: February 15, 2007
Total period of time worker is off is 13 days

The injured worker is initially due Temporary total Compensation from February 9 to February 14

First day worker is unable to work again due to same injury: June 5, 2007
Worker returns to work from this latest absence: July 5, 2007
Total period of disability from this singular injury: 4 weeks, 2 days

Temporary Total Compensation is payable from February 2, 2007 through February 14, 2007, and from June 5, 2007 through July 4, 2007, for a total of 6 weeks, 1 day.

Types of Compensation

Temporary Total (TT) Compensation

Temporary Total compensation is provided to compensate an injured worker who is totally disabled from work on a temporary basis due to the work related injury or illness. TT is generally the initial award of compensation paid to an injured worker to compensate for lost wages.

Determining Eligibility

An injured worker **cannot** be paid TT compensation if:

- The injured worker was working (full or part time) during the disability period
- Wages or sick leave was paid by the employer with no wage agreement in the claim file during the disability period
- The injured worker *voluntarily retired* from their employment for reasons *unrelated* to the work related injury or illness
- The injured worker is incarcerated
- The injured worker has returned to work and is requesting TT compensation for a doctor's appointment and/or medical treatment/services

If an employee works for *two different employers* during the same period of time and is injured at one of the jobs:

- TT **can** be paid if the injured worker cannot work at either job. The TT compensation weekly rate is based upon the income from both jobs.
- TT **cannot** be paid if the injured worker continues to work full or part time at either job. In this situation, the injured worker may be entitled to other types of compensation such as Wage Loss, Temporary Partial or Percentage of Permanent Partial.

Ohio Administrative code 4123-5-20 states that an injured worker can receive both vacation pay, comp time or holiday pay and TT compensation over them same period.

Note: If the employer chooses to pay a salary/wage continuation in lieu of TT compensation, the employer must pay the injured worker full regular salary including any regular benefits. The employer does not have to include the income from any second job the injured may have.

Living Maintenance Compensation

Living Maintenance (LM) payments are provided to the injured worker in place of temporary Total compensation when participating in a vocational rehabilitation plan.

Living Maintenance Wage Loss Compensation

Living Maintenance Wage Loss (LMWL) payments may be paid to an injured worker who has successfully completed a rehabilitation plan and experiences a wage loss upon returning to work. LMWL is paid for a period not to exceed 200 weeks.

Wage Loss Compensation

Wage Loss (WL) compensation may be paid to an injured worker that suffers a reduction in earnings as a direct result of restrictions from the allowed conditions in the claim. Wage loss is paid for a period not to exceed 200 weeks.

Two conditions must be met to be eligible for Wage Loss compensation

- A loss or diminishing in wages exists, and
- The wage loss is a direct result of the restrictions caused by the allowed conditions in the claim

There are two types of wage loss benefits that may be considered in a claim

- Working Wage Loss (WWL) is payable when the injured worker returns to employment other than his or her former position of employment. This would include return to work with the employer of record with different job duties, fewer hours and less pay resulting from the physical restrictions.
- Non-Working Wage Loss (NWWL) is payable when the injured worker is unable to find suitable employment.

Calculation of wage loss compensation will be determined by using the difference between the employee's present earnings and the employee's Average Weekly Wage.

Percentage of Permanent Partial Awards (%PP)

Percentage of permanent partial (%PP) is commonly referred to as C-92 awards from the form used to apply for this compensation. This is compensation awarded for residual impairment resulting from an allowed injury or illness.

Scheduled Loss Compensation

Scheduled Loss compensation is payment to the injured worker in addition to any wage loss compensation. Scheduled Loss compensation is paid to the worker for amputations, loss of use, ankylosis (stiffening of the joint), loss of vision, and total hearing loss.

Facial Disfigurement

Facial disfigurement is a one-time award granted for visible damage to the face or head with the potential to impair the injured worker's ability to secure or retain employment. Facial Disfigurement awards are in addition to other types of partial disability compensation or scheduled loss awards. Payments are made in a lump sum.

Permanent Total Disability

Permanent Total Disability (PTD) is the injured worker's inability to perform sustained remunerative employment due to the allowed condition(s) of the claim. The purpose of PTD benefits are to compensate the injured worker for impairment of earning capacity. PTD compensation is payable for life.

Disabled Workers' Relief Fund (DWRF)

The DWRF is a separate supplemental fund established to provide financial relief due to the rising cost of living to an injured worker who is receiving permanent total disability compensation.

Settlement

A claim is settled when the parties to the claim agree to a sum of money, which is paid to the injured worker. It forever resolves all past, present and future issues or liabilities of the claim, whether known or unknown.

RESOURCES

Frequently Asked Questions

Coverage

1. Do I need workers' compensation coverage? If you have any employees, you must have an active workers compensation policy to insure coverage for those employees against a workplace injury.

2. What if I own my own business, do I still need coverage? Owners of sole proprietorships, partners in a partnership and individuals incorporated as a corporation (with no employees) are not considered employees and have the option whether or not to cover themselves.

3. What are the pros and cons of sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers electing to cover themselves? The benefit of elective supplemental coverage is that sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers can report a work injury against their policy and upon BWC approval of the claim, medical bills and lost time wages can be paid. The liability of elective coverage is that sole proprietors, partners, individuals incorporated as a corporation (with no employees) or family farm corporate officers must report their wages to BWC and pay the appropriate premiums on their net income.

4. If I incorporate my business will I have to get workers' compensation coverage? All employees including corporate officers, except for individuals incorporated as a corporation with no employees or family farm corporate officers, are considered employees and must have an active workers' compensation policy covering them.

5. What can I do to have my coverage reinstated if it lapses? The employer can either pay the estimated bill with penalties or submit the payroll report and pay the actual premium due. When payment is received, coverage will be reinstated. Reinstated coverage is not retroactive but goes into effective the date payment is received.

6. If I pay premium for the period of time I first had employees up to the date I took out coverage, will that make my coverage retroactive back to that date? No. But if an injury occurred prior to an employer taking out coverage, the employer can request that the premium due for the prior to coverage period be applied to the costs of the claim.

7. Why do I have to pay premiums for this period if coverage is not retroactive for this period? The Ohio Revised Code states that an employer must have workers compensation coverage when there are employees working for the business.

8. Do I have to cover an employee if he only works a short time? Yes. All employees must be covered.

9. Can volunteers be covered? Coverage is not available for individuals who volunteer for private employers including non-profit organizations. However, public employers such as villages, townships etc., are required to obtain coverage for volunteers who provide emergency services. Click below for more information on coverage for volunteers.

10. What happens when I acquire or purchase an existing business? First, you are responsible for notifying BWC of the succession by completing and submitting Notification of Acquisition/Merger or Purchase/Sale (U-118). For successions taking place on or after Sept. 1, 2006, BWC transfers any and all existing and future liabilities or credits of the former (predecessor) employer as well as the experience rating when a new employer (successor) wholly succeeds another employer in the operation of a business. If the new employer acquires only a portion of the business, BWC only transfers that portion of the former employer's experience to the new employer. A BWC auditor inspects the former employer's payroll records to allocate payroll to be transferred. In addition, the auditor verifies the payroll and claims to be transferred to the successor for rate calculations.

Claims

1. What happens if one of my employees is injured when I do not have active coverage? BWC will give the same consideration to the claim as is given to all claims. If the claim is allowed and benefits are subsequently paid, the employer will be responsible to reimburse BWC dollar for dollar for the costs of the claim.

2. What is a managed care organization (MCO)? A managed care organization (MCO) is a private company that an employer contracts to medically manage the workers compensation claims for injured employees. MCOs are an integral part of the Health Partnership Program. Click here to learn more about Employers and the Health Partnership Program

3. Do I have to have an MCO? Yes. Employers are required to select an MCO. Employers who do not select may have an MCO randomly assigned to them.

