

Application for **Ohio Workers' Compensation Coverage**

BWC

Better Workers' Compensation

Built with you in mind.



Workers' compensation coverage – Protection with your business in mind

Workers' compensation coverage protects you and your employees in the event of a work-related injury, disease or death. And in Ohio, it's the law.

All employers with one or more employees are required to carry workers' compensation coverage. Independent contractors and subcontractors also must obtain coverage for their employees. Officers of a corporation are considered employees for the purposes of workers' compensation.

If you are self-employed, a partner in a business or officer of a family farm corporation, you are not automatically covered. You may elect coverage for yourself by completing the elective coverage agreement in the Business information and elective coverage section.

Have questions? Call

1-800-OHIOBWC

(1-800-644-6292) and press 2 to reach your customer service representatives. The number can be dialed nationwide, Canada and Mexico (7:30 a.m. to 5:30 p.m. Eastern Standard Time).

For persons with hearing disabilities:

TTY/TDD

Statewide

(800) BWC-4TDD

(800) 292-4833

Apply for coverage online

*Now you can apply for coverage online
and pay your security deposit at:*

www.ohiobwc.com

It's easy to obtain coverage following these steps:

- ① Complete this application for coverage.** If you employ one or more workers, whether or not a worker is full or part time, you must have coverage.
- ② Provide as many details as possible.** When describing the nature of the business, include the type of work performed and the equipment used.
- ③ Sign and date the application.** It's not valid without a signature.
- ④ Detach and mail the completed application with a \$10 minimum security deposit to:**



Ohio Bureau of Workers' Compensation

P.O. Box 15698

Columbus, OH 43215-0698

Please make check or money order payable to
the **Ohio Bureau of Workers' Compensation.**

OR

*If you prefer, you may charge this to your VISA,
MasterCard or American Express.*

What happens next?

Once BWC receives your application for coverage you will receive:

- A new employer kit explaining your rights and responsibilities, as well as cost-saving tips for your business. Included with the new employer kit are: an MCO Selection Guide with instructions on how to select a managed care organization to medically manage your company's workers' compensation claims; a 45-day temporary Certificate of Premium Payment, including the effective date of coverage, which is the day BWC receives your signed application and \$10 deposit; and your seven-digit identification number called a BWC policy number. Please use it whenever you contact BWC about your policy. Remove this document and post it as proof of coverage.

- An invoice for the difference between the \$10 minimum security deposit and the additional security deposit you owe. The security deposit is 30 percent of your estimated eight months' premium up to a maximum of \$1,000. Once you pay the additional security deposit, you will receive a full Certificate of Premium Payment effective through the end of the current payroll period. Your security deposit will not be applied to future premium.

Coverage is not in effect until BWC receives the completed U-3 application and the \$10 minimum security deposit.

Completing the U-3 application

General Information - completed by all employer types

Please supply requested information.

Federal Employer Identification or Social Security Number: Please be sure to supply your federal employer identification number (FEIN). You can obtain a FEIN by calling the Internal Revenue Service. If you have applied for a FEIN, but have not received one, please write *applied for* in the appropriate box and you may supply it at a later date. Domestic household employers, sole proprietors, and partnerships who do not need a FEIN should supply a Social Security number of the sole proprietor or one of the home owners or partners.

Date you first employed one or more employees in Ohio: Ohio law requires employers to obtain workers' compensation coverage for their employees from their first date of hire.

Policies associated with this operation: Obtaining this information helps BWC identify duplicate policies.

Business information and elective coverage

Domestic/household coverage: Domestic household employers who pay workers \$160 or more in a calendar quarter are required to have workers' compensation insurance. Normally these workers provide domestic services, such as gardening, housekeeping, babysitting, etc. However, you should include workers you hire as employees to provide home improvement or construction type activities to your residence if the worker does not have his own business or own workers' compensation insurance. Please check the appropriate box under *Domestic household* employer that applies to the type of worker you will be hiring and supply an eight-month payroll estimate so BWC may calculate your premium security deposit.

Sole proprietors, partners and officers of a family farm corporation: Sole proprietors, partners of a duly formed partnership and officers of a family farm corporation are exempted from coverage. However, you are required to cover your employees. You may elect coverage for yourself as an officer of a family farm, a sole proprietor or partner by completing the elective coverage agreement in the application's *Business information and elective coverage* section. You must report a minimum of \$100 weekly even if actual income is less, up to \$800 weekly. Please remember that if you choose not to cover yourself and you are injured at work, *BWC will not provide coverage and other insurance may not cover your work-related disability or medical bills. Please contact your insurance carrier if you have any questions.*

Religious organizations: Ohio law requires religious organizations to cover their paid employees just like any other employer. However, ordained ministers and associate ministers are not considered employees for the purposes of workers' compensation. The religious organizations may elect to cover ordained and associate ministers by checking the appropriate box in the *Business information and elective coverage* section on the right.

