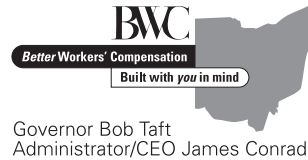


**Transitional
WorkGRANTS-EZ**
For small business - It's easy



Application instructions

Mail your completed application to: Ohio Bureau of Workers' Compensation
Transitional WorkGRANTS-EZ Program
30 W. Spring St., 22nd floor
Columbus, OH 43215-2256

Fax your application to (614) 621-1118.

Application date _____ / _____ / _____

Employer name (DBA)

Contact name

BWC policy number

Employer address

Employer e-mail address

()
Telephone number

City

State

ZIP code

Managed care organization name

I have hired a BWC-accredited transitional work developer. _____
Transitional work developer (Print name.)

Type of industry: Manufacturing Service
 Office work Public employer Other _____

Have you used these programs and services?

Premium Discount Program +
 10-Step Business Plan
 Drug-free workplace programs
 SafetyGRANTS\$
 Division of Safety & Hygiene services
 Other _____

Indicate your organization's number of employees: _____
(Include all permanent full-time, part-time and intermittent/seasonal employees.)

Do you have an existing light duty/transitional work program? Yes No

I request education on how to select a BWC-accredited transitional work developer. Yes No

X

Signature of designated employer representative

Date signed