Motor Vehicle Accident Claims surplus fund charge

In lieu of traditional subrogation, the Ohio Bureau of Workers' Compensation assigns the entire cost of the claim to the surplus fund if the employer can establish the claim is based on a motor vehicle accident involving a third party.

PROGRAM OVERVIEW

Effective July 1, 2017, House Bill 207 allows an Ohio employer to request that a workers' compensation claim resulting from a motor vehicle accident that is likely to be subrogated be paid from the Ohio Bureau of Workers' Compensation's (BWC) surplus fund account rather than be charged to the employer's experience. Prior to House Bill 207, the employer only received assistance from a third party motor vehicle accident through the normal subrogation process, which could take years to resolve and yield only potential relief.

ELIGIBILITY REQUIREMENTS

The following eligibility requirements must be met by an employer in order to be considered:

- Private or public state-funded employer (self-insured employers are not eligible).
- Current on any and all premium payments, administrative costs, assessments, fines or amounts owed to BWC (includes being current on part pay agreements as well).
- Active coverage on date of injury.

APPLICATION PROCESS (a copy of the AC-28 form is on the reverse side of this document)

1. The employer initiates the application by filing a Request to Charge the Surplus Fund for Non-At-Fault Motor Vehicle Accident form (AC-28) with all of the required information.
   - Copy of the police motor vehicle accident report from a law enforcement agency
   - Copy of the citation showing the third party is responsible for this accident.
2. Must include proof of third-party insurance or a surety bond through any of the following: auto insurance id card, declaration page or other proof of coverage
3. Must include proof that the insurer accepts liability.
4. BWC has 180 days to make a determination on the application.
5. If the application is deficient in the evidence, BWC will attempt to obtain the required documentation from the employer.
6. If the application is denied, an employer may have the opportunity to appeal BWC's denial of an application to the Adjudicating Committee under Ohio Revised Code rule 4123-17-27.

SURPLUS FUND CHARGES

- If BWC determines the employer's claim costs are to be assigned to the surplus fund, the BWC's Actuarial Division will make the appropriate adjustment to the employer's policy.
- BWC will adjust the employer's experience in prior policy years, but it is limited to periods ending within 24 months immediately prior to the filing date of the AC-28 form.

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Ohio | Bureau of Workers' Compensation

Request to Charge the Surplus Fund for Non-At-Fault Motor Vehicle Accident

Instructions

This application details the required documentation a private employer or public employer taxing district must provide to support a request for experience modification calculation. Submitting the required documentation with this form will help BWC make a quicker decision. BWC will advise you if it needs additional documentation or information.

- Fax this completed form and required supporting evidence to 614-621-1217 or, submit by mail to:
  BWC, 30 West Spring St. Attn: Rate Adjustment Department 25th floor, Columbus, OH 43215-2256.
- You may email questions concerning the Motor Vehicle Experience Adjustments to empprateadj@bwc.state.oh.us.

Injured worker information			
Name			Claim number
Date of Injury	If applicable, date of death		
Responsible third–party information			
Name			
Address			Telephone number
City	State	ZIP code	Email address
Required supporting documentation that you must submit with this application includes: • Copy of the police motor vehicle accident report from a law enforcement agency; • Copy of the citation showing the third party is responsible for this accident.			
Insurance information of responsible third party			
Insurance company name			
Claim adjuster's name			Fax number
Address			Telephone number
City	State	ZIP code	Email address

Required supporting documentation that you must submit with this application includes:
• Proof of third-party insurance or a surety bond through any of the following:
  ○ Auto Insurance ID card;
  ○ Declaration Page;
  ○ Other proof of coverage.
• Proof that the insurer accepts liability.			

Employer representative information			
Employer representative name		Representative ID number	
Address			Telephone number
City	State	ZIP code	Email address
Employer of record information			
Employer name requesting experience modification	Policy number		Manual number
Address			Telephone number
City	State	ZIP code	Email address
Signature			
• I have been authorized to sign and execute this application for experience modification on behalf of the company. I have read and understand the experience adjustment requirements in their entirety and agree to comply with the terms. • I understand if all of the required information and supporting documentation are not submitted BWC may deny this application.			
Name of applicant filing for the employer			Applicant's title
Applicant's signature			Date

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AC-28