



To: **Benefits 1 Group**

- Employer Services Department, 22nd Floor
- Self-Insured Department, 26th Floor

Please return to:
Benefits 1 Group
25001 Emery Road, Suite 340
Cleveland, OH 44128
FAX: 216-765-4200

From: Policy number
Entity
DBA
Address

Note: For this to be a **valid** letter, the self-insured department for self-insured employers, or the employer services department for all other employers, must stamp it. Being temporary in nature, BWC will not record via computer or retain this authorization. Representative must possess a copy when requesting service relative to the authority granted therein.

This is to certify that **Benefits 1 Group 1825-80** 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 *Application for Handicap Reimbursement* (CH-4);
- (4) *Notice of Appeal* (IC-12) or *Application for Permanent Partial Reconsideration* (IC-88);
- (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 or self-insured departments, 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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