



Bureau of Workers' Compensation

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

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

Email: siing@bwc.ohio.gov

Fax: 614-621-9405

Mail: BWC Mail Processing Center
Attn: Employer Services
30 W. Spring St.
Columbus, OH 43215-2256

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

Dear Self-Insuring Employer:

Effective June 30, 2006, self-insuring employers may elect to withdraw from the claims reimbursement fund as amended by Senate Bill 7 (SB7). BWC will no longer assess employers exercising this option the portion of the surplus fund assessment for claims reimbursement costs.

Note: An employer's decision to elect to withdraw from the claims reimbursement fund is irrevocable.

Employer	BWC USE ONLY
	SIDN application number

On behalf of the above-referenced employer, I hereby elect to withdraw from the claims reimbursement fund, thereby withdrawing the employer from participation in the claims reimbursement portion of the surplus fund.

I understand there will be no reimbursement for claims expenses incurred on or after the effective date of the application. My signature below certifies I am empowered to make this election on behalf of this self-insuring employer under the workers' compensation laws of Ohio.

Signature	Title	Date
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