4. What should I do if one of my employees is injured on the job? Advise the employee to seek medical attention. Contact your MCO to report the injury. Or file the claim on line at www.ohiobwc.com

5. What does benefit type mean? Benefit type indicates the type of claim. Benefit types can be one of the following:

- Medical-Only (MO) - a claim filed when seven or fewer calendar days are lost from the job due to an industrial injury or occupational disease;
- Lost-Time (LT) - a claim filed when eight or more calendar days are lost from the job due to an industrial injury or occupational disease; the days need not be consecutive;
- Rehab medical-only (RM) - a claim filed because of an injury while participating in a BWC approved rehabilitation program when seven or fewer calendar days are lost from the job due to that rehabilitation injury;
- Rehab lost-time (RL) - a claim filed because of an injury while participating in a BWC approved rehabilitation program when eight or more calendar days are lost from the job due to that rehabilitation injury;

6. Can employers look up claims on-line using a social security number? Employers, their designees, and their representatives will be able to enter a social security number and view the claims that are associated with that number. However, they will be limited to viewing only the claims that are associated with their policy number.

7. What information can be accessed using a social security number? The claim number, injured worker name, claim status, benefit type, employer policy number, employer name, MCO, and date of injury are all displayed. A user can link to additional information specific to a particular claim from the window.

8. Can employers view a list of all their claims? Yes, employers can access a list of all of the claims associated with their policy number. They will be able to sort the list according to date of injury, claim status, and benefit type.

9. Can employers certify or reject claims online? Yes, employers, their representatives and their designees can certify or reject claims in a new, pending or allowed appeal status online.

10. What does it mean if an employer certifies a claim? By certifying a claim the employer is stating that they are in agreement that the facts reported are correct and valid to the best of their knowledge.

11. If an employer certifies a claim, does that mean that the claim will be allowed? Certification does not mean that BWC will grant the allowance of a claim, just as rejection does not mean that BWC will deny a claim. BWC will conduct an investigation and determine whether the claim should be allowed or denied, regardless of the employer certification

12. If BWC makes the claim determination, why do they need employer certification? Certification can expedite the payment of lost wages for the injured worker off work due to a work related injury or illness. If the employer certifies the claim, payment of lost wages may be made immediately upon issuance of the BWC Claim Allowance Order. Without the employer certification, payment will be held for an appeal period.

13. What if an employer does not want to certify a claim? If an employer does not agree with the allowance of a claim they should check off the box marked "rejection." They should also include a short explanation as to why they are not in agreement with the allowance of the claim.

14. What does coverage type mean? Coverage type indicates the status of employer's policy at the time that the claim was filed. Coverage types are as follows:

- Covered - policy that had coverage at the time of injury as a result of timely payment of premiums.
- No coverage - Period of no coverage when an employer fails to pay premiums timely;
- No record - BWC shows there was no record of coverage for this employer;
- Bankrupt - An account status showing that the employer's business is bankrupt;

Financial Information

1. Can an employer use more than one credit card to pay premiums online? Multiple cards may be used if there is not enough available credit to pay the entire premium using one card.

2. Is credit card information secure using the on-line payment plan? All of the credit card information that is entered is encrypted to ensure that financial information remains secure.

3. How long does it take to process a payment on-line? Credit card payments made online before 11 a.m. will be posted to your account within one business day. Payments made after 11 a.m. will be posted to your account within two business days.

4. Does an employer have to pay the entire premium due when paying on-line? No, employers do not have to pay the entire amount if they use Quick Pay. They can pay a portion of the amount due and send in the remainder of the premium with a check and a copy of the DP-21 to BWC. Employers must send the remaining balance to BWC by the established deadlines, Feb. 28 and Aug. 31 to avoid a lapse in coverage and penalties.

5. Can I report payroll and pay premiums online? Private and public state fund employers can report their payroll online.

6. Can employers obtain a breakdown of the costs associated with each claim? Yes, employers can view the costs associated with individual claims. They are broken down into medical, indemnity, and reserve costs. Each of these is further broken down into risk and surplus costs. The subrogation amount and handicapped percentage are also listed. In addition, the claim present value and total unlimited charges are also displayed.

7. What is a premium security deposit? The initial deposit ranges from $10.00 to $1,000.00, depending on the estimated payroll entered on the Application For Coverage. An annual evaluation is conducted based on the prior year's actual payroll. An adjustment is then completed to reduce or increase the required deposit (not to exceed the minimum $10.00 or maximum $1,000.00).

8. Today is the due date for reporting payroll. If I pay online today, will it be considered timely? Yes

Premiums / Payroll

1. How much does workers' compensation coverage cost? Workers' compensation rates are based on the industrial pursuit of the employer. The gross wages of the employees being insured are multiplied by the rate to calculate the premium to be paid.

2. How often are premiums due? Premiums are due every six months. The payroll report for the first 6 months of the year is sent to the employer in July. The payroll report and premium payment are due August 31. The payroll report for the second 6 months of the year is sent to the employer in January of the following year.

3. What's the difference between the money I sent as a deposit and the money I send in with my payroll report? BWC holds the deposit on account for as long as the employer has coverage. When the employer notifies BWC to cancel the policy, the deposit is returned to the employer less any monies due BWC at the time of cancellation.
The premium payment sent in with the payroll report provides coverage for the time period specified on the certificate of premium payment and is used by BWC to pay benefits.

4. Can I apply my deposit to premiums due? No. BWC will not apply the employer's deposit to premiums due to keep the employers account active. If an employer notifies BWC of their desire to cancel coverage, premiums due at that time will be deducted from the deposit prior to any refund being made.

5. Is the initial $10.00 all I have to pay for my deposit? No. BWC will calculate the balance of the premium security deposit based on information supplied on the coverage application. This balance will then be billed.

6. How long after I send in my 6-month payroll report with premium payment should I receive my certificate? The certificate is mailed to the employer approximately 10 days after the premium payment is received. Employers can also access the Certificate of coverage reprint to see if the most current Certificate of Premium Payment is available to print online.

7. What period of time does the certificate of premium payment cover? The certificate covers 8 months. This includes the next 6-month reporting period and a 2-month grace period for filing.

8. What if my premium is late? If the premium is not received by the due date, the policy will automatically lapse. A lapse notice will be sent out. If the employer does not respond, BWC will estimate the balance due, assess penalties and bill the employer.

9. Why did I receive a payroll report for a period of time before I took out coverage? If an indication is made on the coverage application that the employer has hired employees prior to applying for coverage, a payroll report will be generated. The employer is required to pay premiums on this period.

10. How do I know what wages to report on my payroll report? The payroll report sent to the employer identifies the "to" and "from" dates of the 6 month period to be reported. The payroll report also advises the employer what is considered reportable payroll.

11. What if I don't have my new certificate of coverage and my old one is about to expire? Contact BWC. We will verify your premium payment dates and either mail or fax your certificate to you.

12. How can I find out the manual classifications and rates for my company? This information is available through BWC's automated voice response line. Call 1-800-OHIOBWC, enter your policy number, and select option 5. Or, you may contact BWC and speak with an employer services customer representative.

13. Can an employer change or add manual classifications online when reporting payroll? Employers should contact BWC if they need to add or change a manual number when reporting payroll.

14. Are employers now required to report payroll online? No. Employers will still have the ability to complete the payroll report (DP-21) manually and mail it to BWC along with a check for the amount that is due.

