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Ohio Bureau of Workers' Compensation

Governor, Bob Taft Administrator/CEO, William E. Mabe

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50/50 Payment Plan instructions

50/50 Payment Plan

The 50/50 plan is available for the July 1, 2005, to Dec. 31, 2005, reporting period. To participate you must use the 50/50 Payment Plan service offering (hyperlink below), your coverage status must be active and you must not be enrolled in the Flexible Payment Plan (FlexPay) for the reporting period. You must report your payroll and pay 50 percent of your premium at the same time. You **cannot** report your payroll, and then pay 50 percent of your premium later. You must submit your payroll information and pay 50 percent of your premium by Feb. 28, 2006. The remaining premium is due by May 1, 2006. To pay the remaining premium, you must use the Accounts receivable balance service offering.

Click here to continue.

Payroll reports

For payroll reporting periods other than July 1, 2005, to Dec. 31, 2005, or if you plan to pay 100 percent of your premium for the July 1, 2005, to Dec. 31, 2005, reporting period, click the Payroll reports link below. If you are reporting payroll for periods prior to your effective date, you must use the Payroll reports service offering. Click here to go to Payroll reports.

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Employer: HOSPITALTIY INVESTMENTS INC

Service: (DP21) - 50/50 question

Policy #:475417-0

Are you sure you want to use the Payroll Report service offering, or are you trying to use our 50/50 payment option? Click **continue** for Payroll report. Click **50/50 payment** option to be redirected to that service offering.

50/50 payment option

continue

Employer: HOSPITALTIY INVESTMENTS INC **Service**: (FlexPay) - 50/50 question

Policy #:475417-0

Are you sure you want to join FlexPay, or are you trying to use our 50/50 payment option? Click **continue** for FlexPay. Click **50/50 payment option** to be redirected to that service offering.

50/50 payment option

continue

Service: (50/50 payment option) - Enter policy number

50/50 payment option



This service offering allows authorized users to submit the current outstanding payroll report and pay 50 percent of the total premium due for that period.

Please enter a policy number and click **next** to continue.

Employer: HOSPITALTIY INVESTMENTS INC **Service**: (50/50 payment option) - NCCI manuals

Policy #:475417-0

*indicates required field

Payroll period: 07/01/2005 - 12/31/2005 **Payroll report number:** 6163913

NCCI manuals

Manual description	Number of employees	*Payroll	Rate	Premium
8810 RN clerical office employees noc	2	\$10,000	0.004	\$40.00
9052 RN hotel: all other emps & salespersons, drivers	2	\$15,000	0.056492	\$847.38
9058 RN hotel: restaurant employees	3	\$20,000	0.045763	\$915.26
1 - 3 of 3				

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Empl oyer: HOSPITALTIY INVESTMENTS INC **Service**: (50/50 payment option) - Payroll verification

Policy #:475417-0

Reporting period

Payroll period: 07/01/2005 - 12/31/2005

Payroll report number: 6163913

NCCI manuals

Manual description	Number of employees	Payroll	Rate	Premium
8810 RN clerical office employees noc	2	\$10,000	0.004	\$40.00
9052 RN hotel: all other emps & salespersons, drivers	2	\$15,000	0.056492	\$847.38
9058 RN hotel: restaurant employees	3	\$20,000	0.045763	\$915.26

Total payroll: \$45,000 Total premium: \$1,802.64 50/50 premium due: \$901.32

If you reported \$0 in payroll this reporting period, or if the Total premium due is less than \$10, you still must pay BWC an administrative cost of \$10. Click **make payment** to do this.

make payment
previous print form

Employer: HOSPITALTIY INVESTMENTS INC **Service**: (Quick pay) - Step-by-step instructions

Policy #:475417-0

When making online payments you may use a credit card or authorize an automatic withdrawal from a checking or savings account. You also have the option of splitting the payment among multiple credit cards, multiple bank accounts or a combination of the two.

The information below takes you through the online payment process step by step.

When you go to the Payment manager page, you'll see the Total due, Total paid and Balance due at the top of the page followed by some hyperlinks. Your first step is to click on one of those links to indicate the type of payment you want to make.

Make a credit card payment

If you click here, you will be asked to enter specific credit card information. Once you've entered the information, click **ok**. Then, you will return to the Payment manager page where the Total paid and Total due will be updated. If you have not paid the entire balance, you can select another payment type and enter the required information. After you've entered all of your payment information, you must click **next** to complete the payment process.

You will see a confirmation page when you have completed the payment process. The top of the confirmation page will display bold text "Print this as proof of your payment". Your payment will be reflected on the Web site within two business days. If you do not see the confirmation page, you have not successfully completed your payment.

Make a payment from checking/savings account

If you click here, you will be asked to enter specific bank account information. It is your responsibility to verify that you have entered the correct account type (checking or savings) and the correct account number. If the information you enter is incorrect, your bank will decline the payment request, and your payment will be treated as a dishonored payment.

Once you enter the correct account information, your payment will be submitted through the banking system the next business day and will be deducted from your account the second business day.

It's your responsibility to accurately enter all information and complete the payment process. To verify that you have read the instructions, enter your initials below, and click **next**.

