



Bureau of Workers' Compensation

Notice of Election to Obtain Coverage from Other States for Employees Working Outside of Ohio

Please read this information before completing the form

This information concerns only employees who work outside of Ohio on a temporary basis. Ohio law allows employers to obtain coverage in other states in addition to their Ohio coverage. (Ohio Revised Code (ORC) 4123.292)

- Ohio coverage applies to work performed temporarily in another state if the claim is filed with BWC.
- However, the employer may elect to obtain workers' compensation coverage from an authorized insurer in the state which it performs work. *(NOTE: Depending upon the law of the other state, it may require the employer to obtain coverage in that state.)* This other states coverage applies to only work done outside of Ohio.
- This selection allows the employer to allocate payroll reported to the other state's insurer for work done outside Ohio from their Ohio payroll reported to BWC.

How to meet the notification requirement

Employers electing coverage from another state must: (1) notify BWC in writing and (2) give BWC the name of the state agency or insurance company providing the coverage.

- Complete this form and return it to BWC to meet these requirements.
- Include a copy of the insurance policy as proof of coverage.

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

My Policy: Sign in to our website, and from the My policy page, click

Upload documents.

Email: policyprocessing@id.ohio.gov

Fax: 614-719-5313

Mail: BWC Mail Processing Center

Attn: Policy Processing

30 W. Spring St.

Columbus, OH 43215-2256

Payroll reporting and premium payment requirements.

Employers electing coverage from another state:

- Must report payroll and pay premium to BWC for all work their employees do in Ohio.
- Should NOT include work done outside of Ohio when reporting payroll or calculating premium payments to BWC.
- Must both report and pay premium for any work done outside of Ohio to the other state or insurance company providing the coverage.
- Must maintain documentation on out-of-state payroll and premiums and provide this to BWC on request.

Employer's notification to BWC

This certifies that the employer listed below has elected coverage from an insurer other than BWC for work done outside of Ohio. The employer is submitting this form along with a copy of its insurance policy from the other state where work occurs. This documentation shows proof of workers' compensation coverage from an authorized insurer. The employer will immediately notify BWC in writing of cancellation of this policy for any reason.

Employer information

Employer name	BWC policy number
Street address	Phone number
City and state	Fax number
ZIP code	Email address

Other state's insurance information

Insurer name	Other state's insurance policy number
Street address	Effective date of policy
City and state	ZIP code
Insurer name	Other state's insurance policy number
Street address	Effective date of policy
City and state	ZIP code

Certification

I certify this employer has elected to obtain workers' compensation coverage from an authorized insurer other than BWC for work done outside of Ohio. I also certify I have the authority to notify BWC of this election. My signature indicates the statements on this form are true to the best of my knowledge. I am aware that anyone who makes false statements, conceals facts or misrepresents payroll to BWC may be subject to civil, criminal and administrative penalties.

Signature of owner, partner, member, or executive officer	Title
Printed name of above signature	Date
Telephone number	Email address