



Employer Statement for Group-Experience-Rating Program

Instructions

- Please print or type.
Please return completed statement to the attention of the sponsoring organization you are joining.
If you have any group-experience-rating questions call BWC at 614-466-6773.

BWC USE ONLY
Application effective with policy year beginning

NOTE: The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer name, Telephone number, BWC policy number, Address, City, State, Nine-digit ZIP code

Group-Experience-Rating Program Enrollment

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-rating program certified sponsor can offer membership into the program. I also understand if the sponsoring organization listed below is not certified this application is null and void.

I am a member of the _____ sponsoring organization or a certified affiliate organization and would like to be included in the group named _____ it sponsors for the policy year beginning _____. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the organization's representative _____ (currently, as determined by the sponsoring organization) is the only representative I may have in risk-related matters while I remain a member of the group. I also understand the representative for the group-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating program. At the time, I am no longer a member of the program, I understand I must file a Permanent Authorization (AC-2) to cancel or change individual representation.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization [] Yes [] No

_____, Name of sponsor or affiliate sponsor _____ Sponsor or affiliate sponsor policy number

Certification

_____, (Officer name) certifies he/she is the _____ (Title) of _____

_____, (Employer name), the employer referred to above, and

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

_____, (OFFICER SIGNATURE)

_____, (DATE)