



CareWorks
Consultants Inc.

TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: EMPLOYER SERVICES DEPARTMENT
Ohio Bureau of Workers' Compensation
c/o CAREWORKS CONSULTANTS INC.
5500 Glendon Court,
P.O. Box 8101
Dublin, OH 43016
614.764.7600 / 800.837.3200
FAX 614.764.7629
www.cciworkerscomp.com
info@ccitpa.com

Policy Number
Company:
DBA:
Address:

This is to certify that **CAREWORKS CONSULTANTS INC. (ID NO. 150-80) (AGENT CODING)** 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.

This 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, 1-12'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 February 28, 2012 or automatically six months from the date received by the Risk Technical Department or Self-Insured Section, whichever is appropriate. In either case, length of authorization will not exceed six months.

Telephone Number	Fax Number	E-mail Address	
Print Name	Title	Signature	Date