15. I just realized I reported the wrong payroll last month. Can I correct it? Yes. If you haven't finalized your FlexPay plan, re-access the service offering, select the month in which you made the error and enter the correct payroll. If you finalized your FlexPay plan, you will have to submit the correction manually via mail or fax

16. Can any employer obtain a certificate of coverage online? No, only four types of employers will be able to obtain a certificate of coverage online. Those employers are those with active, reinstated, debtor in possession (DIP) or those that are newly lapsed (less than one payroll period). A certificate can only be obtained if the entire premium is paid.
Once a Certificate of Premium Payment has been issued, private employers can reprint the most current one as long as the policy coverage status is active, reinstated or DIP.

17. Can an employer make changes to a payroll report once it has been submitted to BWC online? No, once a payroll report has been submitted to BWC online, the employer will not be able to make any changes. If an employer wants to make changes they should contact BWC.

Discount Programs

1. What is the Premium Discount Program Plus (PDP Plus)? This is a program that was developed to assist experience-rated employers establish a safer, more cost-effective workplace. By implementing a workplace safety program and meeting certain performance criteria, experience-rated employers can receive a discount on the premiums paid for their workers compensation coverage.

2. How much is the Premium Discount? Participants can receive up to 10% off their premium during their first two years in PDP Plus and up to 5% off their third.

3. What do I have to do to earn the premium discount? PDP Plus participants must implement BWC's 10-step Business Plan and have reductions in claims frequency (lost time or medical Only), claims severity or claims cost.

4. What is the 10-Step Business Plan? The 10 steps are 10 management areas identified to control costs of existing claims or prevent claims from occurring.

5. What must I/we do to demonstrate 10-Step Implementation? BWC provides an introductory seminar, Controlling Workers' Compensation costs, to help you get started. Employers must complete a Plan of Action detailing how the 10-Steps will be implemented and provide supporting documentation no later than nine months after starting the program.

6. When do I receive the discount? Since premium is paid in arrears in Ohio, employers starting effective January 1 receive their first discount on their summer premium payment. Employers beginning effective July 1 receive their first discount on their winter premium payment.

7. What employee resources must I commit? Senior Management must communicate and demonstrate a commitment to safety by providing employee support for safety training, safety committees, safety audits, etc.

8. How long can I participate? Participation is limited to three years from inception date into the program.

9. When can I start? Employers may apply anytime. Official starting dates are based on when the application is received by BWC, where participation begins on the first day of the next six month bi-annual period, i.e. January 1 or July 1.

10. What is the Drug-Free Workplace Program (DFWP)? The Drug-Free Workplace Program (DFWP) is an incentive program designed to help employers establish a safer and more cost-effective workplace. The program allows for discounts in the premium for implementation of the plan. Click here to learn more about the Drug-Free Workplace Program.

11. How much is the Drug-Free Workplace Discount? Participants can receive up to 10% off of their premium at Level 1, 15% at Level 2, or 20% at Level 3 participation.

12. May I participate in more than one discount program and earn the benefits for both programs? Yes and no. This depends on the programs.

Eligible employers may participate in group rating and the Drug-Free Workplace Program, and receive both benefits UNLESS their group is already receiving a 93-percent credit (through June 30, 2007) or a 90-percent credit for the July 1, 2007, rating year. In this case, the employer will not receive an additional DFWP discount but may be eligible for DFWP-related safety grant funds.

Employers who are eligible for Premium Discount Program (PDP Plus) may also participate in DFWP and receive both benefits. Participating employers who meet specified claims frequency and/or claims severity improvement objectives may receive a bonus of up to 20 percent.

Employers may NOT participate in both group rating and PDP Plus, or in retrospective rating and PDP Plus.

Employers may participate in both DFWP and retrospective rating but may receive only the greater of the two benefits. This would typically be the retrospective rating benefit. However, employers who also implement a DFWP may apply for safety grant funds.

Workers' Compensation Terminology / Acronyms

Terminology / Acronym	Description
ACCIDENT	An unforeseen incident that occurs as the result of being in the course of or arising out of employment on premises controlled by the employer, or at an employer sponsored function.
ACCIDENT DESCRIPTION	Account of events that lead to the injured worker sustaining an injury, acquiring an occupational disease or resulting in death.
ACCIDENT TYPE	Refers to the type of accident the injured worker has sustained in the course of employment. The three options include; accident, occupational disease or death.
ACTIVE CLAIM	A medical-only (MO) claim is legally active for six years from the date of injury. A lost time claim is legally active for ten years from the date of last payment of compensation or medical benefits made on the claim.
ACTIVE	Active claims are those that may require investigation, decision making, and/or extent of disability issues.
ACTUAL RETURN TO WORK (ARTW)	The date the injured worker has returned to employment.
ACUTE	The time period immediately following an injury which includes the time expected for normal healing and recovery.
ADA	See Americans with Disabilities Act
ADDITIONAL AWARD (VSSR)	An award of penalty compensation paid to an injured worker and charged to an employer when an employer has violated a specific safety requirement and the violation caused an injury.
ADJUDICATING COMMITTEE	The Bureau of Workers' Compensation committee that hears employer appeals arising from auditing, rating and actuarial matters. Industrial Commission Adjudication consists of resolving claims disputes, such as differing medical opinions on the degree of disability.
ADJUDICATION	The determination of rights to compensation or benefits.
ADMINISTRATIVE COSTS	A percentage of the premium charged to the employer to cover operating expenses.
ALLOWED CONDITION	A medical condition recognized by BWC as a direct result of an industrial injury or occupational disease.

AMERICANS WITH DISABILITIES ACT (ADA)	The employment provisions of this act are designed to provide qualified individuals with disabilities the opportunity to obtain and maintain employment if they can perform the essential functions, as opposed to the marginal functions, of the job. Not all injured workers are considered disabled in ADA terms that define a disability as a limitation in one or more major life activities. Contact 1-800-ADA-OHIO 232-6446 for further information.
APPEAL	A formal notification that either party is dissatisfied with the decision of a hearing officer and wishes the next level to consider the claim again and render a decision.
ARISING OUT OF EMPLOYMENT	Arising out of employment means the injury must bear a direct relationship to the employment situation. (See also Course of Employment).
ATTORNEY GENERAL CERTIFICATION	An account balance sent to the Attorney General's office for collection. All collection processing and lien preparation completed by the Attorney General.
AUDIT	An examination of the insured's payroll records by a premium auditor to determine the premium due on a policy for which payroll is the basis.
AUDIT FINDINGS	Payroll that is found to have been reported to the incorrectly after an audit has been completed.
AUTHORIZED REPRESENTATIVE	Person authorized, in writing, by either the injured worke5r or employer to represent them in a workers' compensation issue.
AUTO ADJUDICATION	Auto adjudication is the systematic allowance of low risk claims with no or very little human intervention. The claims that will be allowed by Auto Adjudication are for injuries that, based on historical data, have low medical costs and which are rarely appealed.
AVERAGE WEEKLY WAGE (AWW)/RATE	The calculated average of the injured worker's earnings in the 52 weeks prior to the date of injury. This is to be paid beginning the 13th week off work, at a rate of 66 2/3 percent of the calculated wage.
AWARD	The payment of compensation and/or medical benefits due to a work related injury/illness.
BASE RATE	This is the amount of premium per $100 of payroll for all employers within a particular classification. It represents the average of all costs for that classification. This rate varies based on the claim experience of all insured employers with that classification.

