



Bureau of W

To: Ohio Bureau of Workers' Compensation

- Employer Services Department, 22nd Floor
- Self-Insured Department, 22nd Floor

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

From: Policy number
Entity
DBA
Address

e: For this to be a letter, the self-insured department for self-insured employers, or the employer services department for all other employers, must stamp it. Being temporary in nature, BWC will not record via computer or retain this authorization. Representative must possess a copy when requesting service relative to the authority granted therein.

This is to certify that _____, including its agents or representatives identified to you by them, has been retained to review and perform studies on certain workers' compensation matters on our behalf.

I understand this authorization is limited and temporary in nature and will expire on _____ or automatically nine months from the date received by the employer services or self-insured departments, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	Email address
Print name The limited letter of authority provides access to the following information relating to our account:		
Title	Signature	Date

