

# Application for Optional Supplemental Coverage



**STOP!**  
If you do not have an existing policy with BWC please complete the U-3, *Application for Ohio Workers' Compensation Coverage*, instead of this form.

All employers with one or more employees are required to carry workers' compensation coverage. It's the law. Ohio law does make coverage optional for sole proprietors/partners, ministers, officers of a family farm corporation and owners/members of limited liability companies being treated as a sole proprietorship or partnership for income tax purposes. These individuals may obtain coverage on themselves by submitting this completed *Application for Optional Supplemental Coverage*. Supplemental coverage is effective the date the application is received. Please remember that if you choose not to cover yourself and you are injured at work, BWC will not provide coverage and other insurance may not cover your work-related disability or medical bills. Please contact your insurance carrier if you have questions.

Have questions? Call  
**1-800-OHIOBWC**  
**(1-800-644-6292)** and press 2  
to reach a customer service representative.

**Apply for supplemental coverage online**  
Visit us on the internet at:  
**www.ohiobwc.com**

### Payroll reporting requirements

**Sole proprietors/partners and family farm corporate officers** must report a minimum of \$100 net income or wages per week even if actual income is less, up to \$800 weekly. Failure to report the minimum payroll and pay premium will terminate the coverage.

**Religious organizations** must report actual gross wages paid to the ministers. No minimum or maximum payroll limits exist if the minister is covered by a religious organization. Religious organizations who choose not to cover their ordained or associate ministers should notify the ministers that the ministers may elect supplemental coverage for themselves by submitting the U-3, *Application for Ohio Workers' Compensation Coverage*, and completing the business information and elective coverage section.

### Indicate the supplemental coverage type you are selecting:

- Sole proprietor/Partnership and LLC operating as sole proprietor or partnership       Family farm corporate officers  
 Religious organizations

|   |                  |
|---|------------------|
| Legal business name                             | Policy number    |
| Trade name                                      |                  |
| Mailing address (street, city, state, ZIP code) | Telephone number |

### Individual elective coverage information: *If you have more than two individuals, additional space is provided on reverse side*

|                     |                        |                     |
|---------------------|------------------------|---------------------|
| Name #1             | Social Security number | Title               |
| Residential address | City                   | State      ZIP code |
|                     |                        | Duties              |

|                     |                        |                     |
|---------------------|------------------------|---------------------|
| Name #2             | Social Security number | Title               |
| Residential address | City                   | State      ZIP code |
|                     |                        | Duties              |

### Certification - signature required

*By signing my name, I certify that I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I also agree to abide by all applicable rules and laws of the BWC.*

\_\_\_\_\_ Please print your name      \_\_\_\_\_ Signature and title      \_\_\_\_\_ Date

**WARNING: No insurance is in effect until BWC receives the completed U-3S application.**

**Mail completed form to:**  
Ohio Bureau of  
Workers' Compensation  
Risk Policy Services Department, 22nd Floor  
30 W. Spring St.  
Columbus, OH 43215-2256

**BWC use only**

|               |             |   |          |
|---------------|-------------|---|----------|
| Policy number | Date mailed | Effective date ( <i>date BWC received</i> ) | Initials |
|---------------|-------------|---|----------|

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #3             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #4             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #5             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #6             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #7             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #8             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #9             | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #10            | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #11            | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |

|                     |                        |                       |
|---------------------|------------------------|-----------------------|
| Name #12            | Social Security number | Title                 |
| Residential address | City                   | State ZIP code Duties |