

Overview of the AC-2 process for PEOs

BWC requires professional employer organizations (PEOs) to report their actual payroll on a monthly basis. BWC will bill client employers of PEOs that are in a full PEO reporting lease \$120 as a single installment payment plan. However, client employers still need to complete a true-up of their payroll online at the end of the policy year.

If the PEO wishes to report payroll and make payments online under the client employer's policy as a service to them, the PEO must become an authorized representative for the client employer. There are two ways to do this.

The first method

Become a third-party representative by completing an *Application for Representative Identification Number (R-4)* to receive a representative ID number. After receiving your representative ID number, you must have each client employer complete a *Permanent Authorization (AC-2)*. The completed AC-2 grants you, the PEO, permission to become the client employer's third-party representative.

A PEO must establish an authorized representative e-account on www.bwc.ohio.gov to gain online access to all of its client employer's accounts that have submitted AC-2s. The AC-2 will attach your representative ID number to the client employers' policies allowing you to view all policies with a valid AC-2 under your login.

To report the client employer's payroll or make payments, click on Employers from the www.bwc.ohio.gov home page, then select Payroll/Premium from the left-hand menu. A drop-down menu will appear with the available options. There are also options under the Financial Information heading on the Employers page.

The second method

The client employer logs into its own BWC e-account, clicks Employers, then Forms from the left-hand menu and selects AC-2 uses the online version of the AC-2 to make the PEO its third-party representative. The client employer can only do this if the PEO has completed the R-4, and BWC has assigned it a representative ID number.

The client employer may use the search option to find the representative ID number, or have the PEO provide it and continue through the screens to complete the online form. However, the PEO must still obtain a client signed hard copy of the AC-2 to provide to BWC if requested.

The screenshot shows the Ohio Bureau of Workers' Compensation website. The header includes the Ohio logo and the text "Bureau of Workers' Compensation" and "Ohio.gov State Agencies | Online Services". A search bar is located in the top right. The main navigation menu includes: HOME, WORKERS, EMPLOYERS, SAFETY SERVICES, MEDICAL PROVIDERS, BWC, and CONTACT US. A green arrow points to the BWC link. Below the navigation menu, there are several sections: "Private employers" with a link to "Prospective billing"; "Learn more about BWC's new billing process" with a "FREE webinars for private employers!" banner; "E-account login" with fields for "User ID" and "Password" and a "Sign on" button; "Quick links" with icons for "File a claim", "View claim documents", "Media & marketing", "Apply for coverage", "Report & pay", and "Live support"; "Ohio Means Jobs" banner; "About BWC", "Twitter feed", and "Board of Directors" sections; and a footer with "Resources" and "Help" links.

E-account

From the home page, www.bwc.ohio.gov, log into your established e-account.

BWC's website - www.bwc.ohio.gov

Useful info is just a click away

The screenshot shows the 'My policy' page for an Ohio BWC Employer. The page is titled 'OhioBWC - Employer - Service My policy'. It features a left-hand navigation menu with categories like 'Accident/Injury Info', 'Billing', 'Claim Costs/Reserves', 'Claim Info', 'Claim Payment', 'Claim Reference Info', 'Communications profile', 'Custom Services', 'Payroll/Premium', 'Rates', 'Policy Management Programs', 'Safety Services', 'Self-Insured', 'State-fund guide', 'Forms', and 'Section Map'. The main content area is divided into several sections: 'Company information' (Policy number 1123456, Ohio Employer PO Box 123, Columbus Ohio 43215, Phone 614/444-1234), 'Account balance' (Total balance: \$0.00), 'Coverage status' (ACTIVE), 'Rating plan information' (Policy year 2015 EM: 0.95, Rating plan: EXP, Total costs paid for experience period: \$236.68), 'Claim history' (Table with columns: Claim, Date of injury, Claim status), and 'Program/Plan information' (No programs found). There are also links for 'update', 'make payment', 'report & pay', 'comm profile', 'reprint certificate', 'request to cancel', 'claim costs', and 'eligibility look-up'. The footer contains 'Resources' and 'About us' links.

My policy

Once you log in, the My Policy page will appear. Using the left-side menu, select Forms.

The screenshot shows the 'Employer Forms' page. The page is titled 'OhioBWC - Employer - Form (BWC Forms) - Employer Forms Home'. It features the same left-hand navigation menu as the previous page. The main content area is titled 'Employer Forms' and includes a sub-section for 'Industrial Commission Forms'. Below this, there is a table listing various forms:

BWC #	Form Title	Description	View	Print	Online Form	Order
306AP	Summary of Work-Related Injuries and Illness					
AC-18	Labor Lease Transaction - Payroll					
AC-19	Labor Lease Transaction - Claims					
AC-2	Permanent Authorization					
AC-3	Temporary Authorization to Review Information					Online Form
AC-3-ES	Temporary Authorization to Review Information (En Español)					
C-9-A	Request for Additional Medical Documentation for C-9					
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision					

Employer Forms

The Employer Forms page will appear. Select the AC-2 online form. This takes you to the AC-2 page to begin the process.

