



Application for Group-Experience-Rating Program

Instructions and conditions

- An officer of the organization must sign the application.
File a new application for each policy year.
Once BWC approves the application, the plan remains in force for the entire policy year.
You must file the application prior to the beginning of the policy year.
BWC will reject incomplete applications.
Direct questions concerning this application to BWC's employer programs unit at 614-466-6773.

Include with the application:

- Employer Roster for Group-Experience-Rating Program (AC-25);
Group Sponsor Safety Plan Summary (SH-2).

Only file the application with the Ohio Bureau of Workers' Compensation, Employer Programs Unit, 30 W. Spring St., 22nd Floor, Columbus, OH 43215-2256.

Retained by sponsoring organization:

- Employer Statement for Group-Experience-Rating Program (AC-26) required for all employers who have never been in a group or are new to this sponsoring organization;

Sponsoring organization

Form with fields for Sponsor name, BWC policy number, Address, City, State, Nine-digit ZIP code, Sponsor e-mail address, Sponsor phone number, Sponsor fax number, Contact name, Contact e-mail address, Contact phone number, Contact fax number. Includes instruction: Please indicate each group number and name on the back of this form.

Officer statement of agreement: I have read the group-experience-rating program rules in their entirety. I understand the rules and agree to comply with the terms of the group-experience-rating program. I acknowledge that the attached list includes only employers who are members of the primary sponsoring organizations listed above or members of a certified affiliate sponsor.

I authorized _____ to represent the group before BWC and the Industrial Commission of Ohio in any and all matters pertaining to our participation in the Workers' Compensation Fund. A change in authorized representation must be accomplished by providing BWC with written notification of the change that includes a properly completed Permanent Authorization (AC-2) and Application for Group-Experience-Rating Program (AC-24).

Certification (Please type or print clearly)

State of _____ County of _____

_____ being duly sworn, says that he/she is the _____

of _____, the sponsoring organization referred to above and that all the information is true to the best of his/her knowledge, information and belief after careful investigation.

Sworn to before me, this _____ day of _____, 20__ . (Notary seal)

(NOTARY SIGNATURE)

(SPONSORING ORGANIZATION OFFICER SIGNATURE)

Note: This application must be reviewed and approved by the employer programs unit before it becomes effective. Written notification of application acceptance or rejection will be made following the review.

For the policy year effective

