



Instructions

You must complete this form in its entirety along with a reason for the change. If supplemental coverage applies (sole proprietor, partnership, limited liability company acting as a sole proprietor/partnership, family farm corporate officer or ministers), you must report the payroll under the correct National Council on Compensation Insurance (NCCI) classification and manual type code (SN).

Submit the form to BWC in one of the following ways.

My Policy: Sign in to our website, and from the My policy page, click Upload documents.

Fax: 614-719-5313

Mail: BWC Mail Processing Center
Attn: Employer Services
30 W. Spring St.
Columbus, OH 43215-2256

Important: Sign and date the form. BWC cannot process it without a signature.

Policy number

Legal business name, Trading name or doing business as name, Mailing address, Email address, Telephone number, City, State, ZIP code

Payroll period from through

NCCI manual classification

Table with 6 columns: Manual, Type code, Description, Number of employees, Original reported payroll, Actual payroll

Reason for change

Certification

I hereby certify the amended payroll reported herein is correct as to the classification and amount for the period stated. I understand that misrepresentation of payroll for premium purposes could lead to a penalty of 10 times the amount of the premium under reported, as provided by Section 4123.25 of the Ohio Revised Code.

By my signature, I certify I have the authority to execute this document, and that the facts set forth on this document are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws, or misrepresents, conceals facts or makes false statements to obtain coverage may be subject to civil, criminal and/or administrative penalties.

Signature and title (must be signed by owner, partner or officer), Date