



## **GUIDANCE FOR Self-Insured Applicants**

From the only workers' compensation service provider with a mission to **protect and grow Ohio manufacturing**

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# Guidance for Self-Insured Applicants

## Index

Prior to Applying for Self-Insurance .....1

Applying for Self-Insurance. ....2

Preparing for Self-Insurance Approval .....10

Preparing for Bureau of Workers' Compensation Self-Insurance Orientation. . . .12

Just Prior to Your Self-Insurance Effective Date. ....16

Appendix – Application Process Timeline .....17

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# Prior to Applying for Self Insurance

## Managing Your State Fund “Tail Claims”

Existing state fund claims will need to be managed until they are resolved or until they no longer impact your self-insured assessments. These are commonly called your state fund “tail claims.”

Here are some best practices for handling tail claims:

- OMA will review your current state fund claims, if any, to be certain handicap reimbursement reviews have been performed and, if applicable, file handicap reimbursement applications with the Bureau of Workers' Compensation (BWC). This will be your final opportunity to receive handicap premium relief from these claims. Any pending handicap applications will need to be listed on your application for self-insurance.
- OMA will request a listing of all your company's claims from the inception of your state fund coverage to present. We'll research the claims to determine which have reached their statutes of limitation. Your company will have no ongoing liability for these claims.
- Next, we will ask you to review any remaining claims that are still active under the statute to determine current employment status of the claimants. Claims for claimants who are no longer employed by you will be evaluated for settlement in order to permanently eliminate them from your experience.

All state fund tail claims can be managed by OMA. We'll ask you to execute a separate contract (from your OMA self-insured agreement) in order to provide tail-claim management. You'll want good claims management of these tail claims because any compensation paid in these claims (regardless of injury date) can impact your BWC self-insured assessments for a period of five years.

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# Applying for Self Insurance

OMA staff support you each step of the way to prepare your application and ready your staff to manage your self-insured workers' compensation program.

## A Complete Application Package for Self-Insurance Includes:

- BWC SI-6 Application form
- Ohio Secretary of State documentation providing proof of registration to do business in Ohio
- 5 years' of audited financial statements
- Description of applicant's organizational structure (BWC provides an example; see page 6)
- BWC SI-16 Buyout Agreement
- BWC SI-38 Contract of Guarantee (applicable if applicant has a parent company)
- BWC AC-2 Permanent Authorization form
- BWC SI-44 Election to Withdraw from Claims Reimbursement Fund
- Statement of medical management criteria for self-insurance (see sample page 4)
- Proposed plan to communicate changes to employees (see sample page 7)
- Applicant's safe workplace practices and procedures (see sample page 8)

BWC forms can be found on the BWC website at this URL:

<https://www.bwc.ohio.gov/bwccommon/forms/BWCForms/nlbwc/EmployerForms.asp>

Or go to [www.ohiobwc.gov](http://www.ohiobwc.gov) > **Employers** > **Forms**

## Notes about Applying

1. **BWC SI-16** is the employer's agreement to pay a "buy-out." It once cost companies tens or even hundreds of thousands to buy out their state fund status. The buy-out amount is currently \$0.00, and has been since the mid-1990s and is expected to remain \$0.00 indefinitely. Employers should feel comfortable to execute this form.
2. The **SI-44** form is used to opt out of the BWC Claims Reimbursement Fund (a program for all state fund employers but optional for self-insured employers). We encourage applicants to opt out as failing to do so, in our estimation, could increase an employer's BWC self-insured assessments.
3. The **SI-6** (application for self-insurance) requests information concerning excess insurance, which can seem like a premature request to some applicants. Employers typically don't want to invest time to research coverage until after their applications have been filed, so we recommend listing a retention limit of \$350,000 and a liability limit of \$2,000,000. If need be, we can refer you to brokers who specialize in workers' compensation excess insurance.
4. One of the required forms is a completed **AC-2**, which is used to authorize your third party administrator (TPA).

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**OMA Workers' Compensation Services** can be listed as the TPA; it's easy to change later if necessary.