BINDER	Immediate temporary coverage for a thirty day period given to the employer who has employees already working or immediately starting in Ohio. Binders only provide temporary coverage and unless the Premium Security Deposit is paid in full within the 30 day period, coverage is terminated.
BWC	See Ohio Bureau of Workers' Compensation
BWC CERTIFIED PROVIDER	A credentialed medical provider who signs a provider agreement with BWC and has agreed to be medically managed by an employer's MCO.
CATASTROPHIC	Claims resulting from sudden, traumatic occupational injuries, occupational diseases that are incurred over time, or complications that are secondary to conditions originally allowed in a claim.
CERTIFICATE OF PREMIUM PAYMENT	A certificate issued to an employer that shows the dates his or her coverage is in effect.
CERTIFY/CERTIFICATION	The indication by the employer that he or she has determined the injury or occupational disease to be valid and have accepted it, and will authorize payments for expenses relating to the injury. A statement on a claim application which, when signed by an employer verifies the facts stated and consents to the allowance of the claim and the payment of compensation without a hearing.
CHRONIC	Pain or disability that extends beyond the time period expected for normal recovery.
CLAIMANT	An employee who is injured, or has contracted an occupational disease in the course of employment; the person who is pursuing workers' compensation benefits.
CLAIM FILE	The file is a record of all pertinent information, notes, claims forms, medical bills and records of payment relative to an injured worker's injury or occupational disease.
CLAIM NUMBER	A number assigned to a claim for identification. In the current numbering system, the first two digits represent the year of injury, such as 96-300001.
CLAIM SERVICE SPECIALIST (CSS)	BWC employee who reviews, analyzes, evaluates and adjudicates claims through the application of BWC laws, policies and guidelines.
CLAIM STATUS	Refers to the payment status of a claim after a determination on the claim is made.

CLASSIFICATION	A category of industries or occupations presenting a particular degree of hazard or potential to produce industrial injury or occupational disease. This arrangement is done to create a basis for establishing statistical experience and determining rates, and to avoid unfair discrimination. The essential concept of fair discrimination is that each risk should bear its fair share of the overall cost of expenses and losses in relationship to its own relevant expenses and hazards.
CLASSIFICATION CODE (MANUAL CODE)	The identifying number for an occupational classification. It is a four-digit numeric code assigned to a specific occupation of workers. The code is based on the nature of the business of the employer.
COMPENSABILITY	Issues of whether or not the claim expense should be payable under workers' compensation law. Claims reps will consider the following issues: 1) in the course of employment 2) arising out of the course of employment 3) physical injury 4) accident 5) employer/employee relationship and 6) statute of limitations when making these judgments.
COMPENSATION	Monies paid to a disabled employee who has been off work more than seven days due to a work-related injury or occupational disease.
COMPLIANCE	An employer's responsibility of meeting the rules and regulations set by the legislature and enforced by the Industrial Commission and the BWC.
CONTRACTOR	Individual or company employer hires to perform work. Contractor works independently from, and is not supervised by, the employer.
COURSE OF EMPLOYMENT	In the course of employment means that the injury must occur while the employee is performing some duty for his employer. (See also Arising out of Employment).
COVERAGE	The guarantee against specific losses provided under the terms of a policy of insurance. Coverage is frequently used interchangeably with the word "protection." It is used synonymously with the word "insurance."
CSS	See Claims Service Specialist.
DATE OF INJURY (DOI)	Date the accident occurred. If the specific date of accident is unknown, the date of first diagnosis.
DENY	The employer has determined that the injury or occupational disease is not work related and does not wish to accept the claim and pay the expenses involved.

DEPENDENT	A person who depends on someone else for existence, support, etc. Dependent persons as defined as either wholly dependent, partially dependent or a prospective dependent.
DETERMINATION	The first (initial) decision a BWC claims representative makes deciding whether the claim is compensable or s set for hearing because of missing information or contested issues.
DFWP	See Drug-free Workplace Program
DISABLED WORKERS' RELIEF FUND (DWRF)	A special fund for permanently and totally disabled employees whose workers' compensation benefits have not kept up with inflation.
DIVISION OF SAFETY & HYGIENE (DSH)	BWC consultative agency tasked with assisting Ohio employers in prevention of occupational injuries and illnesses.
DOCTOR OF RECORD	The primary care physician. The BWC permits treatment by only one physician at a time for treatment of the allowed condition(s) in the claim. Any changes must be requested in writing by the injured worker. The doctor of record may be a doctor of medicine, doctor of osteopathic medicine, doctor of chiropractic, mechanotherapist, and in special cases, a podiatrist, psychologist or dentist.
DOI	See Date of Injury.
DOLPHIN	Name of BWC's internet web site (www.ohiobwc.com)
DRUG-FREE WORKPLACE PROGRAM (DFWP)	BWC's program which offers a premium discount to eligible employers who implement a program addressing workplace use an misuse of alcohol and other drugs, including prescription, over-the-counter, and illegal drug use.
DSH	See Division of Safety & Hygiene
DWRF	See Disabled Workers' Relief Fund
EFFECTIVE DATE	Signifies the date employer's policy coverage became effective.
ELECTIVE COVERAGE	Individuals who are not required to have workers' compensation (sole proprietors, officers of S-corporations, ministers, farm families) may purchase "elective" coverage for themselves.
ELR	See Expected Loss Rate.
EM	See Employer Management or Experience Modification

EMPLOYEE	Every person who is required or directed by an employer, in consideration of direct or indirect gain or profit, to engage in any employment. Every person in the service of any person, firm, or private corporation, including any public service corporation that employs one or more persons regularly in the same business or in about the same establishment under any contract of hire, express or implied, oral or written. Employee also includes aliens and minors, household workers who earn one hundred sixty dollars or more in cash in any calendar quarter from single household and casual workers who earn one hundred sixty dollars or more in cash in any calendar quarter from a single employer.
EMPLOYER	Every person, firm, corporation, agent, manager, representative or other person having control or custody of any employment, place of employment or employee.
EMPLOYER MANAGEMENT	BWC staff that works with employers to obtain coverage, develop programs, and manage safety. (See Injury Management)
EMPLOYER OF RECORD	The employer with whom the injured worker was employed at the time of the injury.
EMPLOYER POLICY /RISK NUMBER	A unique number assigned by the Bureau of Workers' Compensation identifying individual employers.
EMPLOYER SERVICES SPECIALIST (ESS)	BWC field consultant responsible for assisting employers in understanding the worker's compensation system.
EMPLOYMENT, PLACE OF	Means every place, whether indoors or out, or underground, and the premises appurtenant thereto, where either temporarily or permanently any industry, trade, or business is carried on, or where any process or operation directly or indirectly related to any industry, trade or business, is carried on and where any person is directly or indirectly employed by another for direct or indirect gain or profit, but does not include any place where persons are employed in private domestic service or agricultural pursuits which do not involve the use of mechanical power.
ENTITY	Legal name of an employer's business - a lawful unit of ownership.
ERGONOMICS	The scientific study of workers and their work environment, such as tools, workplace and equipment. The science that seeks to adapt work or working conditions to suit the worker.
ERGONOMIST	BWC field consultant responsible for assisting employers in identifying and eliminating ergonomic-related hazards.
ESS	See Employer Services Specialist.

ESTIMATED PAYROLL	Estimated figures of payroll verses actual payroll figure.
ESTIMATED RETURN TO WORK	The anticipated date the injured worker may be able to return to employment.
EXCLUSIVE REMEDY	Law identifying only one party (a state) for the responsibility of providing a solution (Workers' Compensation Insurance coverage).
EXPECTED LOSS RATE (ELR)	A factor used in the experience rating calculation that estimates average anticipated loss levels of a classification for the experience rating period. The ELR factor is calculated for each classification and is applied per hundred dollars of payroll for that classification.
EXPECTED LOSSES	In experience rating, the payroll multiplied by the expected loss rate.
EXPERIENCE	In general insurance terminology, experience refers to a record of premiums and losses under a policy. This provides a basis to predict future rates or costs. In Workers' Compensation, experience is further defined as: The comparison of the basis of premium (usually payroll) and losses developed by a risk during a policy period. The loss record of an insured. The history established by a risk as disclosed by the losses and the payroll reported. The premium paid is compared to losses paid out on an insurance policy.
EXPERIENCE MODIFICATION	A mathematical factor applied to a base rate of 100% giving the premium rate. For merit-rated employers. In computing insurance premiums, experience modification factor refers to a provision for premium adjustment that recognized the merits or demerits of individual risks. The "mod" is a factor calculated from actual case loss experience, as reported on the unit statistical reports, used to adjust an insured's manual premiums (up or down). It compares the insured's experience to average class experience.
EXPERIENCE PERIOD	The oldest four of the last five calendar years immediately preceding the rate revision date. This is used in computing rates of premium contribution in the state fund.

