



Ohio

Bureau of Workers' Compensation

Fax to: 513.672.4513 | Email to: andreak@sheakley.com | Mail to: One Sheakley Way, Cincinnati, OH 45246

Please make sure all of the following information is printed clearly:

Policy Number: \_\_\_\_\_

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

Doing Business As: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
First (Printed or Typed) MI Last (Printed or Typed)

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Primary Ohio County of Operation: \_\_\_\_\_

Name of MCO Selected: SHEAKLEY UNICOMP, INC. MCO Number (5 Digit Number): 10002

EMPLOYER SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

DISCLAIMER:

EMPLOYER'S RIGHT TO SELECT

- An employer may select any MCO that meets its individual business needs during open enrollment periods.
-Selection of the MCO is solely the choice of the employer.

To ensure proper employer identification please provide the following information:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_ I am a new employer in the State of Ohio: [ ] Yes [ ] No

For more information contact Andrea Kiener at 888.743.2559 ext.7004 or at 513-618-1204