



TO: Ohio Bureau of Workers' Compensation

- ACTUARIAL SECTION, L22
- SELF-INSURED SECTION, L26

c/o **Compensation Solutions, Inc.**  
 6375 Shier Rings Rd. Ste G  
 Dublin, Ohio 43016  
 Phone: 888-776-7723  
 Fax: 888-776-7741

<b>Policy number</b>
Entity
DBA
Address

NOTE: For this to be a **VALID** letter, it must be date stamped by the Self-Insured Section for self-insured employers or by the Risk Technical Department for all employers other than self-insured. This authorization, being temporary in nature, will not be recorded via computer or be retained by the Risk Technical Department. A copy must be in the possession of a representative when requesting service related to the authority granted therein.

This is to certify that                     **Compensation Solutions, Inc. (Rep. ID # 001719-80)**                      
 Including its agents or representatives identified to you by them, has been retained to review and perform studies on certain workers' compensation matters on our behalf.

The limited letter of authority provides access to the following types of information relating to our account:

- (1) Risk Files
- (2) Claim Files
- (3) Merit-rated or non-merit-rated experiences
- (4) Other associated data

This authorization does NOT include the authority to:

- (1) Review protest letters
- (2) File protest letters
- (3) File form CHP-4
- (4) File motions, I-12's or IC-88's
- (5) File Self-insurance applications
- (6) Represent the employer at hearings
- (7) Pursue other similar actions on behalf of the employer

I understand that this authorization is limited and temporary in nature and will expire on \_\_\_\_\_ or automatically six months from the date received by the Risk Technical Department or Self-Insured Department, whichever is appropriate. In either case, the length of the authorization will not exceed six months.

Telephone number	Fax number	Email address
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Print name	Title	Signature	Date
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