



Bureau of Workers' Compensation

Application for Claim Impact Reduction Program

Submit the form to BWC in one of the following ways.

Online: bwc.ohio.gov

My Policy: Sign in to our website, and from the My policy page, click **Upload documents**.

Fax: 614-621-1405

Email: EmployerProgramUnit@bwc.ohio.gov

Mail: BWC Mail Processing Center

Attn: Employer Services

30 W. Spring St., Columbus, OH 43215-2256

Important: If you fax or mail the form to BWC, be sure to sign and date it. BWC cannot process it without a signature.

Employer information

Name of employer and DBA	Federal tax ID number	BWC policy number
Address		
City	State	ZIP code
Employer contact for Claim Impact Reduction Program	Title of the employer contact for Claim Impact Reduction Program	
Email address for Claim Impact Reduction Program contact	Phone number	Fax number

Deadline for application receipt

The last business day in January for the July 1 – June 30 program period – private employers only.

The public employer Claim Impact Reduction Program deadline is the last business day in July.

This application is for the Claim Impact Reduction Program (CIRP). Applicants must meet all of the requirements listed below.

- First year applicants must be participating in a group-rating program at the CIRP application deadline. In addition, BWC will not renew the employer for group rating for the upcoming rating year beginning July 1 for private employers or Jan. 1 for public employers.
 - 20% during the first year in the program
 - 15% in the second year
 - 10% in the third year
 - 5% in the fourth year
- The employer cannot have more than one significant claim and three non-significant, medical-only claims in the upcoming experience period.
- The employer cannot have cumulative lapses in workers' compensation coverage in excess of 40 days within 12 months at the last business day in January, which is the application deadline. The employer also must be current on all balances owed to BWC by the last business day in January.
- An employer who meets all the eligibility requirements and makes application will receive the following discount off the base rate:
 - The CIRP is a voluntary program that an employer may participate in for the duration a significant claim remains in its experience. BWC will also re-evaluate the employer each year to determine eligibility. BWC will have the final authority to approve an employer's participation in CIRP.
 - BWC defines a significant claim as a claim whose total value or maximum claim value, whichever is lower, will be greater than the employer's total limited losses (TLL). Once designated as the significant claim, BWC cannot change it to another claim after the employer's initial enrollment in the program.
 - The total costs of the three non-significant, medical-only claims can not exceed the employer's TLL.

I have fully read and understand the CIRP's rules. I understand BWC will revoke the discount at the beginning of the next policy year if I have more than one significant and three medical-only claims, or if the combined claim costs of the three medical-only claims surpasses the TLL, or if I fail to meet any of the requirements of paragraph (C) or paragraph (D) of Ohio Administrative Code (OAC) 4123-17-71. This includes that I must complete a half-day, classroom style class offered by BWC's Division of Safety & Hygiene the first year of participation and three hours online training through bwc.ohio.gov in subsequent years. By signing this application, I certify I have read and understand the program requirements outlined in OAC 4123-17-71, and I certify I will comply with all of the program's requirements.

Owner/partner; officer name	Title
Signature X	Date signed

Employers should refer to OAC 4123-17-74 Appendix C to determine which programs are compatible as not all programs are discount compatible.

BWC-4842 (Rev. May 29, 2024)

CIRP-1 (Formerly OCP-1)