



TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: EMPLOYER SERVICES DEPARTMENT
 Ohio Bureau of Workers' Compensation
 c/o COMPENSATION CONSULTANTS INC.
 5500 Glendon Court, Suite 300
 Dublin, OH 43016
 800.837.3200, ext. 7110
 FAX 614.210.5535
www.cciworkerscomp.com
info@ccitpa.com

FROM:

Policy Number
Company:
DBA:
Address:

This is to certify that COMPENSATION CONSULTANTS INC. (ID NO. 150-80) and the Buckeye WC Alliance / Data Service Center Inc. (46071, 2008/2009, Code 20/56) 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.

This 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, 1-12'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 February 29, 2008 or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, length of authorization will not exceed nine months.

Telephone Number	Fax Number	E-mail Address	
Print Name	Title	Signature	Date