



Instructions

- Complete the application.
- Please type or print clearly.
- An officer, partner or owner (sole proprietor) of the organization must sign the application.
- Send a fax of the completed application to 614-728-3205 by the application deadline.
- Please obtain and retain proof of successful fax transmission.

Name of employer and DBA	Office telephone number	BWC policy number
Employer e-mail address		Office fax number

- This application is intended for first-time applicants for BWC's One Claim Program (OCP). Applicants must meet all of the requirements listed below.
- The employer must be a participant in a group-rating program at the March 31 OCP application deadline. In addition, the employer will not be renewed for group rating for the upcoming rating year beginning July 1.
- The employer cannot have more than one significant claim and three non-significant, medical-only claims in the upcoming experience period and the most current calendar year.
- The employer cannot have cumulative lapses in workers' compensation coverage in excess of 59 days within 18 months of the March 31 application deadline. The employer also must be current on all balances owed to BWC at the March 31 application deadline.
- An employer who meets all of the requirements will receive a 40-percent discount on his or her base rate.
- The OCP is a voluntary program that an employer may participate in for a maximum of four years in relationship to the significant claim. BWC will re-evaluate the employer each year to determine eligibility, and BWC will have the final authority to approve an employer's participation in OCP. Upon eligibility determination, BWC will renew the employer automatically unless the employer contacts BWC to request removal from the program.
- BWC defines a significant claim as a claim whose total value or maximum claim value, whichever is lower, will be greater than the employer's total limited losses (TLL). Once designated as the significant claim, BWC cannot change it to another claim after the employer's initial enrollment in the program.
- The total costs of the three non-significant, medical-only claims can not exceed the employer's TLL.

I have fully read and understand the rules for the OCP. I understand BWC will revoke the discount at the beginning of the next policy year if I have more than one lost-time (significant) and three medical-only claims, or if the combined claim costs of the three medical-only claims increase past the TLL, or if I fail to meet any of the requirements of paragraph (C) or paragraph (D) of OAC 4123-17-71, including that I am required to attend two BWC approved all-day training courses each year of participation in the program. By signing this application, I certify I have read and understand the program requirements outlined in OAC 4123-17-71, and I certify I will comply with all of the program's requirements.

Officer name	Officer title	
Officer signature		Date