Ohio | Industrial Commission

OUTSIDE PARTY I.C.O.N. ACCESS REQUEST FORM

INDUSTRIAL COMMISSION ONLINE NETWORK

MAIL OR FAX TO:

OHIO INDUSTRIAL COMMISSION
INFORMATION TECHNOLOGY
30 W SPRING ST 8TH FL
COLUMBUS OH 43215
(614) 644-6595
TOLL FREE 877-218-4810
(614) 387-3900 - FAX

BY REQUESTING THIS ACCESS WE UNDERSTAND…

Our request will create a password that enables the outside party indicated to access detailed claim information from the Commission Adjudication System.

Our designated contact person will be responsible for coordinating the password among all parties using the account.

Our designated contact person will be the only individual who will contact I.C. Information Technology regarding any changes to the account, including address information and corresponding password.

By submitting this documentation, along with supporting letterhead, we are confirming our account information (name, address, city, etc.).

ACCESS WILL NOT BE GRANTED UNLESS SIGNED BELOW

NAME - PLEASE PRINT

SIGNATURE DATE

PLEASE PRINT ALL INFORMATION CLEARLY OR YOUR REQUEST MAY BE DELAYED

REPRESENTATIVE ID or RISK NUMBER:

i.e. 9 9 9 9 9 9 9 9 - 9 9 9

NOTE:

IF YOU ARE A SELF-INSURED OR PUBLIC EMPLOYER AND WOULD LIKE ONE PASSWORD FOR ALL PLANT LOCATIONS, PLEASE INDICATE 999 RATHER THAN THE SPECIFIC PLANT NUMBER (eg. 20001350-999).

IF YOU HAVE QUESTIONS REGARDING THE COMPLETION OF THIS FORM, PLEASE CALL (614)644-6595.

FIRM / COMPANY NAME:

CONTACT NAME:

CONTACT E-MAIL ADDRESS:

ADDRESS:

CITY:

STATE: **ZIP CODE:** -

PASSWORD CONVEYED: ☐ **VIA E-MAIL** ☐ **VIA US POSTAL SERVICE**

PHONE NUMBER:

FAX NUMBER:

INTERNAL USE ONLY **DATE:**