Ohio | Bureau of Workers' Compensation

Employer Roster for Group-Rating Plan

For the policy year effective

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

Application number	Employer name	Street address	City and state	ZIP code

Attach to this form your hard-copy **group roster** that includes the following information: policy number; employer name; employer address; city; state; ZIP code; and employer phone number. In addition, include a 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.