



Injured Worker Authorized Representative

INSTRUCTIONS:

- This form must be completed in its entirety by the Injured Worker and Representative and filed with the Ohio Bureau of Workers' Compensation (BWC).
- A valid BWC Representative I.D. number is **required**.
- To obtain a valid Representative I.D. number contact the Central Office, Customer Assistance Desk at 614.466.1958 or 614.466.1563 or inquire at any BWC Customer Service Office Information desk.

Injured worker name		Claim number
Injured worker address		City, State, ZIP Code
Date of injury	Phone number	Social Security Number
Employer name at date of injury		

REPRESENTATIVE

Representative name	Representative I.D. number
Address	Telephone number
City, State, ZIP Code	
Representative email address	Fax number

AUTHORIZATION

<i>I hereby authorize the above representative to represent me in the above claim before the Ohio Bureau of Workers' Compensation and the Industrial Commission of Ohio. This authorization also entitles this Representative to automatically receive correspondence generated in the above claim file.</i>	
X	
Signature of injured worker	Date of Authorization