

YOUR COMPANY LETTERHEAD

(Current Date)

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215

Re: (Your Company Name)
OBWC Policy # (Your Company Policy #)

Dear Sir or Madam:

Please enroll the above referenced company in the OBWC \$15k program effective _____.
The employer is aware of the requirements for participation in this program and will maintain the applicable records and documents necessary for compliance according to current BWC requirements.

Regards,

(Your Name)
(Your Title)

cc: BMSO
MCO
file