



Instructions

- An owner/partner/officer must sign the application.
- You must file a new application for each policy year.
- Once BWC approves the application, the plan will remain in force for the entire policy year.
- Employers must file the application and all other required documentation by the last business day of January for the policy year beginning July 1.
- BWC charges an annual minimum premium based on a factor of the estimated policy year experience-rated/base-rated premium even if there are no losses.
- BWC offers Tier I and Tier II plans. Tier I is available to employers meeting all BWC requirements, including financial strength. Tier II is available to employers who do not meet Tier I requirements, but do meet other requirements as specified by BWC. Applicants must submit audited financial statements (according to GAAP standards) for the last five years, which includes a balance sheet, income statement and a retained earnings statement.
- Application for any retrospective-rating plan is optional; but if application is made, all operations of the employment entity are subject to retrospective rating.
- Direct questions concerning this application to the employer programs' retrospective-rating unit at 614-466-6773.
- You may submit a completed application in one of three ways:
 - Online – bwc.ohio.gov;
 - Fax – 614-621-1405;
 - Mail – BWC, Employer Programs, Retrospective-Rating Unit, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256.

While participating in the Retrospective-Rating Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the discount calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Federal ID number	Email address	Policy number
Employer name		
Address		
City	State	ZIP code
Contact name	Telephone number ()	
Contact title	Fax number ()	

Retrospective rating plan parameter selections: The employer must select the retrospective-rating plan parameters listed below. BWC will determine the minimum and maximum premium level, as well as the exposure to claim losses by the selections made.

Tier I parameters		
To enroll in the Tier I plan, choose one of the claim limits and one maximum premium percentage below.		
(Claim limit) (maximum costs chargeable to a single claim)		Maximum premium
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> No	<input type="checkbox"/> 150 percent <input type="checkbox"/> 200 percent

If you do not meet the requirements for Tier I, do you wish BWC to consider you for the Tier II plan? Yes ☐ No ☐

Tier II parameters	
To enroll in the Tier II plan, choose one of the claim limits below.	
(Claim Limit) (maximum costs chargeable to a single claim)	The Tier II plan, only offers a maximum premium of 150 percent.
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000	

☐ Financial statements are attached for consideration.

Estimated policy year payroll

You must provide the estimated payroll you will report during the policy year for each manual classification assigned to your policy number (attach additional pages as needed). The private employer policy year is July 1 to June 30.

The payroll information below will be used to set the estimated annual premium for the policy year beginning July 1.

You must use NCCI manual classification numbers for BWC to consider your application.
Note: If you have more than 15 NCCI manual numbers, please attach a second page.

Payroll rounded to the nearest \$1,000					
NCCI manual number	Payroll	NCCI manual number	Payroll	NCCI manual number	Payroll

Retrospective-Rating Application – Statement of agreement: I have been authorized to sign and execute this application for the retrospective-rating plan on behalf of the company. I have read and understand the retrospective-rating plan rules in their entirety and agree to comply with the terms of the retrospective-rating plan, including payment of the annual claims billings in accordance with the plan and the governing rules.

Owner/partner/officer name (type or print)	Title
Signature	Date

Note: BWC's employer programs' retrospective-rating unit must review and approve this application before it becomes effective. BWC will provide written notification of application acceptance/rejection and applicable minimum premium percentage following the review.