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 our party to access claim information from I.C.O.N.

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

ACCESS WILL NOT BE GRANTED UNLESS SIGNED BELOW

NAME - PLEASE PRINT

SIGNATURE DATE

By submitting this form, **ALONG WITH A <u>SIGNED LETTERHEAD</u>**, we are confirming our account information (name, address, city, etc.).

If you have any questions regarding the completion of this form, please call (614) 644-6595 or 877-218-4810.

PLEASE PRINT ALL INFORMATION CLEARLY OR YOUR REQUEST MAY BE DELAYED. THIS FORM CAN BE FILLED OUT ONLINE BUT WILL NEED PRINTED TO BE SIGNED.

REPRESENTATIVE ID or POLICY/RISK NUMBER:

NOTE: Not all boxes may be needed

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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).

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: