



# Permanent Authorization

TO: Ohio Bureau of Workers' Compensation  
 Risk Underwriting 22<sup>nd</sup> Floor  
 Self-Insured Department 26<sup>th</sup> Floor

Please mark a box and return to  
 30 West Spring St.  
 Columbus, OH 43215-2256

Fax – (614) 728-0456

Policy number
Entity
DBA
Address

NOTE: For this to be a VALID letter, it must be stamped by Risk Underwriting or by the Self-Insured Department for self-insured employers.

This is to certify that effective \_\_\_\_\_ (Date)

\_\_\_\_\_  
 (Representative name and Rep I.D. number)

including its agents or representatives identified to you by them, has been retained to represent us before the Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation checked below. Please check the type of representation desired. See description of representatives on side 2.

✓	Type of Authorized Representation
<input type="checkbox"/>	Employer Risk/Claim Representative (ERC)
<input type="checkbox"/>	Risk Management Representative (RISK)
<input type="checkbox"/>	Claim Management Representative (CLM)

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree any letters, requests, and actions initiated by a superseded authority will be processed completely.

I understand that this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the Risk Underwriting or Self-Insured Department as appropriate.

Telephone number	Fax number	E-mail address
Print name and title		Employer signature
		Date

## **BWC Authorized Representative Service/Roles**

**Group Risk/Claim Representative (GRC)** - responsible for management of group rating plans; will be designated as the authorized representative of each employer in the group for both risk and claim related issues; will be designated as the employer's authorized representative on each claim for all employers in the group and copied on risk and claim correspondence; will have full access to each employer's risk information and information pertaining to the workers' compensation claims filed against the employer, and authority to access such information on the Dolphin web site (ohiobwc.com).

**NOTE:** A Group Risk/Claim Representative (GRC) can be updated by only the Risk Technical-Group Rating Unit based on the designation made by the group's sponsor. ***The AC-2 cannot be used to select a Group Risk/Claim Representative (GRC) authorization. This representative type only applies to private employers and public employer taxing districts.***

**The Group Risk/Claim Representative (GRC) will be considered the authorized representative in handling risk related issues for an employer; will be considered the authorized representative in handling claim related issues for an employer if no Claim Management Representative (CLM) has been designated.**

**Employer Risk/Claim Representative (ERC)** – will be designated as the employer's authorized representative for both risk and claim management related issues; will be designated as the employer's authorized representative on each claim under the employer's policy number and copied on risk and claim correspondence. An Employer Risk/Claim Representative (ERC) will have full access to the employer's risk information and information pertaining to the workers' compensation claims filed against the employer, and authority to access that information through the Dolphin web site (ohiobwc.com).

**The Employer Risk/Claim Representative (ERC) will be considered the authorized representative in handling risk related issues for an employer if no Group Risk/Claim Representative (GRC) has been designated; will be considered the authorized representative in handling claim related issues for an employer if no Claim Management Representative (CLM) or Group Risk/Claim Representative (GRC) has been designated.**

**Risk Management Representative (RISK)** – will be designated as the employer's authorized representative for risk related issues; represents an employer on risk related issues only; will be copied on risk correspondence. A Risk Management Representative (RISK) will have access to only the employer's risk related information and authority to access that information through the Dolphin web site (ohiobwc.com).

**The Risk Management Representative (RISK) will be considered the authorized representative in handling risk related issues for an employer if no Group Risk/Claim Representative (GRC) or Employer Risk/Claim Representative (ERC) has been designated. If either has been designated, the Risk Management Representative (RISK) will have no authority to represent the employer on any matters and will have access to only the employer's risk related information and authority to access that information through the Dolphin web site (ohiobwc.com).**

**Claim Management Representative (CLM)** - will be designated as the employer's authorized representative on each claim associated with the employer and will be copied on claim correspondence; represents an employer on claim related issues only. A Claim Management Representative (CLM) will have access to only information pertaining to the workers' compensation claims filed against the employer and authority to access that information through the Dolphin web site (ohiobwc.com).

**The Claim Management Representative (CLM) will be considered the authorized representative in handling claims related issues for an employer.**