EXPERIENCE RATING	An incentive system that promotes safe working conditions by providing employers with credits or penalties based on their safety records. A mandatory program of individual risk rating which compares an employer's past actual experience to the expected or average experience. An experience modification is developed and applied to risks of a size large enough for the insured's past experience to be an indicator of how much benefit costs will be paid to the insured in the future. If an employer's past experience is better or worse than average, his premium is adjusted downward or upward, respectively.
EXTENT OF INJURY	(Allowed Condition) - Identifies which body parts are affected and the type of physical harm or damage which was inflicted. Decision is based on medical evidence.
FILING CLAIM WITH EMPLOYER	When an employee notifies the employer that he or she has sustained a work related injury or occupational disease and requests compensation for lost wages and other expenses involved with the claim.
FILING DATE	(Date of claim application) - Date the first report of loss is received by any location of BWC by phone, hard or soft copy of accident report.
FILING WITH THE BUREAU	Submitting the First Report of Injury (FROI) to BWC.
FINAL ORDER	Initially, a "Tentative Order" is issued by a claims examiner of the BWC without a hearing. Either party may file an objection to a tentative order and the issue will then be set for a hearing with notice to all parties. If no objection is filed, the tentative order then becomes a "Final Order."
FIRST REPORT OF INJURY (FROI)	BWC form used to report a claim for a workers' compensation injury.
FIVE THOUSAND DOLLAR MEDICAL - ONLY PROGRAM	An option for State Fund employers in which an employer can elect to pay the first $5,000 of medical bills for medical-only claims.
FRAUD	In workers' compensation, an international act or series of acts resulting in payments or benefits to a person or entity that is not entitled to receive those payments or benefits.
FROI	See First Report of Injury
FULL WEEKLY WAGE (FWW)	The comparison of the injured worker's last full week prior to the date of the injury, less overtime and the average of the injured worker's last six weeks worked prior to the date of injury. The higher of these two figures is chosen as the full weekly wage and is paid to the injured worker at a rate of 72 percent for the first 12 weeks of the injured worker's disability.

FWW	See Full Weekly Wage.
GREEN YEAR	Most recent complete calendar year of loss experience rolling onto the next year's experience modification. Note: The oldest year of the 4 used to calculate the experience modification will simultaneously roll off when the green year is rolled onto a future experience modification
GROUP RATING	A special application of experience rating, in which smaller employers within a particular industry may form a group for rating purposes.
HANDICAP REIMBURSEMENT	A provision of the state laws of Ohio set up as a cost relief program to encourage employers to hire and retain handicapped employees. If an injury is caused by, or the disability of a claimant is increased by one of the enumerated conditions, an employer may be eligible for relief from all or a portion of the costs of the claim.
HEALTH CARE PROVIDER	Anyone who provides medical services - doctors, pharmacists, etc.
HEARING	A formal meeting before a hearing officer where evidence is presented and testimony is given and an official decision is made regarding the disputed claim or portion of the claim. A proceeding for adjudicating a disputed issue in a claim.
HEARING OFFICER (HO)	Industrial Commission attorney who decides claim issues that are contested.
HIDDEN COSTS	Cost associated with a workers' compensation claim that is not covered by the workers' compensation system. These costs can be product and/or equipment damage, overtime, administrative time, down time, etc.
HIERARCHY OF PLACEMENT	A cost-effective placement process used by BWC Rehabilitation that emphasizes returning the injured worker to the same job with the original employer. If this is not possible, the injured worker is placed in another job with his/her original employer. If this is not possible, positions at other companies are explored for placement options. Formal retraining, the last step on the hierarchy is only considered when all other options are not feasible. Research indicates that higher costs, and longer periods of time off work are experienced as the injured worker descends the hierarchy placement.
HO	See Hearing Officer.
IC	See Industrial Commission.
ICD-9 CODES	Industrial Classification of Diseases – 9th Edition. A statistical classification system for diagnosis of diseases and injuries used by healthcare providers to list conditions being treated in a workers' compensation claim.

IH	See Industrial Hygienist.
IM	See Injury Management.
IME	See Independent Medical Examination.
IMPAIRMENT	An alteration of an individual's health status that is assessed by medical means.
INACTIVE CLAIM	A claim where there has been no payment activity or applications pending for a specific period of time.
INDEMNITY	Money paid to injured workers to compensate for lost wages and permanent damage.
INDEMNITY CLAIMS	A claim filed where a worker loses eight or more calendar days from his or her job due to the same industrial injury or occupational disease. The days need not be consecutive. Medical expenses are paid in addition to partial income replacement. This is due to favorable tax treatment of disability income benefits and due to an incentive for the employee to return to work. It can also be a death claim or a % permanent partial award claim. (See definition of "Lost-Time Claims"")
INDEPENDENT MEDICAL EXAMINATION (IME)	An objective medical evaluation conducted by an independent, qualified medical specialist at BWC's request for the purpose of clarifying an injured worker's medical and disability status.
INDUSTRIAL COMMISSION	A governing body separate from BWC. The adjudicating branch of the Ohio workers' compensation system.
INDUSTRIAL (OR INDUSTRY) GROUP	A grouping of classifications with similar hazards, based on the industry described by the classifications.
INDUSTRIAL HYGIENIST	BWC field consultant responsible for assisting employers in identifying and reducing hazards due to chemical exposure of noise exposure.
INJURED WORKER	An employee who has been injured or has contracted an occupational disease in the course of and arising out of employment, on premises controlled by the employer or at an employer sponsored function.

INJURIES	An injury, whether caused by external accidental means or accidental in character as a result, received in the course of and arising out of the injured employee's employment. Injury does not include: ▪ Psychiatric conditions except where the conditions have arisen from an injury or occupational disease; ▪ Injury or disability caused primarily by the natural deterioration of tissue, an organ, or part of the body; ▪ Injury or disability incurred in voluntary participation in an employer sponsored recreation or fitness activity if the employee signs a waiver of his rights to compensation or benefits under Chapter 4123 of the Ohio Revised Code prior to engaging in the recreation or fitness activity.
INJURY MANAGEMENT	BWC staff who manage workers' compensation claims. (see Employer Management).
INTENTIONAL TORT	An act committed by an employer in which the employer deliberately and intentionally injures or causes an occupational disease or death of an employee. Under House Bill 107, an employee must bring a civil action within one year of knowledge of the cause of action, and must have clear and convincing evidence.
IW	See Injured Worker.
JOB ANALYSIS	Systematic and detailed information about a job; what the worker does in relation to data, people and things; the machine, tools, equipment, and work aids used; the materials, products, subject matter, or services that result; and the traits required of the worker.
JOB SAFETY ANALYISIS (JSA)	Similar to job analysis but includes safety & health hazards associated with task, and lists actions employer has taken to protect employee. (Also called Job Hazard Analysis)
JSA	See Job Safety Analysis
JURISDICTION	Eligibility for Ohio Workers' Compensation benefits within the statute of limitations for a compensable injury.
LAPSED COVERAGE	Expiration of coverage when an employer fails to pay premiums timely.
LIEN	A legal claim on the property of a risk for payment of a debt. A.G. files a lien for any unpaid account balance.