5. We've attached a **sample medical management criteria statement** (page 4) for your consideration and customization. OMA has an agreement with the managed care organization, **Health Management Solutions**, through which you can source telephonic nurse case management, when needed, billable in 15 minute increments. You can, of course, work out an agreement with another MCO for case management.
6. It's up to your company's culture and customs as to how you will notify your employees about the switch to self-insurance and what it will mean to them; we've provided a **sample employee letter** (page 7) that you can customize to include in your BWC self-insurance application package.
7. Because every company is different, we don't have a one-size-fits-all **safe workplace practices and procedures plan**. However, we recommend preparing a (one to two page) description of your safety program, using the **BWC's Safety Management Resources Guide** as a topic template.

You can find the **BWC's Safety Management Resources Guide** at this URL:

**<https://www.bwc.ohio.gov/employer/forms/dfsp/SafetyResources.aspx>**

Or go to **[www.ohiobwc.gov](http://www.ohiobwc.gov)** > **Employers** > **Safety Services** > **Safety Management Resources Guide** (under **Online Tools & Resources**)

We've also included an example of a safe workplace plan (page 8) submitted by one of our clients.

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# [SAMPLE]

## (Company Name) Statement of Self Insured Medical Management Criteria

(Your company name) has a third party administrator, OMA Workers' Compensation Services, to assist in matters related to self-insured administration.

1. (Your company name) will permit any injured worker to seek services from any licensed medical provider. We also have arrangements with local providers to establish protocols for handling our injured employees. These protocols include return to work procedures, follow care, and drug testing, among others. We will utilize vendors to provide case management and clinician reviews on requests for medical treatment. We will provide a list of medical providers to our employees at each work location, indicating the providers we have made arrangements with for the provision of health care services. We do not discriminate against any category of health care provider when establishing categories of providers for participation.

Employees will be made aware of the list of medical providers during implementation of our self-insured program and through information provided at our work locations.

2. Our plan for medical management is to have a Managed Care Organization (MCO), Health Management Solutions (HMS), review requests for treatment using the same criteria used for state fund claims. We will use the criteria below as a guide for determining when to refer a claim for telephonic case management:
  - a. Temporary Total beyond 60 days
  - b. Herniated disc
  - c. Catastrophic injury
  - d. Light duty beyond 90 days
  - e. Serious burns
  - f. Serious head trauma
  - g. Amputations
  - h. Fractured limbs
  - i. Multiple periods of disability
  - j. Chiropractic care requested beyond 90 days

Medical management of claims will be coordinated between OMA Workers' Compensation Services and HMS.

We strongly believe that the sooner a qualifying case is referred for case management, the greater our ability to aggressively manage the case and contain cost. The sooner an injured employee is directed to appropriate care and the sooner a medical case manager is involved, when appropriate, the more assurance the employee and management have that the case is being handled properly.

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Our goals include the following:

- a. To facilitate recommended treatment plans so that appropriate medical care is provided to the injured worker.
- b. To assess alternate medical services for appropriateness and cost-effectiveness based on established medical standards.
- c. To encourage the injured worker to follow the prescribed medical care.
- d. To focus a medical plan towards return-to-work in a safe and timely manner, taking into consideration any restrictions or residual functional limitations.

3. Requests for treatment will be considered for authorization when submitted on a BWC C-9 or any other physician generated document that contains, at a minimum, the data elements of the C-9 form. All requests for treatment will be responded to swiftly and at least within 10 days of receipt.

Any C-9 that is denied will be denied based upon a clinician review. Our case management supplier will provide a registered nurse or physician for review of C-9 requests.

All C-9s, whether approved or denied, will be forwarded to the medical provider, the injured worker and his/her representative, in writing. If a C-9 is denied, the reason for the denial along with notification of the right to a hearing before the Industrial Commission will be provided.

Documentation of the reviewing clinician's credentials and opinion regarding treatment will be maintained in the workers' compensation claims file we house.

