

# Enrollment form

To enroll with Sedgwick Managed Care Ohio (Sedgwick MCO), simply fill in the form, sign and submit it to us.

## Please print or type the following:

Employer policy number (required): \_\_\_\_\_

Business name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Number of employees: \_\_\_\_\_

County/ies of operation: \_\_\_\_\_

MCO selected: Sedgwick Managed Care Ohio

MCO number: 10005

Employer mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Employer signature: \_\_\_\_\_

Ohio BWC requires a physical signature

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

## Submit the completed form via email, fax, or mail



**Email:**

[sales@sedgwickmco.com](mailto:sales@sedgwickmco.com)



**Fax:**

866.258.5045



**Mail:**

P.O. Box 1040  
Dublin, OH 43017

**To speak with a customer service representative, call us at: 888.627.7586 (available 24/7)**

### DISCLAIMER – Employer's right to select

An employer may select any MCO that meets their individual business needs during the open enrollment period. Selection of an MCO is solely the choice of the employer.