

TEMPORARY AUTHORIZATION TO REVIEW INFORMATION



TO: **Phelps Financial Services. Inc.**
 c/o CompManagement, Inc
 P.O. Box 884
 Dublin, OH 43017
 Questions Toll Free 877-471-7997
 Fax 614-790-8280
 Toll Fax 866-567-9380



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 Risk Technical 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 Risk Technical 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 _____ **CompManagement, Inc.** _____ 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 2-28-09 or automatically six months from date received by the Risk Technical Services Department or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed six months.

Telephone number	Fax number	E-mail address
------------------	------------	----------------

Print Name	Title	Signature	Date
------------	-------	-----------	------

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

Attention Private Employer Group-Rating Prospects:

- Employer may complete the AC-3 for as many TPA 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 who have made application for the next group-rating year if they will not be accepted. The deadline for this notification is December 1st of each year.
- 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 third-party administrator (TPA).

All group-rating applicants are subject to review by BWC Risk Technical Services Department.

Public employers interested in group-rating programs should contact a group sponsor/TPA for specific information on this program.