



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 Web site at [bwc.ohio.gov](http://bwc.ohio.gov).



All employers with one or more employees must carry workers' compensation coverage. It's the law. However, Ohio law makes coverage elective for owners or ministers in one of the following categories: sole proprietor; partnership; limited liability company acting as a sole proprietor; limited liability company acting as a partnership; family farm corporate officers; individual incorporated as a corporation; and ordained or associate ministers of a religious organization. These individuals may cover themselves by submitting this form. Elective coverage is effective the date BWC receives the application and will remain in effect until you request to cancel the coverage. You must complete an additional application for elective coverage to cover owners or ministers you wish to add at a later date. Remember, if you choose not to cover yourself and you are injured at work, BWC will not provide coverage, and other insurance may not cover your work-related disability or medical bills. Contact your insurance carrier if you have questions.

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

Online: [bwc.ohio.gov](http://bwc.ohio.gov)

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

Fax: 614-719-5313

Mail: BWC Mail Processing Center  
Attn: RTS Classification Unit  
30 W. Spring St.  
Columbus, OH 43215-2256

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

Payroll reporting requirements

Specific payroll reporting requirements associated with elective coverage are listed below.

**Sole proprietors and partners, including limited liability companies acting as a sole proprietor or partnership:** For all individuals electing coverage, the reportable wages are subject to a minimum and maximum, which BWC bases on the statewide average weekly wage (SAWW) calculated annually by the Ohio Department of Job and Family Services (ODJFS.) The minimum payroll reporting amount will be 50 percent of the SAWW. The maximum payroll reporting amount will be 150 percent of the SAWW. Individuals who earn between the minimum and maximum will report their actual net incomes based on their form 1040, Schedule C for sole proprietors or form 1065, Schedule K-1 for partnerships, inclusive of any draws.

**Officers of a family farm corporation:** For corporate officers of a family farm electing coverage, the reportable wages are subject to a minimum and maximum, which BWC bases on the SAWW calculated annually by ODJFS. The minimum payroll reporting amount will be 50 percent of the SAWW. The maximum payroll reporting amount will be 150 percent of the SAWW. Officers of a corporation who earn between the minimum and maximum will report their actual W-2 wages. For S-corporations, officers must report wages for services they perform. This may include W-2 wages as well as all or part of ordinary income from Schedule K-1 up to the maximum.

**Religious organizations:** Ohio law requires religious organizations to cover their paid employees. However, BWC does not consider ordained ministers and associate ministers employees for the purpose of workers' compensation. When the religious organization covers a minister under its policy, actual earnings are reportable and are not subject to the minimum and maximum. Ministers not covered under the religious organization's policy, can complete an application for coverage and elect coverage on themselves as a sole proprietor. Ministers electing coverage as a sole proprietor are subject to the minimum and maximum reporting requirements as described above.

**Individuals incorporated as a corporation with no employees:** For individual corporate officers electing coverage, the reportable wages are subject to a minimum and maximum, which BWC bases on the SAWW calculated annually by ODJFS. The minimum payroll reporting amount will be 50 percent of the SAWW, and the maximum payroll reporting amount will be 150 percent of the SAWW. Officers of a corporation who earn between the minimum and maximum will report their actual W-2 wages. For S-corporations, officers must report wages for services they perform. This may include W-2 wages as well as all or part of ordinary income from Schedule K-1 up to the maximum.

Elective coverage type

- 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

Legal business name		Policy number	
Trade name or doing business as name		Federal employer identification number or Social Security number	
Mailing address	Street	City	State ZIP code
Email address		Telephone number	

**Section A: Owners/Ministers information – List owners/ministers electing coverage.  
(Attach additional sheets if necessary.)**

Name #1

Residential address

City	State	ZIP code
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Social Security number	Title	Date of birth
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Duties

Name #2

Residential address

City	State	ZIP code
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Social Security number	Title	Date of birth
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Duties

Name #3

Residential address

City	State	ZIP code
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Social Security number	Title	Date of birth
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Duties

Name #4

Residential address

City	State	ZIP code
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Social Security number	Title	Date of birth
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Duties

**Section B: Request to cancel elective coverage**

If elective coverage is no longer required for one or more qualifying individuals, cancel elective coverage for the individual listed below. Requesting to cancel elective coverage on the original effective date, BWC must receive such request within 45 days of the date of the first invoice where elective coverage was included in the estimate premium.

Name	Effective date of cancellation

Upon cancellation of elective coverage, BWC will NOT pay benefits for work-related injuries. You must report and pay elective coverage wages up through the end date of the elective coverage. If you choose to elect coverage for a qualifying individual in the future, you must complete and submit a [U-3S](#). You can obtain this application on BWC's website, [bwc.ohio.gov](http://bwc.ohio.gov), or by calling 1-800-644-6292.

**Certification - signature required**

*By my signature, I certify I have the authority to execute this application, and the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws or misrepresents, conceals facts, or makes false statements to obtain coverage may be subject to civil, criminal and/or administrative penalties.*

Print name

Signature and title

Date

**WARNING: Incomplete applications will not be processed. This delay will impact the effective date of your elective coverage or the date of cancellation.**

**BWC use only**

Policy number	Effective date	Date received	Initials	Manual class number(s)