LIVING MAINTENANCE (LM)	Payment to a claimant during his participation in an approved rehabilitation plan or payments made to the injured worker in lieu of temporary total compensation while actively participating in a rehabilitation plan.
LIVING MAINTENANCE WAGE LOSS - (LMWL)	A Rehabilitative expense charged to the surplus fund while a worker is participating in a Rehabilitation program and is not charged to the employer's experience. LMWL is the difference between an employee's wages prior to an injury and their wages after returning to lighter duties. Payment is made to an injured worker who has successfully completed an approved rehabilitation program and returned to employment, but suffers a wage loss compared to the wage he or she received at the time of injury.
LM	See Living Maintenance.
LMWL	See Living Maintenance Wage Loss.
LOSS	The basis for a claim for indemnity or damages as the result of an injury or occurrence under the terms of an insurance policy. The amount an insurer is required to pay as a result of an occurrence against which it was insured.
LOSS CONTROL	Procedures that an employer takes to manage the costs and severity of injuries/illnesses once they occur.
LOSS PREVENTION	Procedures that an employer takes to lessen the incidence of workplace injuries/illnesses.
LOST-TIME (LT) CLAIM	Being incapacitated from work eight or more calendar days due to an injury or occupational disease. These days need not be consecutive. A claim filed when an employee loses eight or more calendar days from his or her job due to an industrial injury or occupational disease. Lost-time claims remain open for ten years from the last date of payment of either compensation or medical payment. See definition of "Indemnity Claims." Note: Indemnity type claims refer to the same type of losses as lost time claims. Also, note the U.S. Bureau of Labor Statistics uses the terminology "lost workday" which includes days both away from work and days with restricted work activity.
LT CLAIM	See Lost Time Claim
LUMP SUM SETTLEMENT	Final disposition of a claim by agreement of the parties and order of the Industrial Commission in return for a lump-sum payment.
MANAGED CARE ORGANIZATION (MCO)	A vendor who contracts with BWC to provide medical management and cost containment strategies for Ohio employers.

MANUAL CLASSIFICATIONS	The divisions of industries pursued and work performed by employees upon which premium rates are determined. The BWC Underwriting & Auditing section determines manual classification and applicable premium rates based on statements on the employer's application for coverage, as to the industry pursued and the work performed by the employees.
MANUAL NUMBER	Industry classification numbers used to identify job classifications or categories which are grouped by similar hazard and which are used to determine premium or contribution rates. There are approximately 230 different types of industry in Ohio.
MANUAL PREMIUM	In Workers Compensation insurance, the premium arrived at by multiplying a specified rate by the number of hundreds of dollars of an employer's payroll.
MANUAL RATE	Refers to the cost of insurance protection as quoted in the rating manual. More specifically, the rate listed on the State rate pages in the Basic Manual for a given class code. These rates are usually determined on the basis of per $100 of payroll.
MATERIAL SAFETY DATA SHEET (MSDS)	Sheets of paper which are posted on a wall or in a notebook in a conspicuous place containing the common chemical names of materials and their makeup used in production, processing, etc. The MSDS sheets generally contain information about the material, hazardous ingredients, reactivity data, and emergency and first aid procedures.
MAXIMUM MEDICAL IMPROVEMENT (MMI)	A treatment plateau (static or well-stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability, in spite of continuing medical or rehabilitative procedures. An injured worker may need supportive treatment to maintain this level of function, and may receive payment for medical services relating to the claim.
MCO	See Managed Care Organization.
MEDICAL BENEFITS	Fees paid for medical services arising from an allowed work-related injury or disease.
MEDICAL ONLY (MO) CLAIM	Being incapacitated from work seven or less calendar days due to an injury or occupational disease. A claim filed when an employee loses seven or fewer calendar days from his or her job as a result of an industrial injury or occupational disease.
MEDICAL PROVIDER	Any licensed, qualified health care provider who provides treatment to an injured worker as a result of work-related injury or occupational disease, such as a physician, hospital, urgent care centers, emergency rooms, nurse, pharmacist, chiropractor, surgeon and specialists.

MERIT RATED	A premium rating method which assigns an employer a credit or penalty rate modification based on the employer's loss experience during the experience period.
MERIT RATE EXPERIENCE EXHIBIT (MREE)	Actuarial exhibit portraying the loss experience of the oldest 4 of the latest 5 complete years of loss experience. This exhibit is used to calculate the TM or experience modification factor to credit or surcharge a risk based on their past loss experience.
MMI	See Maximum Medical Improvement.
MO CLAIM	See Medical Only Claim
MODIFIED DUTY	Returning an injured worker to work by obtaining "suitable" employment. Suitability entails employment within the physical limits and skills of the injured worker, which is agreed to with the treating physician. The employment must be a legitimate, bonafide duty within a reasonable proximity.
MOTION	A form that is filed with the BWC to enable a particular issue concerning a workers' compensation claim to be set for a hearing. (C-86)
MREE	See Merit Rate Experience Exhibit.
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY & HEALTH (NIOSH)	Research agency of OSHA.
NATIONAL COUNCIL ON COMPENSATION INSURANCE	A voluntary, nonprofit association of insurance companies transacting Workers Compensation insurance. Its main functions include collecting related statistics and developing rating plans relative to compensation insurance. The developer of manual classifications adopted by BWC in July 1996.
NCCI	See National Council on Compensation Insurance.
NIOSH	See National Institute for Occupational Safety & Health.
NOC	An abbreviation of "Not Otherwise Classified," referring, under Workers Compensation insurance, to risks for which no classification definition more precisely describes the operation.

NO COVERAGE CLAIM	Claim filed by injured worker whose employer has either allowed their coverage to lapse or who has failed to provide workers' compensation coverage as required by Ohio law.
NON-COMPLYING EMPLOYER	Employers who have either allowed their coverage to lapse or who have failed to provide workers' compensation coverage as required by Ohio law.
NON-WORKING WAGE LOSS	The dollar amount of diminishment in wages sustained by an injured worker who has not returned to work because he/she has been unable to find suitable employment. (See also Working Wage Loss)
NWWL	See Non-Working Wage Loss
OAC	See Ohio Administrative Code
OCCUPATIONAL DISEASE (OD)	Any of a list of diseases detailed in the Ohio Revised Code 4123.68 which have been contracted by the employee in the course of an arising out of employment.
OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA)	Federal agency tasked with enforcing occupational safety & health laws.
OCCUPATIONAL THERAPY	Services which improve the injured worker's job performance level, level of daily living activities and physical activities. Services can include consultations for job site adaptations, assessment information on activity level, strength, endurance, work behaviors, sequential task performance, and cognitive abilities.
OCOSH	See Ohio Center for Occupational Safety & Health.
OD	See Occupational Disease.
OHIO ADMINISTRATIVE CODE (OAC)	Rules set forth by the Industrial Commission and BWC that are permitted or ordered by the State Legislature based on law (see Ohio Revised Code), although laws take precedence over rules.
OHIO BUREAU OF WORKERS' COMPENSATION (BWC)	The legal state entity which administers the workers' compensation system in Ohio, pays claims, collects premiums and monitors compliance with the Ohio Revised Code and the Administrative Code.
OHIO CENTER FOR OCCUPATIONAL SAFETY & HEALTH (OCOSH)	BWC facility offering safety seminars and workshops located in Pickerington, Ohio.

