

2016 EMPLOYER/MCO OPEN ENROLLMENT FORM

Open Enrollment Period: May 2 – May 27, 2016



CareWorks

INSTRUCTIONS

1. Fully complete the 2016 Employer/MCO Open Enrollment form below including signature and date. Please type or print clearly. CareWorks' name and MCO number has been provided.
2. Fax completed form to CareWorks, toll-free, at 1-888-358-5319. All forms must be received by CareWorks by 5:00 p.m., May 27, 2016.
3. If you have questions, please call CareWorks, toll-free, at 1-888-627-7586.

Ohio Bureau of Workers' Compensation Employer/MCO Open Enrollment Form

Policy Number: _____

Business Name: _____

DBA (if applicable): _____

Contact Name: _____
First Middle Last

MCO Selected: **CareWorks** Address: _____

MCO Number: **10010** City, State Zip: _____

Phone: (____) _____ - _____ County(ies) of operation: _____

Fax: (____) _____ - _____ Number of Employees: _____

Email: _____

Employer Signature: _____ / / 2016
Date

Title: _____

EMPLOYERS RIGHT TO SELECT

An employer may select any MCO that meets its individual business needs during an MCO Open Enrollment period. Selection of an MCO is solely the choice of the employer.