



TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: Ohio Bureau of Workers' Compensation

- Employer Services Department, L22
 Self-Insured Department, L26

Please return to:
AultComp Administrators
 P.O. Box 6404
 Canton, OH 44706

Fax No: (330) 580-6653

From: Policy number
Entity
DBA
Address _____ _____

NOTE: For this to be a **VALID** letter, it must be stamped by the Self-Insured Department for self-insured employers or by the Employer Services 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 Employer Services Department. A copy must be in the possession of a representative when requesting service relative to the authority granted therein.

This is to certify that **AultComp Administrators** 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 nine months from the date received by the Employer Services Department or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	E-mail address
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Print name	Title	Signature	Date
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