



**Instructions:**

- **Complete the application;**
- An officer, partner, or owner (sole proprietor) must sign the application;
- Please type or print clearly;
- Fax completed application to (614) 728-3205 by the deadline below. *Please obtain and retain proof of successful transmission.*

- NEW APPLICANT**
- REINSTATEMENT**
- REAPPLY TWO-YEAR EXTENSION**

BWC USE ONLY	
County #	EM
Region #	Service Co. #

Employer name		Policy number	Office telephone number (      )	
Trade name /DBA		Fax (      )		
Street address (Please list additional locations in Ohio on reverse side.)		E-mail address		Federal I.D. number
City	State	Nine-digit ZIP code		County
Safety Plan Coordinator		Alternate Safety Plan Coordinator		Number of employees in Ohio Full time _____ Part time _____

- This application is intended for first-year applicants or employers reactivating participation with a minimum one-year break, and those reentering after completion and a two-year break from this program.
- BWC must receive private employer applications by 35 days after BWC publishes the employer's experience rate letter. If the application is received later, but by Dec. 31, discounts are to begin on Jan. 1. Or, if the application is received after Dec. 31 the discount will commence the next July 1. BWC should notify applicants of acceptance within 90 days of the effective date.
- BWC must receive public employer taxing district applications no later than 35 days after BWC publishes the employer's experience rate letter. If eligible, participation is effective Jan. 1. BWC should notify applicants of acceptance within 60 days of the effective date.
- Employers participating effective July 1 must submit an annual Plan of Action by March 31 to their BWC Employer Services Specialist or Certified Sponsor. Employers participating effective Jan. 1, must submit an annual Plan of Action by Sept. 30. Supporting documentation of 10-Step Business Plan implementation is to be supplied on request. Failure to complete a Plan of Action form (available from BWC or a Certified Sponsor) by the indicated date will result in retroactive loss of the discount to the anniversary date.
- Employers in the third year are exempt from filing a Plan of Action, but must supply documentation upon request indicating continual improvement.
- An employer's certified program sponsor and/or BWC Risk Division personnel will evaluate the Plan of Action. Employers must implement steps 1, 2 and 6 during the first year and must choose and implement two additional steps during year one. During years two and three, all 10 steps must be implemented and improvement must be demonstrated in the reduction of claims frequency or severity or cost or Experience Modification (EM) or a combination of any of these factors.
- Employers must report claims immediately to the MCO, which reports the claim to BWC within 24 hours.
- PDP Plus refunds are contingent upon a 15 percent, or greater claims severity and/or frequency ratio reduction.

**I understand the discount will be revoked to the beginning of the policy year if we do not submit a Plan of Action implementation report. I understand that continued participation in the Premium Discount Program Plus is contingent on the successful implementation of BWC's 10-Step Business Plan.**

Officer name		Officer title	
Signature		Date	
<b>Certified Sponsor (if applicable)</b>			
<b>Note: Premium Discount Program Plus Services provided by certified sponsor associations are available at no additional fee from Bwc.</b>			
Association name		Authorized representative	



**ATTENTION RISK TECHNICAL SERVICES L-22  
 BUREAU OF WORKERS COMPENSATION  
 30 W SPRING ST  
 COLUMBUS OH 43215-2256**



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USE TAPE, GLUE OR TAB TO SEAL

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**• To better service your account, please attach additional sheets as needed listing all Ohio locations.**

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Contact person	Telephone number	General or District Manager	
Address			
City	State	Nine-digit ZIP Code	County

Contact person	Telephone number	General or District Manager	
Address			
City	State	Nine-digit ZIP Code	County

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