



Instructions

- Complete this application.
- An (*) denotes a required field. BWC cannot process incomplete applications.
- An officer, partner or owner must sign this application.
- You may submit the completed form in one of three ways listed below.
 Online – **ohiobwc.com**
 Fax – 614-621-1405
 Mail – Attention: Employer Programs
 Ohio Bureau of Workers' Compensation
 30 W. Spring St., 22nd Floor
 Columbus, OH 43215-2256

For injuries that occur during the period that an employer is enrolled in the Deductible Program, employers may not use or participate in an individual- or group-retrospective-rating program; the \$15,000 Medical-Only Program; or offer salary continuation.

Policy information			
Federal employer identification or Social Security number	BWC policy number*		
Legal business name*	Trade name or doing business as		
Primary physical location (do not use P.O. Box)*	City*	State*	ZIP code*

Employer program contact information		
Contact name*	Title	
E-mail	Phone*	Fax

Deductible level (Select a limit below)	Minimum premium requirements	Additional information required
<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	The deductible level selected may not exceed 25 percent of an employer's annual premium.	None
<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	The deductible level selected may not exceed 40 percent of an employer's annual premium.	Reviewed or audited financial statements prepared in accordance with generally accepted accounting principles for the three most recent fiscal years.
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000	The deductible level selected may not exceed 40 percent of an employer's annual premium.	Audited financial statements prepared in accordance with generally accepted accounting principles for the three most recent fiscal years.

Deductible amounts of \$25,000 or more
BWC considers your financial statements trade secrets; please submit such financial statements/information marked or stamped as "Confidential" or "Trade Secret" and a cover letter identifying such financial statements/information as such.

Annual aggregate stop-loss limit	
This option only available if a deductible level of \$25,000 or more is chosen. The annual aggregate limit caps an employer's total deductible liability for the program year to three times the deductible amount. Selecting this option will result in a reduced premium discount. Would you like to enroll in the program with the aggregate stop-loss option?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner/Partner/Officer Statement of Agreement	
In signing below, as a representative for the employer, I certify the foregoing information is accurate and agree subject to the approval of the foregoing application to comply with BWC's Deductible program rule 4123-17-72. I understand that ANY fraudulent representations made in association with the Deductible Program may lead to removal from the program, along with BWC billing the employer for previous discounts associated with the program and/or legal action.	
BWC may also consider my signature below as authorization to obtain credit information to determine program eligibility. I understand that any credit information obtained will be for official BWC use only and will be kept confidential.	
Owner/partner; officer name*	Title*
Signature*	Date*
X	