The screenshot shows the 'Permanent Authorization (AC-2)' page. The page is titled 'OhioBWC - Employer - Form: Application for Permanent Authorization'. It features the same left-hand navigation menu. The main content area is titled 'Permanent Authorization (AC-2)' and includes an 'Introduction' section, a 'Required information' section, and a 'Complete the forms' section. The 'Required information' section lists the following items:

- Policy number OR Federal tax ID/SSN
- Authorized representative ID/Name
- Authorized representative type
- Name of person who completed hard copy AC-2
- Title of person who completed hard copy AC-2
- Actual date of completed hard copy AC-2

The 'Complete the forms' section states: 'The free Adobe Reader software is required to display and print the application. Do you have all the required information at hand? If so, you are ready to begin completing the form. When completing the online form, please use the previous and next buttons located at the bottom of the page to navigate through the form. [Begin online form now.](#) Are you missing some of the required information? If so, you may return here at a later time when you have all the information you need, and complete this online form.'

Complete the forms section

Under the Complete the forms section, select Begin online form now.

BWC's website - www.bwc.ohio.gov

Useful info is just a click away

Ohio Bureau of Workers' Compensation Ohio.gov State Agencies | Online Services

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Employer: OhioBWC - Employer - Form: (AC-2) - Employer information Policy #:

Please verify the information BWC has on file for your business is correct. If you need to make changes, click the update button on the lower right-hand side of the section where you need to make updates. Then, continue to click next to submit your updates.

Employer information
Employer name: Employer
Dong business as name: [update]

Employer address
Street address: 46 Box 123 City: SweetTown State: OH Zip code +4: 43345
Phone Number: Fax Number: E-mail address: [update]

Online support available Monday through Friday 7:30 a.m. - 5:30 p.m. Click here to get help!

Verify account

Verify account information and click next.

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Employer: OhioBWC - Employer - Form: (AC-2) - Authorized representation Policy #:

Authorized representation * indicates required field

*Authorized representative ID: [search]

*Authorized representative name: [search]

*Type of authorized representation: [Select...]

Previous Next [print form]

Online support available Monday through Friday 7:30 a.m. - 5:30 p.m. Click here to get help!

Authorized representation

Use this page to search for the representative and select the type of representation.

Click search to take you to another page to find the representative and make the selection. You will need either the representative ID number or the authorized representative's name. Once you make your selection, you will return to this page to select the type and click next.

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Employer: Ohio Employer Policy #: 123456-0
OhioBWC - Employer - Form: (AC-2) - Contact details

Contact details * indicates required field

Name of person with the employer who completed the hard-copy AC-2:
*First [] MI [] *Last [] Suffix []

*Title of the person who signed the AC-2: []

*Actual date when AC-2 was signed: [6 / 22 / 2015]

Previous Next [print form]

Online support available Monday through Friday 7:30 a.m. - 5:30 p.m. Click here to get help!

Contact details

Complete the contact information and click next. This must agree with the signed hard copy AC-2 that must be available upon BWC's request.

BWC's website - www.bwc.ohio.gov

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Accident/Injury Info » Billing » Claim Costs/Reserves » Claim Info » Claim Payment » Claim Reference Info » Communications profile » Custom Services » Payroll/Premium » Rates » Policy Management » Programs » Safety Services » Self Insured » State-fund guide » Forms » Section Map » Log Off

Online support available Monday through Friday 7:30 a.m. - 5:30 p.m. Click here to get help!

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Employer: OhioBWC - Employer - Form: (AC2) - Verification Policy #:

Please review the information you've entered below to make sure it is all correct. If you need to make corrections, click on the subheading for the section in which you need to make changes.

Employer information

Employer name: Employer
DSA name:
Street address: PO Box 123
City: Small Town
State: OH
Zip code: 44245
Phone number:
Fax number:

Authorized representation

Authorized representative ID: 12345678
Authorized representative name: JMAA REP
Type of authorized representation: Employer Risk/Claim Representative (ERC)

Contact Details

Name of person with the employer who completed the hard copy AC-2: tester tester
Title of the person who signed the AC-2: president
Actual date when AC-2 was signed: 06/18/2015

submit

Previous print form

Verify information

Verify all of the information is correct, and click submit.

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Employer: OhioBWC - Employer - Form: (AC-2) - E-Signature Policy #:

Ohio Bureau of Workers' Compensation Electronic Signature

You have entered a part of our Web site that asks you to provide an electronic signature before we can process your request.

Please provide your electronic signature before we process your request. When you click I agree, you agree the information you provide is accurate and complete to the best of your knowledge. Any attempts to commit fraud against BWC may be subject to administrative penalties and/or criminal prosecution.

Click here for more information about BWC's electronic security and privacy policy.

Enter your initials:

I agree I disagree

About us Locate a service office Contact Ombuds Office Download forms or publications
Resources Update communications profile Report fraud Privacy Site map
Help Injured Workers' Rights Industrial Commission of Ohio

E-signature

You will see an e-signature page. Enter your initials, and select I agree.

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Online support available Monday through Friday 7:30 a.m. - 5:30 p.m. Click here to get help!

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Employer: OhioBWC - Employer - Form: (AC-2) - Confirmation Policy #:

Application for permanent authorization (AC-2)

Date of Submission: 6/18/2015
Time of Submission: 8:34:35 AM
Submitter's Name: Test Tester

Confirmation

The final page is your confirmation.