OHIO REVISED CODE (ORC)	The Ohio Revised Code is the Law of the State of Ohio.
ONE CLAIM PROGRAM	BWC program that offers a 40% discount to employers who have been removed from their group rating due to the impact of one significant claim coming into the employer's experience period. Available to employers who have one significant claim that caused t hem to be removed from group rating, and have no more than 3 minor medical-only claims in the past five years.
ON SITE AUDIT	An accounting audit performed at the employer's location by a bwc representative to verify accuracy of payroll & premiums.
ON THE JOB TRAINING	A rehabilitation plan designed to allow injured workers to obtain or upgrade vocational skills through actual work experience. This plan provides reimbursement to the employer.
ORC	See Ohio Revised Code.
ORDER	Any decision, rule, regulation, direction, requirement, standard, or any other determination which the Industrial Commission or the Department of Industrial Relations is empowered to and does make.
OSHA	See Occupational Safety & Health Administration. CCUPATIONAL SAFETY & HEALTH ADMINISTRATION) - Federal Agency tasked with investigating death claims and occurrences involving 5 or more workers. OSHA also investigates employee complaints as well as random inspections or targeted industries. OSHA has enforcement capability through penalty assessments against employers violating specific OSHA regulations. OSHA penalties were increased sevenfold in 1992.
OSHA 300 LOG	OSHA form. Documentation of all occupational injuries and illnesses within an employers' facility. Law requires employers with more than 10 employees to record all incidents requiring medical treatment.
OSHA 300A LOG	OSHA form. Summary of data from OSHA 300 Log. Required to be posted by employer during months of February, March and April of each year.
OUTPATIENT TREATMENT	When the claimant is admitted, treated and discharged the same day and/or the patient is not admitted but has x-rays, lab tests, or physical therapy at the hospital.
PARTY TO A CLAIM	Party/parties to a claim are the injured worker, injured worker's authorized representative, the employer, the employer's authorized representative, and the Administrator of the Bureau of Workers' Compensation or designee.

PAYROLL	The wages paid by an employer for a given classification. In Workers' Compensation, an insured's exposure to hazard is usually measured in terms of the amount of payroll.
PAYROLL AUDIT	An examination of the insured's payroll records by a representative of the insurer to determine the premium due on a policy for which payroll is the basis.
PAYROLL PERIOD	A six month period (January 1 June 30 or July 1 to December 31) in which a risk reports all reportable payroll in that time period.
PAYROLL REPORT (DP-21)	Semi-annual wage reporting form used for calculating of premiums due.
PAYROLL YEAR	A year under which the two six month reportable period falls. (July 1 of one year to June 30 of the following year)).
PERMANENT PARTIAL (PP) (Includes Percent PP)	An impairment from a work-related injury or occupational disease that has become permanent, but is only partially disabling to the employee. A damage payment (not a wage loss payment) for the percentage of employee's permanent disability due to injury and causing medical demonstrable impairment. It is not inconsistent to receive this benefit while working.
PERMANENT PARTIAL (SCHEDULED LOSSES)	Compensation provided when an employee loses specific body part(s) or suffers loss of function as a result of a work-related injury or occupational disease; payable regardless of work or other compensation.
PERMANENT TOTAL	An impairment from a work-related injury or occupational disease that has become permanent and has totally disabled the employee from returning to substantially remunerative employment. Compensation provided when the Industrial Commission declares an employee to be permanently and totally disabled as a result of a work-related injury or occupational disease, which makes an employee unfit to engage in substantial remunerative employment. Payment continues for the life of the claimant, unless the claimant returns to work. Statutory permanent total compensation is granted for loss of use of two or more major body parts. A statutory PT claimant may work and receive PT benefits.
PERSONAL PROTECTIVE EQUIPMENT - (PPE)	Equipment worn by employee to limit or reduce exposure to workplace hazards (Steel-toed shoes, goggles or glasses, earplugs, gloves, aprons, etc.)
PHYSICIAN OF RECORD	The physician "attending physician" the injured worker has chosen as the health care provider to treat their injury or occupational disease. (see Doctor of Record)

PLACE OF EMPLOYMENT	Every place, whether indoors, outdoors, or underground, and its premises, where either temporarily or permanently, any industry, trade, or business is carried on, or where any process or operation directly or indirectly related to any industry, trade, or business is carried on and where any person is directly or indirectly employed by another for direct or indirect gain or profit.
POLICY NUMBER	The distinctive and individual workers' compensation policy number assigned to each employer for purposes of identification of cost records. Also called Risk Number.
PPE	See Personal Protective Equipment.
PREMIUM	The consideration or money paid to an insurance company in return for insurance protection. The monetary contribution of employers to the insurance funds from which benefits are paid.
PREMIUM AUDIT	An examination of the books or records of a policyholder (insured) to determine the accuracy of the estimated policy premium. The actual premium bases and exposure are reconciled after policy expiration against the estimates to establish the actual earned premium for the policy.
PREMIUM DISCOUNT PROGRAM (PDP)	BWC program where enrolled employers may receive a discount to their premiums upon implementation of the BWC 10-Step Business Plan.
PREMIUM RATE	Premium rates paid by employers are based on their industry classification.
PREMIUM SECURITY DEPOSIT	A required deposit of $1,000 maximum or $10 minimum based on thirty percent of the premium calculated on an estimated eight month payroll.
PRIOR TO COVERAGE	A time period in which risk was, in fact, amenable to the law prior to the effective date of coverage. Risk had payroll before coverage became effective.
PRIVATE EMPLOYER	Any employer that is not a public employer taxing district or public employer state agency (see Public Employer).
PRIVATE FUND	The fund within the state insurance fund made up of the contributions of the private employers (risks of privately owned business or industry).
PROXIMATE CAUSE	That which, in a natural and continuous sequence, unbroken by any intervening cause, produces injury, and without which the result would not have occurred.

PUBLIC EMPLOYER	Public employer taxing districts such as counties, cities, villages, schools, townships, and public employer state agencies such as all state agencies, state universities and university hospitals.
RATE	The cost of a unit of insurance for a specified period. Generally, the premium charge for specific coverage for the regular policy period.
RATEMAKING	The process of determining the correct rates. This process is usually completed by actuaries and uses data pertaining to the loss history of the insured.
RATE REVISION DATE	July 1 of each year. The schedule of premium contribution rates for the private fund becomes effective on this date.
RATING INSPECTION	Inspections which are conducted on site to ascertain the accuracy of and/or recommend changes in assigned manual classification.
REA	See Re-Employment Advisor
RE-EMPLOYMENT ADVISOR (REA)	BWC field consultant responsible for assisting employers with return-to-work programs.
REHABILITATION	A BWC service that specifically deals with attempting to rehabilitate injured workers so that they may return to their former position of employment.
RESERVES	The predicted future ultimate cost of a claim which is used in the rate calculations process. An approximation of the anticipated costs that will be charged over the life of the claim.
RETROSPECTIVE RATING	A program in which the employer agrees to assume a portion of the risk in return for possible reduction in premiums.
RETURN-TO-WORK (RTW)	Returning employees back to full and productive employment as quickly and safely as medically possible.
RISK	An insured employer. A single entity or two or more entities which qualify for combination under the rules of the experience rating plan. Any chance of loss. The individual or property to which the insurance policy relates. Technically, the degree or percentage of chance that a given contingency will occur. An insured, or a peril insured against. The subject of insurance, whether a person or thing.

RISK HOME LOCATION	BWC service office where the assigned Claims Representative and claims teams resides.
RISK NUMBER	The distinctive and individual workers' compensation policy number assigned to each employer for purposes of identification of cost records. Also called Policy Number.
RISK NUMBER	A seven-digit identification number assigned to an employer by BWC.
RTW	Return to work.
SAFETY CONGRESS	Annual statewide safety exhibition held in Cincinnati, Columbus or Cleveland on a rotating basis. This is sponsored by Safety and Hygiene.
SAFETY CONSULTANT	BWC field consultant responsible for assisting employers in identifying safety hazards in the workplace and making recommendations for reducing/eliminating those hazards.
SAFETY COUNCILS	BWC sponsored safety councils located around the state of Ohio. Usually run buy local chamber of commerce organizations.
SAFETY & HYGIENE (S&H)	See Division of Safety & Hygiene.
SAFETY VIOLATION AWARD (VSSR)	Violation of a Specific Safety Requirement is an award given to a claimant when he is injured due to a safety violation and the amount of the award is fully paid by the risk.
SALARY CONTINUATION	Where an injured worker continues to receive his or her full salary or wages for the time they are off work due to a work related injury or occupational disease instead of workers' compensation payments. For the employer to receive reimbursement an agreement must be signed and the Bureau notified. (Also called Wage Continuation).
SCHEDULED LOSS	Ohio Revised Code Sec. - lists the number of weeks of compensation payable or lump sum payable for the loss of a body member or part thereof.
SCOPE	The narrative that explains the intent of the classification code.
SCOPES MANUAL OF BASIC MANUAL CLASSIFICATIONS	The manual that contains the scope of each classification. See Scope.

