Ohio | Bureau of Workers' Compensation

# Employer Roster for Group-Experience-Rating Program

| For the policy year effective |
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| |

| Sponsor name | | Sponsor BWC policy number |
|---|---|---|
| Group-experience name | | |
| Group-experience number | Number of employers | New or continuing group (circle one) |
| Third-party administrator name | | |
| BWC group-experience number (for BWC use only) | | |
| List all employers without BWC policies below | | |

| Application number | Employer name | Street address | City and state | ZIP code |
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Submit an electronic **group-experience roster** that includes the following information: policy number; employer name; employer address; city; state; ZIP code; and employer phone number. In addition, include a separate electronic file containing the non-renewal list – a list of employers not being renewed; a new to group list – a list of employers new to group; and a switch list – a list of employers that are being switched to another group with same sponsor.