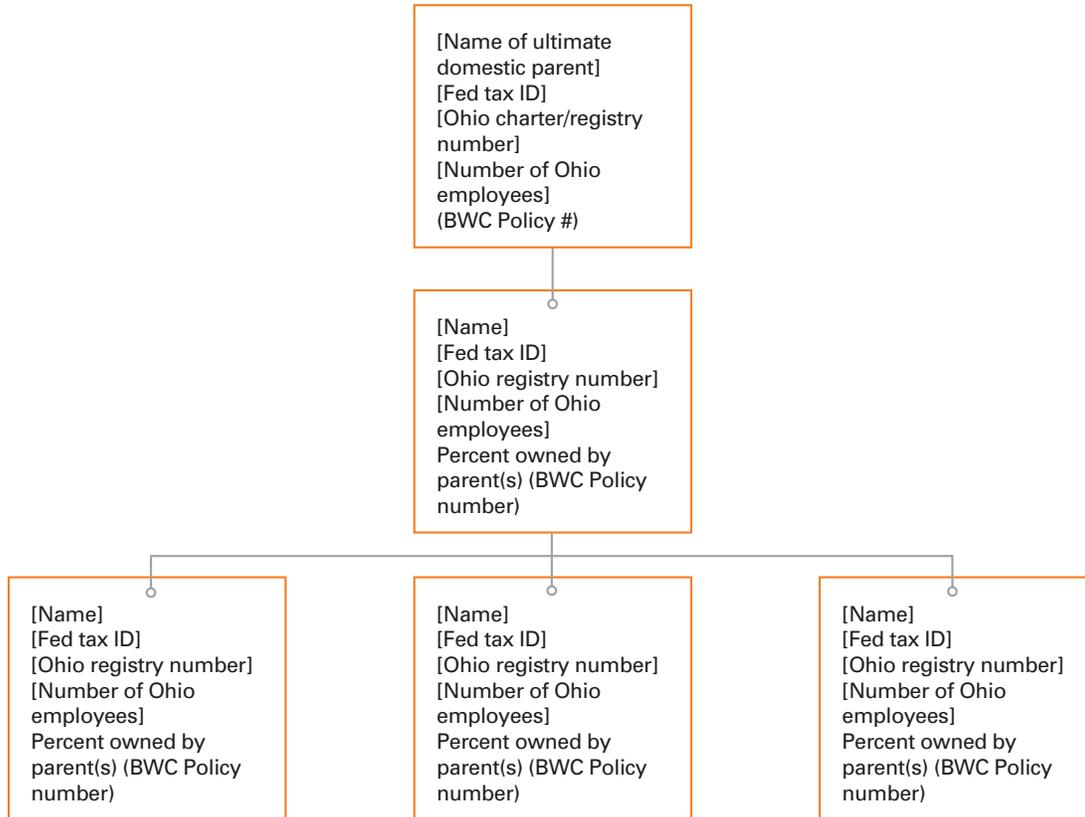
4. Our third party administrator, OMA Workers' Compensation Services, maintains data for all workers' compensation claims. Upon request from the Bureau of Workers' Compensation, timely and accurate SI-9 and SI-40 forms will be provided. These reports are generated through the software, Compensate, and are sent electronically to the BWC. OMA Workers' Compensation Services provides supporting data for all reports for our review and approval.
5. We will provide communication which will inform our employees of their right to seek treatment with their choice of licensed medical provider if injured. Should an employee wish to change his/her provider, they will be instructed to notify the company in writing or by submitting a BWC C-23 form. Notices of choice of providers will be placed at each work location together with a list of preferred providers. Change of physician forms will be provided to injured workers.

# [SAMPLE]

## Organization Structure Example

### Ohio Self-Insurance Application

Effective dates of this organizational structure: from \_\_\_\_\_ to \_\_\_\_\_



### Instructions

1. Please describe the relationship between legally owned entities within the applicant's corporate structure using a traditional organizational chart format as seen in the diagram above. Include the legal title (e.g., Inc., LLC, LLP, etc.) as appropriate.
2. The software application used to generate the chart is up to the discretion of the author. The example above is for illustrative and data requirement purposes only.
3. Data requirements include organization name, federal ID, Ohio Secretary of State registry number, the total number of employees working in Ohio for each organization, the percent this entity is owned by each of the immediate parents, and if applicable, the BWC policy number prior to application for self insurance.
4. Include the date range for which this structure is in effect. You can revise changes to organizational structure as part of the renewal process.

