



Bureau of Workers' Compensation

Sponsor Certification Application

Instructions

- Complete this application.
- Attach each of the requested items to the application.
- If you were approved as a BWC-certified sponsor in 2009 or later, and you are applying for recertification, you only need to provide the information designated with a "*" during the recertification process.
- Send form to: BWC Mail Processing Center, Attn: Employer Services, 30 W. Spring St., Columbus, OH 43215-2256.

General Information

Legal business name*		Policy number*	
Address*	City*	State*	ZIP code*
Contact person*	Phone*		
Email*	Fax*		
Total number of members*	Total number of members in group*		
Total number of members not in group*	Are you required to file an IRS 990 form?*		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of third-party administrator (if applicable)*

Please use the check list below to ensure you include the items with the certification application.

- ☐ Signed *Sponsor Certification Application* (U-149) and all certification components listed in the U-149 for each sponsoring affiliate. (An affiliated organization is an organization in which members are brokered, borrowed, shared, or co-opted for inclusion in the certified sponsoring organization's group.)*
- ☐ Proof of active workers' compensation coverage (BWC Certificate)
- ☐ Articles of incorporation
- ☐ Certification safety agreement for sponsors and affiliate sponsors*
- ☐ Mission statement
- ☐ Marketing material (this includes a description of services related to group as well as other services, brochures, website information, newsletters and other material that allows BWC to better understand the focus of the organization).

In signing below, I hereby certify my organization is applying to become a BWC-certified sponsor for the Group-Retro and/or Group-Rating Program. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false or misleading statement(s) made in conjunction with this application.

Name	Title
Signature X	Date