

Managed Care Organization (MCO) ENROLLMENT FORM

To select Sheakley UniComp as your Managed Care Organization, please complete, sign, and submit this form.

Please print or type the following:

Employer policy number (required): _____

Business name: _____

DBA (if applicable): _____

Contact name: _____

Phone number: _____

Number of employees: _____

County/ies of operation: _____

MCO selected: SHEAKLEY UNICOMP, INC.

MCO number: 10002

Employer mailing address: _____

City, state, zip: _____

Fax number: _____

Email address: _____

Preferred method of contact: _____

Employer signature: _____

Date: _____

DISCLAIMER - Employer's Right to Select

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

MCO Open Enrollment Information


Open Enrollment Runs:
April 28 – May 23, 2025.

Submit this form by:
4:30 pm on May 23, 2025.


Find out why choosing Sheakley UniComp makes sense for your organization.

Learn more at:
www.sheakley.com/solutions/managed-care/

Submit via email, fax, or mail to:

 Email : andreak@sheakley.com

 Fax : 513.672.4515

 Mail : 9987 Carver Road,
Suite 300
Cincinnati, OH 45242



For more information on our managed care services, contact Andrea K at:

888.743.2559 x7004 (Toll-Free) or 513.618.1204