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# [SAMPLE]

## Notice to Employees

**(Your Company Name)** has been granted the privilege of self-insuring our workers' compensation claims in the state of Ohio. As a result, we will be managing, processing and paying all workers' compensation claims, with the assistance of our third party administrator, The Ohio Manufacturers' Association (OMA) Workers' Compensation Services.

Please follow all existing injury reporting procedures so that we can expedite care to you. Failure to report an injury could result in an unnecessary delay of your benefits.

We have put into place a self-insured workers' compensation program that focuses on quality health care services, with the goal of providing excellent medical management to safely return workers to duty should a workplace accident or illness occur.

As part of this program, a network of medical providers has been established to provide prompt, quality medical care. A list of local medical providers is provided at each work location. You may use this information to find a physician for treatment or utilize any medical provider you choose.

If you are dissatisfied with any medical provider, you have the right to change to another provider. Change of physician forms will be provided so that you can conveniently make a change.

You should advise any medical provider that treats you for a work-related injury or illness that **(Your Company Name)** is a self-insured employer for workers' compensation claims. Your provider should submit claim information related to injuries or illnesses to:

**OMA Workers' Compensation Services**

**Attn: Self-Insured Dept.**

33 North High Street, 6th floor  
Columbus, OH 43215

**Email: [wcs@ohiomfg.com](mailto:wcs@ohiomfg.com)**

**Phone: (800) 662-4463**

**Fax: (614) 629-6835**

We will provide a wallet card with this information.

Questions about this program are welcome. Please contact the following staff: **(your staff names and contact information)**.

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# [SAMPLE]

## Safe Workplace Practices and Procedures Plan (Example from a self-insured OMA member)

Safety is strongly supported with active participation of (XYZ) Corporation's senior management leadership team. Safety is the first topic discussed in the weekly Operations Managers Meeting and in the weekly Staff Meeting.

Our associates are involved and participate in our safety program in the following ways:

- Each associate receives our Safety Policy from our Vice President and General Manager. Each associate receives a copy of our Safety Procedures Manual and our Health and Safety Policy in our Associate Handbook.
- During the orientation period, safe work practices training is provided at the work station by the supervisor and team leader.
- Attending General Safety Orientation where a pre-test and a post-test measure the learning that occurred. In cases where post-test scores are low, one-on-one sessions are conducted.
- Attending job specific training such as tow motor operations, over-head cranes, lockout/tag out, etc.
- Frequent plant wide communication meetings are held and safety is the first topic discussed. Safe work practices and behaviors are reviewed. Recent safety improvements are reviewed.
- Frequent department stand up meetings are conducted and safety is the first topic discussed.
- Receive training on our Drug Free Workplace.

We have a safety committee at each of our facilities. Membership is comprised of associates, engineering, maintenance and management. Several members are Level 3 Masters and bring those skills to the group as they identify and solve problems. The committees work on corrective actions of incidents and near misses, conduct safety inspections and follow up to ensure any deficiency is corrected, participate in the local BWC Safety Council meetings and training, recommend and implement recognition rewards for safety, etc.

We have a well-trained first aid team that conducts monthly meetings to review care they provided and continual refresher training on topics relevant to the type of injuries/illness they deal with along with AED, CPR, and first aid. One member is a certified trainer and there are several EMTs on the team, too.

We utilize the services of BWC Safety & Hygiene and OSHA Onsite along with other vendors. Over the past couple of years we have offered the following courses onsite for engineers, supervisors and safety committee members: Accident Analysis, Noise and Hearing Conservation for Engineers & Supervisors, Ergonomics, Hazard Recognition, etc. We will be offering the OSHA 10 Hour General Industry Certification beginning in October 20\_\_\_. By offering these courses onsite, the instructors are able to customize presentations to our needs. Several associates have attended offsite safety programs, too.

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When an associate does have an injury/illness they have been trained to promptly report it to their supervisor. Incident reports are available at various locations. Our incident report includes information on accessing further medical care if needed as well as the investigation form for supervisors. We work with the local health care facilities to ensure that we receive the medical reports. We are able to accommodate work restrictions and understand the importance of returning an injured worker to work quickly. In cases of lost time we utilize our MCO to manage the case and work with the providers to return the injured worker to work.

