

# 2018 EMPLOYER/MCO OPEN ENROLLMENT FORM

Open Enrollment Period: April 30 - May 25, 2018



## INSTRUCTIONS

1. Fully complete the 2018 Employer/MCO Open Enrollment form below including signature and date. Please type or print clearly. CareWorks' name and MCO number information has been provided.
2. Fax completed form to CareWorks at 1-888-358-5319 or email to [Enrollment@CareWorks.com](mailto:Enrollment@CareWorks.com). All forms must be received by CareWorks by 5:00 p.m., May 25, 2018.
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: \_\_\_\_\_ / / 2018  
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.

# 2018 EMPLOYER/MCO OPEN ENROLLMENT FORM

Open Enrollment Period: April 30 - May 25, 2018



CareWorks

## INSTRUCTIONS

1. Fully complete the 2018 Employer/MCO Open Enrollment form below including signature and date. Please type or print clearly. CareWorks' name and MCO number information has been provided.
2. Fax completed form to CareWorks at 1-888-358-5319 or email to [Enrollment@CareWorks.com](mailto:Enrollment@CareWorks.com). All forms must be received by CareWorks by 5:00 p.m., May 25, 2018.
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: \_\_\_\_\_ / / **2018**  
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.