Ohio | Bureau of Workers' Compensation

- No monthly or annual fee
- Timely receipt of payments
- Electronic bill payment
- Worldwide acceptance
- Quick and easy access to your funds
- 24-hour access to money
- Customer service 24 hours a day, every day
- No waiting in line at the bank
- Monthly statements
- Quick turnaround for replacement card

Electronic Benefit Card

Now you can have quick, easy access to your workers' compensation benefits thanks to the electronic benefit card, issued by the BWC and Key Bank. The electronic benefit card is available to all benefit recipients who receive payment(s) from BWC.

Why you should receive the electronic benefit card? Why shouldn't you?

1. Pay no more check-cashing fees! Receive 100 percent of your benefit.
2. Receive around-the-clock access to your money. You can use the electronic benefit card at any bank machine, anywhere ((with no ATM fees if used at Key Bank or Allpoint machines).
3. Make bill payments by phone.
4. Use it like a credit card for making purchases (only without the costly finance charges).

You don't need to have a bank account.

Key Bank issues your electronic benefit card, which will directly access your BWC account. You will receive a personal identification number when you call to activate your card, which ensures only you can access your money. It is safer than carrying cash, and replacing a lost or stolen card is quick and easy.

Any questions?

- Please call Key Bank at 866-295-2955 with questions about your electronic benefit card.
- For questions about your workers' compensation claim, please call 1-800-644-6292.

It's easy to receive.

Just complete the agreement and mail it to BWC.

Carefully read and sign the electronic benefit card agreement and provide your claim number. For quick processing of your enrollment card, be sure to provide all necessary information. After completing the agreement, mail to:

Benefits Payable Department
Bureau of Workers' Compensation
P.O. Box 15429
Columbus, OH 43215-9609

Electronic benefit card agreement

I authorize BWC to begin direct deposit of my workers' compensation benefit payment(s) as indicated. I also authorize withdrawal of any funds deposited in error. This authorization will remain in full force and effect until BWC has received personal bank account information from me.

I agree that under the terms of this agreement that deposit of my compensation payment(s) constitutes payment to me under the provisions of the Ohio Revised Code Section 4123.67. By signing this agreement, I agree I am entitled to these benefits and will promptly notify BWC should I become employed or otherwise ineligible to receive such benefits.

Print name _____
(required)

Signature _____
(required)

Claim number _____
(required)

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