



To: Ohio Bureau of Workers' Compensation  
 Employer Services Department, 22<sup>nd</sup> floor  
 Self-Insured Department, 27<sup>th</sup> floor

Please mark a box and return to:  
30 W. Spring St.  
Columbus, OH 43215-2256

Fax 614-728-0456

|               |
|---------------|
| Policy number |
| Entity        |
| DBA           |
| Address       |
|               |
|               |

**Note:** For this to be a **valid** letter, the employer services department, or the self-insured department for self-insuring employers, must stamp it.

This is to certify that effective \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Representative name and rep ID number)

Including its agents or representatives identified to you by them, has been retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission of Ohio in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation checked below.

Please check only one type of representation. See description of representatives on side 2.

| ✓                        | Type of authorized representation        |
|--------------------------|--|
| <input type="checkbox"/> | Employer-risk claim representative (ERC) |
| <input type="checkbox"/> | Risk-management representative (RISK)    |
| <input type="checkbox"/> | Claim-management representative (CLM)    |

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree BWC will process any letters, requests and actions initiated by a superseded authority.

I understand this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the employer services or self-insured departments as appropriate.

|                      |            |                    |      |
|----------------------|------------|--------------------|------|
| Telephone number     | Fax number | E-mail address     |      |
| Print name and title |            | Employer signature | Date |

## **BWC Authorized Representative Service/Roles**

**Group-risk/-claim representative (GRC)** – The GRC is responsible for management of group-rating plans. He or she is the authorized representative of each employer in the group for both risk- and claim-related issues. In addition, the GRC is the employer's authorized representative on each claim for all employers in the group. The GRC receives copies of all risk and claim correspondence. The GRC will have full access to each employer's risk information and information pertaining to the workers' compensation claims filed against the employer. He or she will also have the authority to access such information on BWC's Web site, [ohiobwc.com](http://ohiobwc.com).

**Note:** Based on the designation made by the group's sponsor, only the employer services group-rating unit can update a GRC.

You cannot use the AC-2 to select a GRC authorization. This representative type only applies to private employers and public employer taxing districts. BWC will consider the GRC the authorized representative in handling risk-related issues for an employer. In addition, BWC will consider the GRC the authorized representative in handling claim-related issues for an employer if there is no designated claims-management representative (CLM).

**Employer-risk/-claim representative (ERC)** – The ERC is designated as the employer's authorized representative for both risk- and claims-management-related issues. He or she is also the employer's authorized representative on each claim under the employer's policy number. The ERC receives copies of all risk and claim correspondence. The ERC has full access to the employer's risk information and information pertaining to the workers' compensation claims filed against the employer. He or she will also have the authority to access such information on [ohiobwc.com](http://ohiobwc.com).

BWC will consider the ERC as the authorized representative in handling risk-related issues for an employer if there is no designated GRC. BWC also will consider the ERC as the authorized representative in handling claim-related issues for an employer if there is no designated CLM or GRC.

**Risk-management representative (RISK)** – The RISK is the employer's designated authorized representative for risk-related issues. He or she represents an employer on risk-related issues only. The RISK receives copies of all risk correspondence. A RISK will have access to only the employer's risk-related information and authority to access that information on BWC's Web site, [ohiobwc.com](http://ohiobwc.com).

BWC will consider the RISK as the authorized representative in handling risk-related issues for an employer if there is no designated GRC or ERC. The RISK will have no authority to represent the employer on any matters if either a GRC or ERC is appointed. In addition, the RISK will have access only to the employer's risk-related information and authority to access that information on BWC's Web site, [ohiobwc.com](http://ohiobwc.com).

**Claims-management representative (CLM)** – The CLM is the employer's designated authorized representative on each claim associated with the employer. He or she will receive copies of all claim correspondence. The CLM represents an employer on claim-related issues only. A CLM will have access only to information pertaining to the workers' compensation claims filed against the employer and authority to access that information on BWC's Web site, [ohiobwc.com](http://ohiobwc.com).

BWC will consider the CLM the authorized representative in handling claims-related issues for an employer.