Limited Liability Companies: Limited Liability Companies (LLC) can elect to be treated as a corporation, sole proprietorship, or partnership for income tax purposes. Because of this, owners of an LLC can be treated differently depending upon the form of entity they elect for income tax purposes. If electing to be treated as a sole proprietorship or partnership, coverage is optional for the owners. (See *Sole proprietors, partners, and family farm corporations* above.) If electing to be treated as a corporation, coverage for the owners is not optional. (See *Corporations* below.) Please check the appropriate LLC box advising whether you are acting as sole proprietor/partnership or a corporation.

Corporations: Corporate officers are considered employees of the corporation for workers' compensation purposes. Their actual wages up to \$800 weekly, are required to be reported. Corporate officers' payroll is reportable in the manual classification in which their duties are performed.

Other: If your business type is not listed in the application's *Business information and elective coverage* section, please complete the space provided.

Business purchase information (Does not apply to domestic household employers)

If you purchased an existing business, BWC will transfer the previous employer's experience to you. Additionally, under certain circumstances it can be beneficial to a new employer to transfer coverage to themselves from the previous owners. Under these circumstances both parties must agree to the transfer. Please contact BWC if you are interested in more information.

Owners information (Does not apply to domestic household employers)

Sole Proprietor, partner, officer of a family farm corporation: enter name, Social Security number, title, address, and duties of the sole proprietor, all partners or all family farm corporate officers.

Corporate Officers: enter name, Social Security number, title, address, and duties of all corporate officers.

Operations description (Does not apply to domestic household employers)

A complete description of your business is necessary to classify your operations. If inadequate information is supplied, your account could be misclassified. To prevent this from occurring, BWC asks that you supply in-depth information regarding your processes, the equipment used and any final product you may produce.

Payroll by operation type (Does not apply to domestic household employers)

Please provide the estimated eight-month payroll for each operation conducted by your employee as well as the number of employees you have under each operation.

Signature: all applications require a signature, please be sure to complete this area.

Application for Ohio workers' compensation coverage



General information - completed by all employer types

Legal business name or homeowner		Trade name or doing business as name		Contact name	
Mailing address		Street	City	State	ZIP code
Address of Ohio location, if different from mailing address (Do not use P.O. Box)		Street	City	State	ZIP code
Telephone number ()		Fax number ()		E-mail address	
Federal employer identification number or Social Security number			Date one or more employees hired in Ohio		
Are there other Ohio workers' compensation policies associated with this operation?		<input type="checkbox"/> Yes If yes, list the policy number(s) below; use additional sheets if necessary. <input type="checkbox"/> No			

Business information and elective coverage

Please check only one business type. See *Business information and elective coverage* explanation to the left.

Coverage for domestic household employers. Check the business type below and indicate the type of workers you will be covering.

- Domestic household
- Household workers
 - Home improvement/construction workers
- Eight-month payroll estimate _____

STOP!
 You have completed the application for domestic coverage. Please sign the back and return this form to BWC along with your \$10 minimum security deposit.

Coverage on the owners or ministers of the below business types is voluntary. You must cover your employees. Do you wish to elect voluntary self-coverage?

- Yes Please list names of covered individuals in owners' information section below. Attach additional sheets if necessary.
- No I understand that I elected not to cover myself. BWC will not pay benefits for my work-related injury. Initials _____

Please check a business type below that applies to you.

- Sole proprietor
- Partnership
- Religious organization
- Limited liability company acting as a sole proprietor or partnership
- Family farm corporation

Coverage on the owners or officers of the below business types is not voluntary. Please check a business type below that applies to you.

- Corporation
- | |
|----------------------------|
| Date of incorporation |
| Corporation charter number |
| State where incorporated |
- Limited liability company acting as a corporation
- Other _____

Business purchase information

Did you purchase this business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to next section)	If yes, do you wish to retain the former owner's policy number? (Note: Any claims experience transfers regardless) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked yes, STOP and call BWC at 1-800-0HI0BWC and press 2 for information.
Previous owner's name and BWC policy number	Date business was purchased	Did you purchase <input type="checkbox"/> all or <input type="checkbox"/> part of business?

Owners' information - attach additional sheets if necessary

Name #1	Social Security number	Title
Residential address	City	State ZIP code
Duties		
Name #2	Social Security number	Title
Residential address	City	State ZIP code
Duties		
Name #3	Social Security number	Title
Residential address	City	State ZIP code
Duties		

BWC USE ONLY

Policy number	Application number	Effective date	Payment type <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge	Payment amount	Date received	Initials
---------------	--------------------	----------------	--	----------------	---------------	----------

Detach and mail

