

TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: Ohio Bureau of Workers' Compensation

- Employer Services Department, L22
 Self-Insured Department, L26

Please mark a box and return to:
 OFBF/Construction Industry Service Program
 c/o GatesMcDonald
 P. O. Box 182013
 Columbus, Ohio 43218-2013

From: Policy number
Entity
DBA
Address _____

NOTE: For this to be a **VALID** letter, it must be stamped by the Self-Insured Department for self-insured employers or by the Employer Services Department for all employers other than self-insured. This authorization, being temporary in nature, will not be recorded via computer or be retained by the Employer Services Department. A copy must be in the possession of a representative when requesting service relative to the authority granted therein.

This is to certify that _____ GatesMcDonald Rep ID #- 000010-80
 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.

The limited letter of authority provides access to the following types of information relating to our account:

- (1) Risk files
- (2) Claim files
- (3) Merit-rated or non-merit-rated experiences
- (4) Other associated data

This authorization does NOT include the authority to:

- (1) Review protest letters
- (2) File protest letters
- (3) File form CHP-4
- (4) File Motions, I-12's or IC-88's
- (5) File self-insurance applications
- (6) Represent the employer at hearings
- (7) Pursue other similar actions on behalf of the employer

I understand that this authorization is limited and temporary in nature and will expire on March 1, 2009
 or automatically nine months from the date received by the Employer Services Department or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	E-mail address
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Print name	Title	Signature	Date
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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 third-party representative 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 as they feel are necessary to obtain quotes for a group-rating program.
- Group Sponsors must notify all current group members if they will not be accepted for the next group rating year. The deadline for this notification is prior to the first Monday in February for private employers and prior to the second Friday in August 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.

Fax Cover Sheet

To: GatesMcDonald

Fax: (877) 388-6007

Pages: 2

2009 Construction Industry Service Program Employer Profile

BWC Policy Number _____ Company Name _____

Contact Name _____ E-mail Address _____

Phone Number _____ Fax Number _____

In order for us to complete your evaluation, you must answer all of the following questions:

1. Do you lease all or some of your employees? YES NO

(i.e. Is another company responsible for payroll and workers' compensation coverage for all or part of your work force on a permanent basis, not including temporary agencies?)

2. Is your company a staff leasing/professional employer organization (PEO)? YES NO

(i.e. Is your company contracted to provide some or part of the work force, including payroll and workers' compensation coverage, for another employer on a permanent basis?)

3. In the last two years, has your company sold any part of your business; acquired or merged with another company; or changed your BWC policy number? Do you plan to do so? YES NO

If yes, please explain:

I hereby certify on behalf of the company indicated above, that the information contained on this document is accurate and true. I understand that GatesMcDonald will rely on this information to determine eligibility for the 2009 Ohio Farm Bureau Federation Workers' Compensation Group Rating Program endorsed by the Construction Industry Service Program. I also authorize and agree to accept communication relating to the 2009 Ohio Farm Bureau Federation Group Rating Program that may be sent via facsimile, electronic mail, or other means of communication.

Signature _____ Date _____

The information contained in this message is PRIVILEGED AND CONFIDENTIAL.

INSTRUCTIONS:

1. Fill out and sign the 2009 Construction Industry Service Program Employer Profile.
2. Fill out and sign the Temporary Authorization to Review Information form (AC-3).
3. Fax BOTH forms to (877) 388-6007.

