



BWC will reject incomplete applications

Application for Retrospective-Rating Plan for Private Employers

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 - www.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.

Form with fields: 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 section: To enroll in the Tier I plan, choose one of the claim limits and one maximum premium percentage below. Includes checkboxes for claim limits (\$100,000 to No claim limit) and premium percentages (150 percent, 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 section: To enroll in the Tier II plan, choose one of the claim limits below. Includes checkboxes for claim limits (\$100,000, \$125,000) and a note that the Tier II plan only offers a maximum premium of 150 percent.

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.

Table with 6 columns: NCCI manual number, Payroll, NCCI manual number, Payroll, NCCI manual number, Payroll. Header: Payroll rounded to the nearest \$1,000.

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.

Signature fields: 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.

For the policy year effective \_\_\_\_\_