Ohio | Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Governor **John R. Kasich**
Acting Administrator/CEO **Sarah D. Morrison**

www.bwc.ohio.gov
1-800-644-6292

April 19, 2016

NAME
ADDRESS
CITY, STATE ZIP CODE

Policy Number: 0000000-0

RE: 2016 Policy Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate
2015 Policy True-Up Reminder

Sample

Dear Employer:

This letter includes your Notice of Estimated Annual Premium and Premium Installment Schedule for the renewal of your workers' compensation policy for the year that begins July 1, 2016. This document is not a bill, but an estimate to aid you in budgeting. We have enclosed your new annual certificate.

On June 1, 2016, we will mail the first installment invoice for the new policy year. Your payment will be due by July 1, 2016. Failure to pay a premium installment timely will result in penalties and interest. You will also be responsible, dollar for dollar, for the costs of any claims that occur during any period of non-coverage. We have estimated your premium (see the Policy information on page 3) using your historical payroll from the most recently reported policy year. If you believe the payroll estimate is incorrect, or you have a change in operations that will affect your payroll, please notify us at 1-800-644-6292, or log on to www.bwc.ohio.gov.

Your premium installment schedule has remained the same from the previous policy period. If you would like to request a change in your installment schedule, you will have until May 16, 2016 to do so. You can make this change by logging on to www.bwc.ohio.gov and clicking on "premium installment schedule", or by calling us at 1-800-644-6292.

As you know there is also a payroll true-up requirement at the end of each policy year. This letter is to remind you that in July 2016, you will need to complete the payroll true-up process for the policy year that will end June 30, 2016. The true-up requires you to report your payroll for the period of July 1, 2015, to June 30, 2016 which will be reconciled with the estimated payroll we used to calculate your premium. You must complete this true-up online at www.bwc.ohio.gov. Please call 1-800-644-6292 if you need to make other arrangements.

Failure to file your true-up will result in disqualification from BWC programs. If you don't have an e-account on www.bwc.ohio.gov, we strongly encourage you to create one prior to the true-up deadline to ensure you can log in to report your true-up. You will receive additional information and instructions concerning the true-up requirement.

If you have questions, please visit www.bwc.ohio.gov and click on the prospective billing link on the Employers page, or call us at 1-800-644-6292.

Sincerely,

Sarah D. Morrison
Acting Administrator/CEO

General Information

Payment of premium
Failure to pay premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Please pay all installment billings timely to avoid penalties.

True-up report
At the conclusion of this policy year, we will require you to file an annual payroll true-up report online at www.bwc.ohio.gov. If the final premium is more than the premium you paid to us, you must pay the outstanding balance. If it is less, we will refund the balance to you. Failure to file the annual payroll true-up report timely will result in removal from all employer discount programs and rating plans. You will receive a reminder from us, but please mark your calendar.

Policy cancellation
If you cancel your policy, you must notify us in writing. When cancelling your coverage, you must file a final payroll true-up report. Important note: Once you cancel the policy, you may be entitled to a refund. We cannot modify the name on the refund. Prior to closing your business bank account, we recommend that you confirm with us that no additional refunds are in order.

Audit
We reserve the right to audit the information you submit on your annual payroll true-up report.

Change in operations
If you have a significant change in operations and would like to modify your estimated premium exposure for the upcoming year, please call 1-800-644-6292.

Changing the installment schedule
If you would like to change your installment schedule by May 16, 2016, please log on to www.bwc.ohio.gov and click on premium installment schedule link on the Employers page, or call us at 1-800-644-6292.

Workplace injuries
Remember to contact your managed care organization if one of your employees has a workplace injury.

Employer discount programs
We offer many opportunities for employers to reduce their premiums and promote workplace safety. Please visit www.bwc.ohio.gov to see what opportunities your company may have.

Safety services
Our Division of Safety & Hygiene (DSH) can assist you in making your workplace safer. We provide these services to you at no additional cost. To contact DSH, please call 1-800-644-6292.

sample

Important Dates to Remember

Date	Item
June 1, 2016	First installment/invoice mailed for 2016 policy year
July 1, 2016	First installment due for 2016 policy year
July 1, 2016	Annual true-up payroll notice mailed for 2015 policy year
Aug. 15, 2016	Annual payroll true-up report due for 2015 policy year

Policy Information

Policy Number: 0000000-0

NAME
ADDRESS
CITY, STATE ZIPCODE

Policy period is from 12:01 a.m. July 1, 2016, to 12:00 a.m. July 01, 2017.

Selected installments: 6
Total estimated annual premium: $2,246.19

Installment Schedule

Due Date	Amount
July 01, 2016	$374.36
August 31, 2016	$374.36
October 31, 2016	$374.36
January 03, 2017	$374.36
March 03, 2017	$374.36
May 01, 2017	$374.39

An election was made by or on behalf of each person described in the below table to be subject to the workers' compensation law of Ohio. The premium basis for the policy includes the remuneration of these individuals.

Individuals Who Have Elected Coverage

Name	Assigned Class Code
INDIVIDUAL'S NAME	37

Breakdown of estimated premium calculation

			(A)	(B)	(A x B)/100
Class Code	Class Type	Experience Modifier (EM)	Blended Rate per $100 payroll	Estimated Payroll	Estimated Premium
37	REG	0.85	2.8012	$32,000.00	$896.38
37	SUP	0.85	2.8012	$46,000.00	$1,288.55
8810	REG	0.85	0.1021	$60,000.00	$61.26
Total				$138,000.00	$2,246.19

*For additional rating information, please visit www.bwc.ohio.gov and log on with your e-account.

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Ohio | Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
0000000-0

NAME
ADDRESS
CITY, STATE ZIP CODE

Period specified below
07/01/2016 through
06/30/2017

www.bwc.ohio.gov
Issued by:

Acting Administrator/CEO

You can reproduce this certificate as needed.

Sample

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio | Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation