



# YOU'RE INVITED

## 2014 Ohio State Fund Workers' Compensation Seminars

Six locations statewide  
April 15 – April 24, 2014

Join us for these half-day educational sessions to stay informed about Ohio Bureau of Workers' Compensation (BWC) changes, as well as workers' compensation cost control recommendations from Frank Gates. The seminars will also include: Safety, Managed Care in Ohio workers' compensation, Claims Management and Risk Management.

This year, we are again incorporating two hours of safety training to meet the BWC's two-hour safety requirement. The BWC Rule requires employers in the Group Rating or Group Retro Program who had a claim within the preceding calendar year to attend two hours of safety training during the policy year. Only one employee needs to complete the requirement. BWC procedures only permit individuals to obtain 2 hour credit once per training session. If you represent more than one policy number, you must attend a separate session per policy. **If you attend a seminar, you must stay for the entire 4 hours to meet the requirement.**

### BWC's two-hour safety requirement for Group Rating and Group Retro

#### Private Employers – July 1, 2013, policy year

Claim(s) during the 2012 calendar year  
Requirement must be completed between July 1, 2013, and June 30, 2014

#### Public Employers – January 1, 2014, policy year

Claim(s) during the 2013 calendar year  
Requirement must be completed between January 1, 2014, and December 31, 2014

*Pre-enrollment is required*

#### Enrollment

- Tuition to attend is \$50.00, which includes continental breakfast, all sessions, a take-home manual and refreshment breaks.
- Enrollment deadline is **Monday, March 31, 2014!** Cancellations after **March 31** or no-shows will not be eligible for a refund. A workshop manual will be mailed in these circumstances. Attendee substitutions will be accepted.
- 3.0 Continuing Education Units (CEU) will be offered for the Accounting, Nursing and Construction fields. CEU sign-in sheets will be available at the registration desk. **Please note:** a photo ID is required, along with an Ohio Contractor License, to be eligible for Construction CEU credit.
- Certificates of Attendance will be available at the conclusion of the seminar.
- Complete the enrollment form and email/fax/mail with payment. See next page for details.
- Remember to enroll as soon as possible as space is limited.

#### Session Agenda

7:30 – 8:00 a.m. Registration and Continental Breakfast

#### 8:00 a.m. – 12:00 p.m. Seminar

- Safety
- BWC Rating Program Update
- Change to Prospective Payments
- Claims Management
- Managed Care

12:00 – 12:15 p.m. Wrap Up/Dismissal

Need help? Contact the Seminar Coordinator at 888-547-4283 or email [seminars@frankgates.com](mailto:seminars@frankgates.com)



# REGISTRATION

## 2014 Ohio State Fund Workers' Compensation Seminars

To enroll, please complete the form below. If paying by credit card, email the form to [seminars@frankgates.com](mailto:seminars@frankgates.com) or fax to 614-932-8716. If paying by check, mail it to Frank Gates, along with a check for \$50.00 per person. Send to: Seminar Coordinator, Frank Gates Service Company, P.O. Box 182364, Columbus, Ohio 43218-2364.

Attendee(s)	_____
Company Name	_____
Address	_____
City/State/Zip Code	_____
Telephone	_____
Fax	_____
Email	_____
Ohio BWC Policy Number	_____

7:30 – 8:00 a.m. Registration and Continental Breakfast

8:00 – 12:00 p.m. Seminar

12:00 – 12:15 p.m. Wrap Up/Dismissal

### Check your training location of choice:

\_\_\_\_\_ Columbus April 15: Bridgewater Banquet & Conference Center  
\_\_\_\_\_ Cincinnati April 16: Crowne Plaza - Blue Ash  
\_\_\_\_\_ Dayton April 17: Kroc Center  
\_\_\_\_\_ Canton April 22: Courtyard by Marriott  
\_\_\_\_\_ Cleveland April 23: Holiday Inn Strongsville  
\_\_\_\_\_ Toledo April 24: Holiday Inn French Quarter

Visit [frankgates.com](http://frankgates.com) and click on "Events Calendar" under "News & Resources" to find additional information on each of these locations, including maps and directions.

### **Payment Information:**

Check Enclosed     Visa     MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Billing Address and Zip Code of Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

