

TO: Ohio Bureau of Workers' Compensation

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

Please complete and return to:
 V&A Risk Services
 2730 Centennial Rd
 Toledo, Ohio 43617
 Phone (800) 493-9662
 Fax (419) 867-1049

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 V&A Risk Services 217143-80 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 01/31/2017 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	
Print name		Title	Signature		Date

TRCC