



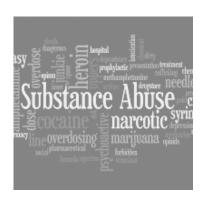


6 SMART EMPLOYEE ABSENCE CONTROL SOLUTIONS



TRANSITIONAL RETURN-TO-WORK (RTW) PROGRAM

- Control RTW = Reduce Premiums
- 100% Set-Up Grant Available



WORKPLACE SUBSTANCE RECOVERY PROGRAM

- Substance Use Recovery Svcs.
- Up to 100% Grant Available



TELEHEALTH / TELE-ADVOCACY SERVICES

- \$0 Copay Appointments
- Work / Life Balance Services



EMPLOYEE WELLNESS PROGRAM

- · Onsite Nurse Coaching
- 100% Set-Up Grant Available



PROGRAM (EAP)

- · Confidential Appointments
- · Job/Family Stress Mgmt.



NURSE TRIAGE SERVICES

- 24 X 7 X 365 Nurse Call Line
- · 2nd / 3rd / Weekend Shifts



Temporary Authorization to Review Information

	'							
То:	Ohio Bureau of Worke	From:	Policy	number				
	Employer Services Department, 22nd Floor		Entity					
	☐ Self-Insured Departr	nent, 22nd Floor	DBA					
	Please mark a box and return to: 30 W. Spring St. Columbus, Ohio 43215-2256		Address					
for all o	ther employers, must sta entative must possess a	amp it. Being temporary copy when requesting s	in nature, service rela	BWC ative t	will not recor o the authorit	d via comp	e employer services department uter or retain this authorization nerein.	
ncludin	to certify that ProMed g its agents or represental sation matters on our	tives identified to you by				view and pe	rform studies on certain workers	
	ited letter of authority pr		wing T				clude the authority to:	
types of information relating to our account: 1. Risk files;				 Review protest letters; File protest letters; 				
	Claim files;						andicap Reimbursement (CHP-4),	
3. Merit-rated or non-merit-rated experiences;				4. Notice of Appeal (IC-12) or Application for Permanent				
4. C	Other associated data.			Partial Reconsideration (IC-88);				
				5. File self-insurance applications;				
				6. Represent the employer at hearings;7. Pursue other similar actions on behalf of the employer.				
				7.	Pursue otner	Similar acu	ons on benan or the employer.	
or autor	stand this authorization i natically nine months fror r case, the length of auth	n the date received by the	e employer	servi			ments, whichever is appropriate.	
Telephone number Fax number						Email address		
·								
Print name Title		Title	S	Signature			Date	

Completion of the temporary authorization provides a third-party administrator (TPA) limited authority to view an employer's payroll and loss experience. By signing the AC-3, the employer grants permission to the BWC to release information to the employer's authorized representative(s). The form allows a TPA to view an employer's information regarding payroll, claims and experience modification.

Attention group rating prospects

- † Employers may complete the AC-3 for as many TPAs or group-rating sponsors they feel are necessary to obtain quotes for a group-rating program.
- † Group sponsors must notify all current group members if they will not accept them for the next group-rating year. The deadline for this notification is prior to the last business day in October for private employers and prior to the last business day in April for public employers.
- † All potential group-rating prospects must have:

Active BWC coverage status as of the application deadline;

Active coverage from the application deadline through the group rating year;

No outstanding balances;

Operations similar in nature to the other members of their group.

† Any changes to a group member's policy will affect the group policy. Changes can result in either debits or credits to each of the members.

Note: For complete information on rules for group rating, see Rules 4123-17-61 through 4123-17-68 of the Ohio Administrative Code or your TPA. All group-rating applicants are subject to review by the BWC employer programs unit.

AC-3 PY