

TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: The Ohio Bureau of Workers' Compensation

- Employer Services Department, 22nd Floor
 Self-Insured Department, 27th Floor

Please mark a box and return to:
 CPM Risk Management Services, Inc.
 3740 Carnegie Avenue
 Cleveland, Ohio 44115

From: Policy Number
Entity
DBA
Address

NOTE: For this to be a **VALID** letter, the self-insured department for self-insured, or the employer services department for all other employers, must stamp it. Being temporary in nature, BWC will not recorded via computer or retained this authorization. Representative must possess a copy when requesting service relative to the authority granted therein.

This is to certify that MMHR Management Services, Inc. including its agents or representatives identified to you by them, has been retained to review and perform studies on certain workers' compensation matters on our behalf.

The limited letter of authority provides access to the following types of information relating to our account:

- (1) Risk files
- (2) Claim files
- (3) Merit-rated or non-merit rated experiences
- (4) Other associated data

This authorization does NOT include the authority to:

- (1) Review protest letters
- (2) File protest letters
- (3) File form CHP-4
- (4) File Motions, I-12's or IC-88's
- (5) File self-insurance applications
- (6) Represent the employer at hearings
- (7) Pursue other similar actions on behalf of the employer

I understand that this authorization is limited and temporary in nature and will expire on _____ or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone Number	Fax Number	E-Mail Address	
Print Name Mr./Ms. <small>(circle one)</small>	Title	Signature	Date