



MINUTEMEN
OHIOCOMP
MANAGED CARE ORGANIZATION

SELECTION FORM

Options for choosing are as follows:

Email: Enroll@minutemenmco.com

Fax: 1-216-274-1194

Mail: Minute Men OhioComp
2900 Carnegie Avenue
Cleveland, Ohio 44115

Application/Policy Number: _____

Business Name: _____

DBA (if applicable): _____

Contact Name: _____
First (Printed or Typed) MI Last (Printed or Typed)

Phone Number (____) _____ - _____ **Ext:** _____

E-Mail Address: _____

of Employees: _____ **County(ies) of Operation:** _____

MCO Selected: Minute Men OhioComp **MCO Number:** 10041

Employer Signature: _____ **Date:** _____

Title: _____

Disclaimer

Employer's Right to Select

Upon assignment of policy #, your MCO selection will be processed with BWC.

An employer may select any MCO that meets its individual business needs.

Selection of the MCO is solely the choice of the employer.