



Sheakley UniComp

Ohio

Bureau of Workers' Compensation



ACCREDITED

Case Management Expires 08/01/2023

Fax to: 513.672.4513 | Email to: andreak@sheakley.com | Mail to: One Sheakley Way, Cincinnati, OH 45246

Please make sure all of the following information is printed clearly:

Policy Number: _____

Business Name: _____

Doing Business As: _____

Contact Name: _____
First (Printed or Typed) MI Last (Printed or Typed)

Phone Number: _____ Extension: _____

Fax Number: _____

Mobile Number: _____

Number of Employees: _____ Primary Ohio County of Operation: _____

Name of MCO Selected: SHEAKLEY UNICOMP, INC. MCO Number (5 Digit Number): 10002

EMPLOYER SIGNATURE _____ Date: _____

Title: _____ E-mail Address: _____

DISCLAIMER:

EMPLOYER'S RIGHT TO SELECT

- An employer may select any MCO that meets its individual business needs during open enrollment periods.
- Selection of the MCO is solely the choice of the employer.

To ensure proper employer identification please provide the following information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Federal Employer ID Number: _____ I am a new employer in the State of Ohio: Yes No

For more information contact Andrea Kiener at 888.743.2559 ext.7004 or at 513-618-1204