



Have questions? Need assistance? BWC is here to help!

Call 1-800-644-6292, and listen to the options to reach a customer service representative

You can dial the number nationwide, and in Canada and Mexico from 7:30 a.m. to 5:30 p.m. EST.

Remember, you can access information and request services by visiting BWC's website at bwc.ohio.gov

Instructions

Complete this form to notify BWC of demographic changes to the information on your Ohio workers' compensation policy by completing the sections that apply to your updates.

Section A – New/update business information

This section is used for changes in legal business name, trade name (dba), entity type, and/or owner/officer. This form is not intended for ownership changes. If changes to the owner(s) is not merely a correction, but rather a change in ownership, do not complete this form. Instead, complete form **U-3** Application for Coverage, **U-115** Request to Transfer Existing Coverage to Successor Employer, or **U-118** Notification of Business Acquisition/Merger or Purchase/Sale – Please read the instructions on each document to determine the appropriate form to be submitted.

Section B – Update contact information

Section C – Add/remove additional location or update employer's primary physical location or mailing address

Section D – Request to cancel previous election to obtain coverage from other states

Section E – Certification – Signature Required

Coverage for certain owners or ministers is voluntary. Listed below are the categories of individuals or entities who qualify for elective coverage.

- Sole proprietor
- Partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate minister of a religious organization
- Individual incorporated as a corporation (with no employees)

If you wish to elect or cancel coverage on a qualifying individual, you must submit form U-3S Application for or Request to Cancel Elective Coverage. The form is available for electronic submission at bwc.ohio.gov. You may also obtain a copy by calling 1-800-644-6292.

Notification steps:

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

Fax: Policy Processing: 614-719-5313
Mail: BWC Mail Processing Center
Employer Services
30 W. Spring Street
Columbus, OH 43215

Provide your Policy number, federal identification number, or Social Security number and legal business name **as it currently appears on your account**. Provide your updated information in the appropriate section(s) of this form.

Federal employer identification number or Social Security number	Policy number
Legal business name	

Section A New/Update business information

Update business entity type

When the employer or operation is essentially the same, you can request an update to the legal business name, trade name or DBA, federal employer identification/Social Security number, entity type, and/or owners/officers. If changes to the owner(s) is not merely a correction, but rather a change in the ownership group, do not complete this form. Instead, complete only one of the following forms: **U-3** Application for Coverage, **U-115** Request to Transfer Existing Coverage to Successor Employer, or **U-118** Notification of Business Acquisition/Merger or Purchase/Sale. Please read the instructions on each document to determine the appropriate form to be submitted.

***Please tell us what type of update you are requesting.

Make selection(s) below:

☐ Update FEIN or SSN

☐ Remove DBA

☐ Add or Update Trade name/DBA

☐ Update Legal Business Name

If no selection is made, the information entered will replace the existing data on file.

Effective Date

Legal business name

Trade name or DBA

☐ Primary (check only, if updating Db a to primary)

Federal employer identification number or Social Security Number

Phone Number

☐ Business ☐ Home

☐ Cell ☐ Fax number

Business E-mail

Business Website

Update business entity type

Check only one box, for the business entity type that applies to you

☐ Sole proprietor

☐ Limited liability company acting as a sole proprietor

☐ Corporation

☐ Partnership

☐ Limited liability company acting as a partnership

☐ Individual incorporated as a corporation

☐ Limited Partnership

☐ Limited liability company acting as a corporation

☐ Association

☐ Domestic

☐ Family farm corporation

Incorporation date

Charter number

State where incorporated

Have you changed the nature of your business operation or finished products? ☐ No ☐ Yes, explain

Provide the reason for change in legal business name.

☐ Corporate name change

☐ Same/similar ownership group changing legal entity type

☐ Other

Explain:

Section A New/Updated business information (continued)		Policy Number
Update owner/officer information		
Name #1 (First, Middle Initial, Last)	Effective date	% Ownership
Home mailing address		Date of birth
City	State	ZIP code
Social Security number	Title	Phone:
		Email:
Name #2 (First, Middle Initial, Last))	Effective date	% Ownership
Home mailing address		Date of birth
City	State	ZIP code
Social Security number	Title	Phone:
		Email:
Name #3 (First, Middle Initial, Last)	Effective date	% Ownership
Home mailing address		Date of birth
City	State	ZIP code
Social Security number	Title	Phone:
		Email:
Name #4 (First, Middle Initial, Last)	Effective date	% Ownership
Home mailing address		Date of birth
City	State	ZIP code
Social Security number	Title	Phone:
		Email:
List names of owner(s) and/or officers(s) no longer affiliated with the business (print names)		
Name	End date	

Section B Update contact information		Policy number	
<input type="checkbox"/> Updating an existing contact <input type="checkbox"/> Adding a contact <input type="checkbox"/> Deleting a contact			
Contact name #1	Title		
Contact phone number	<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Contact fax number	Contact e-mail address		
<input type="checkbox"/> Updating an existing contact <input type="checkbox"/> Adding a contact <input type="checkbox"/> Deleting a contact			
Contact name #2	Title		
Contact phone number	<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Contact fax number	Contact e-mail address		
Section C Add/Remove additional locations or update primary physical location or mailing address			
Update Primary physical location address			
BWC uses the primary address to assign one customer service office for all your risk-management services. Please provide the address for your primary Ohio location best capable of handling and resolving your risk-management issues or an out of state location if you Do Not have a physical location in Ohio.			
***Please tell us what type of update you are requesting. Make selection(s) below: <input type="checkbox"/> Update the primary physical location <input type="checkbox"/> Update the mailing address <input type="checkbox"/> Add additional physical location(s) <input type="checkbox"/> Remove additional physical location(s) If no selection is made, the information entered will replace the existing data on file.			
Primary physical location			
Street Address (Do Not use P.O. Box)			
City		State	ZIP code
Update mailing address			
Update mailing address (if different from primary physical location)			
Street Address or P.O. Box			
City		State	ZIP code
Add/remove additional physical location(s)			
<input type="checkbox"/> Add additional physical location <input type="checkbox"/> Remove physical location			
Street Address (Do Not use P.O. Box)			
City		State	ZIP code
Location phone		Location fax	
Add/remove additional physical location(s)			
<input type="checkbox"/> Add additional physical location <input type="checkbox"/> Remove physical location			
Street Address (Do Not use P.O. Box)			
City		State	ZIP code
Location phone		Location fax	

Section D Request to cancel election to obtain coverage from other states

Use this section to cancel states previously granted an election to obtain coverage from another state. If you wish to maintain coverage throughout the end of the current policy year, select Do not renew. Otherwise, enter the effective date for which you want the state removed.

State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew
State of coverage	Cancellation date _____ <input type="checkbox"/> Do not renew

Section E Certification – Signature Required

We cannot process this form without a signature. Sign and print in the designated areas below.

By my signature, I certify I have the authority to notify BWC of the change, and the facts set forth on this notification form are true and correct to the best of my knowledge and belief. I am aware that any person who misrepresents, conceals facts, or makes false statements may be subject to civil, criminal, and/or administrative penalties.

Signature of owner, partner, member, executive officer, or
authorized representative

Title

Print name

Date

Telephone number

Email address

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

Fax: 614-719-5313

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Employer Services

30 W. Spring Street

Columbus, OH 43215-2256