We have a Cleveland Clinic Foundation Nurse Practitioner onsite several days a month for injury/illness follow up care and to provide guidance on continuous improvements in our safe workplace efforts.

During 20\_\_ over 100 Kaizens were completed. We are on track in 20\_\_ to exceed that number. Safety and past safety incidents are reviewed during the team kickoff meeting to determine if there are opportunities for improvement. Kaizen teams present results to the management team. Many safety and ergonomic improvements have been made through the efforts of the Kaizen teams.

We utilize a software program to analyze workplace incidents, track causal elements and short-term/long-term corrective actions to control or eliminate them from occurring in the future.

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# Preparing for Self-Insurance Approval

## Excess Insurance

Contact your insurance broker to obtain excess coverage quotes on your behalf. If need be, contact us for recommendations.

After you establish your excess insurance coverage, please provide the following information about your policy to OMA Workers' Compensation Services:

- Carrier name
- Contact
- Mailing address
- Phone
- Fax
- Email
- Policy year
- Retention limit
- Notification limit

## Checking Account

You must have one of the following in order to issue indemnity checks:

- A checking account with an Ohio bank;
- Ability to draw compensation checks on the same bank as your payroll account; or
- An arrangement with an Ohio bank that agrees to honor the checks.

Once the checking account is established, please provide the following information to OMA Workers' Compensation Services:

- Bank name, city, state
- Routing number
- Account number
- Fraction number
- Starting check number
- MICR spec sheet

Because we believe it is good for your employees (and providers) to perceive your authority over the program, it is our preference to mail checks to you in weekly or biweekly batches for you to disburse to injured workers (and to providers). We have the ability to add your electronic signature to checks to facilitate your processes.

## Announcing Your New Self-Insured Program to Medical Providers

You will want to let the local medical provider community know about your new self-insured program, once it is approved.

You can acquire a database of providers who have rendered care to your employees by contacting your managed care organization (MCO). Request a spreadsheet of providers who have received workers' compensation payment in your state fund claims for the past two years.

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Ask the MCO to provide you with:

- Provider name
- Street address
- City, state and zip code
- Phone number

## Pharmacy Benefit Provider

OMA's preferred provider for pharmacy benefit management is **Modern Medical**.

As you're preparing for self-insurance approval, it's a good time to arrange a meeting with **Modern Medical** so you understand all the services and benefits; we can help arrange this meeting.

If you choose **Modern Medical**, your representative will establish your account (pending approval of self-insurance) and obtain information from you needed to create Pharmacy Instant Access Cards, used by injured employees to fill their first prescriptions.

## Employee Wallet ID Cards

OMA will provide you with wallet ID cards that your employees can present to a provider in case of an accident.

The card will include information for the provider's use in establishing and communicating claim information to OMA.

## Accident Packets

OMA suggests that a best practice is to have "accident packets" available for your employees should a workplace accident occur.

The first priority in the event of an accident is medical attention; however, if appropriate to the circumstances, provide your employee with this packet before he or she leaves the facility for medical treatment. It should include:

- A **cover letter** to the provider stating your company name and self-insured policy number, along with instructions to return a copy of the accident packet to you once completed. You may want to include additional pertinent information, such as your ability to accommodate light duty, post-accident drug testing request, etc.
- **BWC Form FROI-1** and/or your internal injury report
- **BWC Form MEDCO-14** (Medical Restrictions)
- **BWC Form C-101** (Medical Release)
- **Job Description** (It is suggested that this be provided to the medical facility either at the time of injury or as soon as possible after the initial treatment.)

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# Preparing for BWC Self-Insured Orientation

1. Be familiar with the **BWC Procedural Guide for Self-Insured Claims Administration**. It's available at this URL: <https://www.bwc.ohio.gov/downloads/blankpdf/SIClmsProcedureGuide.pdf>  
Or go to [www.bwcoho.gov](http://www.bwcoho.gov) > **Employers** > **Self Insured** (it's under **Claims Management**)

2. Also, be familiar with the BWC program guidelines below:

## **BWC Self-Insured Program Guidelines for New Self-Insured Employers**

The BWC has developed the following program guidelines for new self-insured employers (some of these items are discussed elsewhere in this reference guide).

