2018 EMPLOYER/MCO OPEN ENROLLMENT FORM

Open Enrollment Period: April 30, 2018 – 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. 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.