



Instructions

- Complete this application.
- An (*) denotes a required field. BWC cannot process incomplete applications.
- An officer, partner or owner must sign this application.
- Please retain a copy for your records and proof of successful fax transmission.
- You may submit the completed form in one of the ways listed below.

Fax – 614-621-1405

Mail – Attention: Employer Programs

Ohio Bureau of Workers' Compensation

30 W. Spring St., 22nd Floor

Columbus, OH 43215-2256

Legal business name*		BWC policy number*	
Primary physical location*		City*	State*
ZIP code*			
Phone	Fax	Email	

Pursuant to Amended Substitute House Bill 15, BWC will give an eligible employer the temporary .99 EM* **unless** the employer decides not to participate (opts out). This .99 EM will not change the employer's actual rate. BWC will calculate the actual rate based on the employer's claims experience consistent with the calculations used for all Ohio employers.

Should you decide to participate in the .99 EM Construction Cap and receive a temporary .99 EM, you must:

- Complete the online *Safety Management Self-Assessment (SH-26)* last business day in July;
- Be responsible to pay full premium based upon actual calculated EM for the company.

I, the undersigned, do hereby agree to opt out of the .99 EM Construction Cap program.

Officer/partner/owner	Title
Officer/partner/owner signature	Date

*** Temporary .99 EM Construction Cap does not affect employer's rates.**