



Member benefit workers' compensation

Overview

Sedgwick is the Solon Chamber of Commerce's workers' compensation program administrator and represents over 65,000 Ohio employers in virtually every industry classification from large corporations to small family-owned businesses.

The Chamber recommends that you annually review the alternative rating/premium discount programs available through the Ohio Bureau of Workers' Compensation (BWC) and administered by Sedgwick on our behalf.

Sedgwick reviews your policy to determine the programs that may garner the most savings while keeping in mind your organization's risk tolerance. Enrollment for participating in alternative rating/premium discount programs occurs annually. Ensure that your organization is maximizing savings, meeting eligibility requirements and enrollment deadlines by contacting Sedgwick today.

Frequently asked questions

What discounts are available to apply to my workers' compensation premium rate?

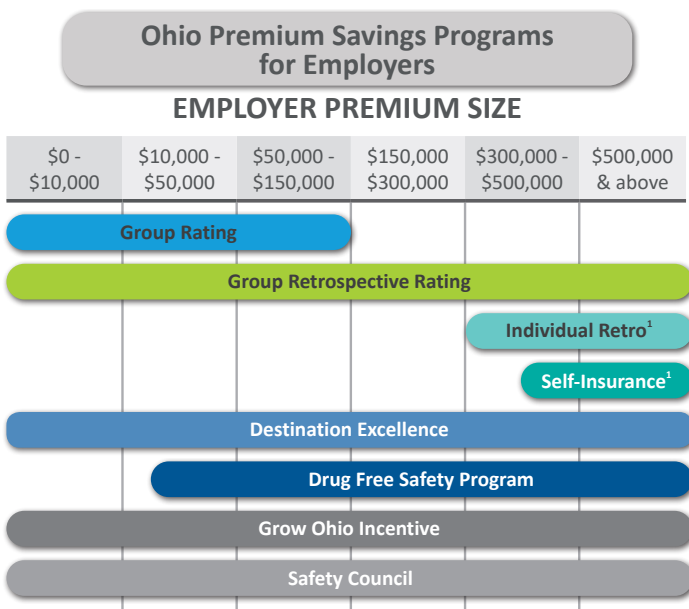
Sedgwick will provide information for your organization to see how participation in an alternative rating program will impact your costs as well as how these programs can be stacked together to achieve the maximum savings available. For example:

- **GROUP RATING** features discounts that typically range between 15 - 53%, which is the maximum discount allowed by the BWC.
- **GROUP RETROSPECTIVE RATING** refunds typically range between 25 - 50%; this program may be a good alternative discount program for companies that may not be eligible for Group Rating but have a focus on safety, emphasis on transitional duty and other cost containment strategies.
- **STACKING OPTIONS** offer many other opportunities, including Destination Excellence programs, that may be combined to further increase savings on your premiums.

How can my organization participate in a program?

To see how much your company can save, simply complete the Temporary Authorization to Review Information (AC-3) form on the reverse side of this document, and return the form to Sedgwick at the address or toll-free fax number listed or email the form to: ohio.group@sedgwick.com.

Sedgwick will prepare a cost savings analysis for your review and consideration. Please contact Sedgwick's Customer Support Unit at (800) 825-6755, option 3 for any questions regarding your workers' compensation coverage and program participation.



¹Other requirements needed



Temporary Authorization to Review Information

To: Solon Chamber of Commerce
 c/o Sedgwick
 P.O. Box 884
 Dublin, OH 43017
 Toll-Free Phone: 800.825.6755, option 3
 Toll-Free Fax: 866.567.9380
 www.sedgwick.com/ohiotpa

From: Policy Number
Entity
DBA
Address
City/State/Zip



Note: For this to be a **valid** 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 **Sedgwick** 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 *Application for Handicap Reimbursement (CHP-4)*;
4. Notice of Appeal (IC-12) or Application for Permanent 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.

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	Title	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 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 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.