

4167-15-01 Appendix A

Ohio Bureau of Workers' Compensation

Public Employment Risk Reduction Act

Application for Exemption

1. Public Employer: _____

Address: _____

City: _____ Zip: _____ County: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

2. BWC Risk No.: PE-_____ 3. No. of employees: _____

4. Are you a member of a group rating plan pursuant to division (A)(4) of section 4123.29 of the Revised Code?

___yes ___no

a. If yes, please provide the name of your:

Sponsoring association: _____

Service representative: _____

b. If no, please attach a copy of your current workers' compensation experience (actuarial) exhibit.

c. If you do not qualify for a group rating plan, provide the names and titles of the members of your safety committee. Attach a separate sheet, if necessary. (Not required of employers with five or fewer employees)

Employee Representatives Employer Representatives

Name Title Name Title

I, _____, certify that the following statements are true:

Name of applicant (please print)

1. The public employer has adopted an ordinance or a resolution, dated _____, requesting an exemption from Chapter 4167 of the Revised Code. (Please attach a copy.)

2. At least ten days prior to the passage of the ordinance or resolution, the public employer informed its public employees of this application by giving a copy of the application to its public representative, if any.

a. Name of public employee representative: _____

b. Date notified: _____

3. The public employer has informed its public employees by posting a statement, for thirty consecutive days at the place or places where notices to public employees are normally posted and by any other appropriate means of public employee notification, giving a summary of this application and specifying where a copy of this application may be examined. Dates of posting: From _____ to _____

4. The public employer has informed its public employees of their rights to a hearing under section 4167.15 of the Revised Code.

Describe briefly how the public employees have been informed of this application and of their rights to a hearing:

Signature of Applicant

Title

Sworn to before me and subscribed in my presence this _____ day of _____, 19__

(SEAL) _____

Notary Public

My commission expires _____