



Instructions

- The injured worker and representative must complete this form in its entirety and file it with BWC.
- A valid BWC Representative ID number is **required**.
- To obtain a valid representative ID number, call the customer assistance desk at 614-466-1958 or 614-466-1563, or inquire at any BWC customer service office information desk.

Injured worker name	Claim number
Injured worker address	City, State, ZIP code
Date of injury	Phone number
Employer name at date of injury	

Representative

Representative name	Representative ID number
Address	Telephone number
City, State, ZIP Code	
Representative email address	Fax number

Authorization

I hereby authorize the above representative to represent me in the above claim before BWC and the Industrial Commission of Ohio. This authorization also entitles this representative to automatically receive correspondence generated in the above claim file.

X	
Signature of injured worker	Date of Authorization