

MCO SELECTION FORM



Complete this selection form and return to
Comp One by fax 330-259-0094

Employer Policy Number: (located on your certificate coverage) _____

Company Name: _____

Doing Business As: _____

Contact Name: _____

Phone Number w/Extension: _____

Email Address: _____ Number of Employees: (0-9,999) _____

Fax Number: _____ County of Operation: (Use the two-digit code from the county table below) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of MCO Selected: **Comp One, Ltd.**

MCO Number: **10073**

EMPLOYER'S RIGHT TO SELECT

During open enrollment periods, an employer may select an MCO that meets its individual business needs. The MCO selection is solely the employer's choice.

Employer Signature: _____

Employer Name (print): _____

Employer Title: _____ Date: _____

The Ohio Bureau of Workers Compensation has provided you with four options to submit your request to select a new MCO. If Comp One is already your MCO you do not need to do anything.

OPTION ONE:

Complete this selection form and return to Comp One by fax (330-259-0094) or mail. Form must be received no later than 3pm May 23rd.

OPTION TWO:

Complete and submit a selection form electronically. Go to the www.bwc.ohio.gov home page and click on the 2014 open enrollment banner ad. From there, scroll down to Related links and click on the link to the online selection form. Follow the instructions to complete and submit the form electronically.

OPTION THREE:

Complete the hard copy selection form included in the BWC's MCO Selection form you received & mail/fax it to BWC. The address & fax # are included on the form. BWC must receive form by 5:30 p.m., May 23.

OPTION FOUR:

Submit an official letter of change. You may select a new MCO by submitting an official "letter of change" on your company letterhead. BWC must receive form by 5:30 p.m., May 23. In your letter, please provide the same information we ask for on our selection form and mail it to:

Ohio Bureau of Workers' Compensation

Attn: Open Enrollment

30 W. Spring St., 22nd Floor
Columbus, OH 43215-2256

You may also fax the letter to 614-719-5313. *Note: We must receive your signed letter by 5:30 p.m., May 23, 2014*

TWO-DIGIT COUNTY CODES

01 Adams	31 Hamilton	61 Noble
02 Allen	32 Hancock	62 Ottawa
03 Ashland	33 Hardin	63 Paulding
04 Ashtabula	34 Harrison	64 Perry
05 Athens	35 Henry	65 Pickaway
06 Auglaize	36 Highland	66 Pike
07 Belmont	37 Hocking	67 Portage
08 Brown	38 Holmes	68 Preble
09 Butler	39 Huron	69 Putnam
10 Carroll	40 Jackson	70 Richland
11 Champaign	41 Jefferson	71 Ross
12 Clark	42 Knox	72 Sandusky
13 Clermont	43 Lake	73 Scioto
14 Clinton	44 Lawrence	74 Seneca
15 Columbiana	45 Licking	75 Shelby
16 Coshocton	46 Logan	76 Stark
17 Crawford	47 Lorain	77 Summit
18 Cuyahoga	48 Lucas	78 Trumbull
19 Darke	49 Madison	79 Tuscarawas
20 Defiance	50 Mahoning	80 Union
21 Delaware	51 Marion	81 Van Wert
22 Erie	52 Medina	82 Vinton
23 Fairfield	53 Meigs	83 Warren
24 Fayette	54 Mercer	84 Washington
25 Franklin	55 Miami	85 Wayne
26 Fulton	56 Monroe	86 Williams
27 Gallia	57 Montgomery	87 Wood
28 Geauga	58 Morgan	88 Wyandot
29 Greene	59 Morrow	
30 Guernsey	60 Muskingum	