



## SELECTION FORM

Options for choosing are as follows:

**Fax to 1-216-274-1194 or**

**Mail to:** 1-888-OhioComp  
2900 Carnegie Avenue  
Cleveland, Ohio 44115

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**Risk Number / Policy Number:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
First (Printed or Typed)                      MI                      Last (Printed or Typed)

**Phone Number**               -                             **Ext:** \_\_\_\_\_

**# of Employees:** \_\_\_\_\_                      **County(ies) of Operation:** \_\_\_\_\_

**MCO Selected :**   1-888-OhioComp                        **MCO Number:**   10041  

**Employer Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Disclaimer**

**Employer's Right to Select**

An employer may select any MCO that meets its individual business needs. Selection of the MCO is solely the choice of the employer