SCOPE OF EMPLOYMENT	The employee is engaged in a duty or action that relates to his employer; if not for his employment, the employee would not have been engaged in that activity.
SELF-INSURED (SI)	The privilege granted by BWC to employers to pay workers' compensation and benefits directly to their employees in accordance with the laws and rules of the Industrial Commission and BWC.
SERVICE COMPANY	An actuarial company serving and paid by a risk regarding workers' compensation. (See Third Party Administrators).
SETTLEMENT	An agreement among the employer, the injured worker, and BWC on a specific dollar amount to settle or more claims or parts of a claim.
SI	See Self-Insured.
SNAPSHOT DATE	Date that BWC looks at the cost of all Ohio employers' claims and calculates the rates needed for the following rating year. This date for private employers is December 31.
SOLE PROPRIETOR	An employer who is an individual owner of a business.
STATE FUND	Monies set aside by state government to finance a mandatory insurance system, such as workers' compensation.
STATE FUND EMPLOYERS	Employers who pay premiums into the State Insurance Fund for Worker's compensation coverage. Those which do not pay are either Self Insured or Non-complying Employer.
STATEWIDE AVERAGE WEEKLY WAGE (SWAWW)	The average wage of Ohioans, which is used to establish the minimum and maximum levels of workers' compensation. SAWW is determined by the legislature and changes annually.
STATEWIDE MAXIMUM WEEKLY WAGE (SMWW)	A calculated wage based upon the earnings of every worker in Ohio. This is re-established every year by the legislature.
STATUTE OF LIMITATIONS	The legal time set by the legislature for an employee to file a workers' compensation claim. If it is an injury claim, the time limitation is two years from the date of injury or death. The time limitation on an occupational disease is two years from the date of diagnosis, disability or death, or six months from date of disability or diagnosis, whichever is later.
SUBROGATION	The ability of BWC to recoup medical and compensation payments from a third party that caused the injury to the worker.

SUPPLEMENTAL COVERAGE	Individuals who are not required to have workers' compensation (sole proprietors, officers of S-corporations, ministers, farm families) may purchase "elective" coverage for themselves.
SURPLUS FUND	Fund established for payment of specific changes including compensation related to claims of handicapped persons or employees of previously insured employers who are non-complying due to non-payment of premiums.
TEMPORARY PARTIAL (TP)	A disability determination on cases where injury occurred before August 22, 1986, in which the employee is no longer temporarily and totally disabled, but is not yet fully recovered.
TEMPORARY TOTAL (TT) DISABILITY COMPENSATION	The state of being temporarily and totally disabled from his or her regular position of employment. Wage replacement compensation paid for a temporary disability that prevents an employee from returning to his or her job at the time of injury. Payment continues until the claimant returns to work; the attending physician states claimant is capable of returning to work; or temporary disability has become permanent (maximum medical improvement or MMI); or work within the physical capability of the employee is made available by an employer.
TEN-STEP BUSINESS PLAN	BWC program for preventing and managing claims.
TENTATIVE ORDER	An administrative decision made on a claim.
THIRD PARTY ADMINISTRATOR (TPA)	Organizations outside the BWC who handle claims and other workers' compensation matters; actuarial companies; service companies.
TIMELY PAYMENT	Payment being made within the statutory or required period of time. For medical bills this is 30 days from the receipt of the medical bill or the order to pay. Compensation payments must be made within 21 days of the notification of lost time, receipt of medical evidence, or upon receipt of the order to pay.
TPA	See Third Party Administrator.
TRANSFER	Where one risk will take financial responsibility for another risk such as one company buys another company out accepting all financial responsibility or the agreements between a parent and the subsidiary company.
TRANSITIONAL WORK	An early return-to-work program involving performance of work tasks for pay. These tasks can be safely performed by a worker whose ability to perform the original job has been compromised. Many such programs also involve a gradual return to full duty under the supervision of a licensed therapist.

TT	See Temporary Total Disability Compensation.
UNALLOWED CONDITION	Condition not recognized by BWC as related to the allowed claim.
VIOLATION OF A SPECIFIC SAFETY REQUIREMENT (VSSR)	A type of compensation that deals with only certain industries. It can be awarded to the employee only by the Industrial Commission and is in addition to any other types of compensation. An award of penalty compensation paid to an injured worker and charged to an employer when an employer has violated a specific safety requirement and the violation caused an injury.
VSSR	See Violation of a Specific Safety Requirement.
WAGE CONTINUATION	Where an injured worker continues to receive his or her full salary or wages for the time they are off work due to a work related injury or occupational disease instead of workers' compensation payments. For the employer to receive reimbursement an agreement must be signed and the Bureau notified. (Also called Salary Continuation).
WAGE LOSS	Compensation awarded in claims filed for injuries occurring on or after August 22, 1986, where an employee suffers wage loss resulting from a return to employment other than the former position of employment at a lesser pay, or being unable to find employment consistent with physical capabilities. Under the first condition, compensation supplements the injured worker's lower pay in the new job. Under the second condition, compensation frequently replaces temporary total compensation after the injured worker has been declared at maximum medical improvement and has not been able to find work. Wage loss is the difference between an employee's wages prior to an injury and their wages after returning to lighter duties. Wage loss must also be "suitable employment" (within the physical limits and skills of the injured worker agreed to with the treating physician and a bonafide offer within a reasonable proximity.
WAGE LOSS (LIVING MAINTENANCE)	A payment made to injured workers who have returned to work after successfully completing a rehabilitation plan and now earns less money than they were making prior to injury. Applies to injured workers injured after 8/22/86. Pays 66 2/3% of the difference between former and current job for up to 200 weeks.
WAGES	Entire remuneration (payment) allowed by an employer to employees in the employer's service for the 6 month period, such as wages, bonuses, commissions, negotiated tips, and severance pay (if included in a contract of hire), vacation pay, non-negotiated tips used to supplement the minimum wage requirements, the reasonable value of board, lodging, house or room rent, laundry, food supplies, merchandise or certificates and orders issued for merchandise or food supplies.

WARRANT	A written order directing a bank to pay money to the person named on it. A check issued by BWC.
WCU	See Workers' Comp University
WORKERS' COMPENSATION	A fund set up by the state and employers to assist and compensate a worker who has been injured or has contracted an occupational disease in the course of an arising out of employment.
WORKERS' COMPENSATION INSURANCE	Coverage required by state law to provide compensation for workers who are injured on the job in the course of their employment.
WORKERS' COMP UNIVERSITY	Annual one-day seminar for employers to learn about workers' compensation and safety
WORK HARDENING PROGRAM	A clinic-based, multi-disciplinary program that includes the use of real and/or simulated work tasks along with physical reconditioning to improve the functional capacity of an injured worker to perform a targeted job.
WORKING WAGE LOSS	The dollar amount of diminishment in wages sustained by the injured worker who has returned to employment which is not his/her former position of employment. (See also Non-Working Wage Loss).
WWL	See Working Wage Loss