

Ohio Department of Job and Family Services  
**EMPLOYER'S REPRESENTATIVE AUTHORIZATION**

P.O. BOX 182059  
 Columbus, OH 43215-2059  
 (614) 466-4047  
[EMPCHRG@jfs.ohio.gov](mailto:EMPCHRG@jfs.ohio.gov)

**Section I - Benefits Authorization for Representation or Dissolution of Representation**

I hereby authorize the Ohio Department of Job and Family Services to allow the representative named in Section II to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

**NOTE:** If correspondence should be sent on a regular basis to the representative, please choose representative for question #1.b in Section III.

I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the representative named in Section II. The Ohio Department of Job and Family Services should no longer allow the representative named in Section II to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

**Section II - Employer and Representative Information**

When completing this form, please print using block capital letters in black ink. For example:

A	B	C	D	E	F	G	H	I
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Employer Name

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Employer Address

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City

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State

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Zip

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Country

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Employer Account Number

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FEIN

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Employer Phone Number

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Representative or Third Party Administrator Name

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Representative or Third Party Administrator Number

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Representative or Third Party Administrator Phone Number

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Representative Address Line 1

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Representative Address Line 2 - Please enter P.O. Box here

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City

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State

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Zip

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Country

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Province - International addresses only

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Postal Delivery Code - International addresses only

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### Section III - Service Function and Correspondence

1.a To what service function(s) does the authorization or dissolution selected in Section II apply?  
 (Please check all that apply)

1.b For the service function(s) selected in question #1 a, where should the correspondence be sent on a regular basis?  
 (Choose only one)

<input type="checkbox"/> Monthly Benefit Charge Statement	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Request for Information	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Request for Separation Information	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Determinations	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Appeals	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Employer Third Party Administrator	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative or Third Party Administrator
<input type="checkbox"/> Interface		

### Section IV - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative as indicated in Section III, including but not limited to:

1. Notification required by Section 4141.26
2. Injury caused by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature

**NOTE:** Must be owner, partner, member or corporate officer

Title

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Date

--	--	--	--	--	--	--	--	--

Employer Name

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Employer Phone Number

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