### **Employer's designated administrator:**

- Must have knowledge of the Ohio Workers' Compensation rules and regulations.
- Assists the injured workers with filing their claims, assessing any issues regarding the claims and providing claim forms.
- Serves as primary contact for BWC.
- Ensures that claim files are available to injured workers within 72 hours of a written request.

### **Claim reporting and file housing**

- The employer must maintain a record of all claims at an Ohio location for at least one year following approval of self-insurance.
- Injured workers should report claims to the self-insured employer following company policy.
- The employer will report all lost time and contested claims to the BWC in order to obtain a claim number. The employer is not required to file medical-only claims with no contested issues to the BWC.

### **Banking**

- The employer must maintain a bank account with sufficient funds to issue payments in the claims.
- The account must be with an Ohio-based financial institution, or the same bank used for payroll.

### **In claims management, the employer:**

- Is responsible for making a compensability decision and notifying the injured worker and BWC within 30 days of the injury date.
- Will issue lost time and medical benefit payments directly to the claimant and medical provider, in accordance with BWC rules and regulations.
- Provides its own defense at Industrial Commission proceedings, addressing any contested issue.
- Ensures access to medical treatment and must address treatment requests directly.
- Manages subrogation claims directly with the third party.

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**Administrative requirements**

- Provide annual report of paid compensation (SI-40) to BWC prior to March 1 for the prior year.
- Pay semi-annual self-insured assessments.
- Submit annual self-insured renewal application and financials to the BWC Self-Insured department 90 days prior to annual renewal date.
- Post Self-Insured Certificate & Rebuttable Presumption Notice to Employees.

**Audits and complaints**

- The BWC Self-Insured department will conduct random audits of employers' claim files to ensure compliance with the rules and regulations.
- Employers must respond to queries from the BWC Self-Insured department relating to complaints submitted to the BWC.

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**Self-Insured Pre-Orientation Questionnaire**

Employers are expected to provide their responses to this BWC questionnaire to the BWC auditor during orientation.

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

**1. List the employees who have been designated the administrators in Ohio? (List multiple administrators, as necessary)**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide relevant experience that makes this individual(s) knowledgeable to administer the self-insured program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2. List locations in Ohio which will be housing claim files with approximate number of employees.**

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**3. If using a TPA, list information below:**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Identify which processes will be delegated to TPA:

- Process checks  write  sign  mail
- Provide injured workers with a copy of the claim application FROI 1
- File forms with BWC
- Provide injured workers with a copy of the completed, signed claim application
- Provide injured workers with copies of narrative medical reports
- Attend Industrial Commission hearings
- Provide company with law and rule changes
- Complete self-insured renewal forms
- Describe any other processes:

**4. List controls to ensure compliance with the following tasks:**

- a. Timely claim reporting and notification of compensability decision
- b. Timely and accurate payment of initial and ongoing compensation and medical benefits
- c. Timely response to treatment requests
- d. Files will be available for injured worker to view within 72 hours
- e. Forms and other assistance provided to injured worker
- f. Timely and accurate completion of Self-Insured renewal and SI-40 report
- g. Timely submission of self-insured assessment fees

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**Here are some tips to consider when developing your response to Q4 of the questionnaire:**

- a. All claims that result in eight or more calendar days of disability and all contested claims must be reported to the BWC **within 30 days** of notification of the injury.
- b. Employers have **21 days** to pay compensation in a new claim.
- c. All C-9s need to be addressed **within 10 days**.
- d. A newly self-insured employer should house a hard copy of each claim file for at least the first year of operation. An employer's TPA can house the employer's claim files after the first year of self-insurance. The employer or the TPA, whoever is housing the files, must produce a copy for an injured worker within 72 hours of request.
- e. All forms are available at [www.ohiobwc.gov](http://www.ohiobwc.gov) > **Employers > Forms**.
- f. The SI-40 is due annually no later than March 1. The annual self-insured renewal application is due to the BWC Self-Insured department **90 days** prior to your annual renewal date.
- g. The BWC bases assessment fees for self-insured employers on the compensation they pay, rather than on their payroll (as in the case of state fund employers). BWC bills assessments twice annually.

