



## TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

**TO:** EMPLOYER SERVICES DEPARTMENT  
Ohio Bureau of Workers' Compensation  
c/o CAREWORKS CONSULTANTS INC.  
5500 Glendon Court, Suite 300  
Dublin, OH 43016  
614.526.7113  
800.837.3200, Ext. 7113  
FAX 888.837.3288  
[www.cciworkerscomp.com](http://www.cciworkerscomp.com)  
[info@ccitpa.com](mailto:info@ccitpa.com)

**FROM:**

Policy Number
Company:
DBA:
Address:

This is to certify that CAREWORKS CONSULTANTS INC. and Ohio Association of Public Treasurers (ID NO. 150-80) (27000, 2010, Code 51/116) 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, 2010 or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, length of authorization will not exceed nine months.

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