BWC analyzes paid compensation data via the SI-40s received to determine assessment rates for the next fiscal year.

BWC will assess a penalty to an employer that misrepresents payroll or compensation paid (see Ohio Revised Code 4123.25). The potential penalty for a violation is 10 times the amount of the underpaid premium/assessment.

BWC can also charge a fee for late assessments of up to \$500 plus an additional penalty depending on how delinquent the payment is.

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# Just Prior to Your Self-Insurance Effective Date

## Post Required Documents

1. Post at each work site the required **Certificate of Employer's Right to Pay Compensation Directly**.

You can find it at this URL:

<https://www.bwc.ohio.gov/downloads/blankpdf/SINoticetoEmployees.pdf>

With this, **post the name and contact information of your staff who are responsible** for administering your company's workers' compensation program.

2. Post at each work site the required **Notice of Rebuttable Presumption**.

You can find it at this URL:

<https://www.bwc.ohio.gov/downloads/blankpdf/RebutPresumpCertNotice.pdf>

3. If you have elected to do so, also **post your list of preferred providers** (physicians, occupational medical clinics, dentists, etc.) **Note:** In Ohio, injured workers have choice of provider.

## Introductions & Communication

### Medical Community

If you haven't already, request data from your MCO about providers who received payment related to your state fund claims for the last two years.

Send these providers an announcement of your self-insured status, including:

- Self-insured policy number
- Effective date of self-insurance
- Details about to whom and where to send invoices, medical documents, and treatment requests

### Employees

Provide each employee with a notice of your new self-insured status. Follow your company's culture and practices to communicate (e.g. pay stub enclosure, group meetings, etc.). Differences your employees will see include:

- Claims questions and problems are resolved by in-house Human Resources staff
- Initial prescriptions are fully paid with pharmacy card provided by you (through **Modern Medical**, if you choose OMA's preferred provider)
- Typically faster payment of compensation and medical bills
- Compensation comes from you, the employer, not a government entity, thus preserving employee-employer goodwill

## Establish Medicare/Medicaid Reporting

Self-insured employers are subject to the Medicare Secondary Payer Act (MSPA), a federal statute that applies in situations where Medicare/Medicaid is a secondary payer to your self-insured plan. This program prevents Medicare/Medicaid from paying for claims that are the responsibility of another entity, in this case, your workers' compensation self-insurance program.

With our help, you will establish an account with the government in order to report your qualifying claims.

You will authorize OMA's self-insurance operations partner, **ProComp Risk Advisors**, as your assigned designee so that we can execute the mandated claims reporting on your behalf.

We will submit a query on each of your claims to determine if Medicare/Medicaid coordination is required by law. If a claim is to be coordinated with Medicare/Medicaid, we will execute the required reporting.

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## Appendix

### Application Process Timeline

In addition to the process and action steps necessary to apply to the Bureau of Workers' Compensation (BWC) for self-insured workers' compensation status, employers want to know the timeline.

While not exhaustive, the following is intended to give you a general idea of timeline milestones:

#### **150 days prior to your self-insured effective date:**

- Compile five years of audited financial statements
- Secure contract of guaranty from parent company (if applicable)
- Prepare BWC Self-Insurance Application Packet

#### **30 to 90 days prior to your self-insured effective date:**

- Obtain quotes for excess insurance (from your current broker and/or others, if necessary)
- Talk to your financial institution about a letter of credit (in case it's required by BWC)
- Identify and designate your staff who will be your day-today contact(s) for your workers' compensation program

#### **30 days prior to your self-insured effective date:**

- BWC grants tentative approval, subject to satisfactory orientation
- Advise BWC of desired effective date and schedule orientation meeting with BWC auditor
- Schedule and participate in pre-orientation meeting, led by OMA
- Schedule training of your designated program management staff, led by OMA
- Hold orientation meeting with BWC auditor (typically followed by BWC final approval and establishment of effective date)
- Establish checking account for claim payments
- Secure excess insurance
- Prepare your employee communication plan and materials
- Notify medical providers of the change to self-insurance
- Finalize check writing, signing, and distribution procedures



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