Enter your initials:	
next	

Employer: HOSPITALTIY INVESTMENTS INC **Form**: (Quick pay) - Payment manager

Policy #:475417-0

Total due: \$901.32 Total paid: (\$0.00) Balance due: \$901.32

Make a credit card payment Make a payment from checking/savings account

Select one of the payment methods listed above and fill in the required information. When you are done adding payments, you must click **next** to complete your transaction. If no confirmation page is displayed, your payment has not been completed successfully. Please contact us if this occurs.

previous

Employer: HOSPITALTIY INVESTMENTS INC

Form: (Quick pay) - Make payment from checking/savings account

Policy #:475417-0

*indicates required field

Balance due: \$901.32

Bank	account	information
		-

*Routing number	044	000	024			
*Account number	123	456	78	-		
*Account type	Che	ckin	9 🕙			
*Account holder	Cor	porat	e 🚽			
*Name on account	car	01			Militaria e	
*Amount to be paid	400	************				
Phone	()	-	ext	<u> </u>	
*E-mail	bwc(aol	.com			

Please review **Bank account information** for accuracy and click **ok** to continue or **cancel** to return to the previous page.

Note: When you click **ok**, you are authorizing BWC to debit your account for the above amount. This transaction will be effective two business days from today.

ok cancel

Employer: HOSPITALTIY INVESTMENTS INC **Form:** (Quick pay) - Payment manager

Policy #:475417-0

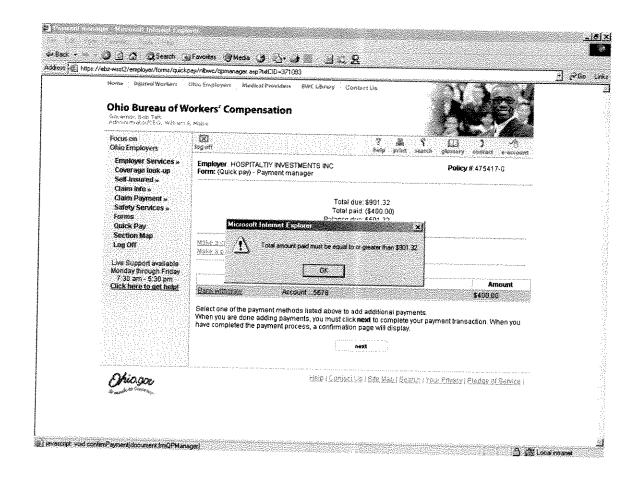
Total due: \$901.32 Total paid: (\$400.00) Balance due: \$501.32

Make a credit card payment Make a payment from checking/savings account

Туре	Details	Amount
Bank withdraw	Account E679	\$400.00

Select one of the payment methods listed above to add additional payments. When you are done adding payments, you must click **next** to complete your payment transaction. When you have completed the payment process, a confirmation page will display.

next



Employer: HOSPITALTIY INVESTMENTS INC Forma: (Quick pay) - Payment manager

Policy #:475417-0

Total due: \$901.32 Total paid: (\$901.32) Balance due: \$0.00

Make a credit card payment

Make a payment from checking/savings account

Туре	Details	
Bank withdraw	Account5678	Amount
Credit card	VISA1111	\$400.00
		\$501.32

Select one of the payment methods listed above to add additional payments. When you are done adding payments, you must click **next** to complete your payment transaction. When you have completed the payment process, a confirmation page will display.

next

Employer: HOSPITALTIY INVESTMENTS INC **Form:** (50/50 payment option) - E-signature

Policy #:475417-0

Ohio Bureau of Workers' Compensation Electronic Signature

You have entered a part of our Web site that asks you to provide an electronic signature before we can process your request.

Providing information to BWC is your choice. Clicking "I agree" creates an electronic signature. An electronic signature is similar to your handwritten signature. Through the use of an electronic signature, you agree that the information you provide is accurate and complete to the best of your knowledge. You also acknowledge that you your electronic signature:

About Information You Give Us

When you submit sensitive information over the Web site, that information is encrypted and protected by a secured socket layer (SSL). You can identify secured areas by the checkbox or icon that is displayed on the page.

About Information You Receive

It is your responsibility to use the information provided to you on this Web site for its intended purposes and to protect any password(s) issued to you.

Fraud Warning

Any person or entity, who with purpose to defraud or knowing that a person is facilitating a fraud, obtains or attempts to obtain compensation or payment from BWC, an employer, or an MCO, by knowingly (1) misrepresenting or concealing a fact, (2) making a false statement, or (3) accepting compensation or payment to which he/she is not entitled, may be subject to repayment to BWC of all funds that have been overpaid, civil remedies, and/or felony criminal prosecution for fraud or other offenses. You are not entitled to Non-Statutory Permanent Total, Temporary Total, Non-Working Wage Loss or Living Maintenance Disability benefits if you are working.

Identity Fraud

If you are not the person you indicated on this form, and you are attempting to create an e-account or access an existing e-account, you may be in violation of Ohio Revised Code sections 2913.49 and 2913.04. Such identity fraud perpetrated through the unauthorized use of BWC systems shall be prosecuted to the full extent of the law.

Employer Fraud Warning

All employers in the state of Ohio are required to secure and maintain workers' compensation coverage with BWC or be granted self-insured status. Any person or entity who knowingly misrepresents the number or classification of employees or conceals a fact, makes a false statement, falsifies coverage, or makes any other attempt to avoid securing and maintaining coverage, or to avoid paying premiums or assessments in full, may be subject to repayment of funds due, administrative penalties, and/or criminal prosecution.

If you do not want to provide the requested information over this Web site, please click "I disagree" to receive further instructions.

If you are willing to provide the requested information over this Web site, please enter your initials in the box below and click "I agree" to continue.

E	Enter your initials:		

lagree

l disagree

Employer: HOSPITALTIY INVESTMENTS INC Form: (50/50 payment option) - Confirmation

Policy #:475417-0

50/50 Payroll report (DP-21)

Print this as proof of your payment and for important 50/50 payment information.

Policy number: 475417 Payroll report number: 6163913

Reporting period: 07/01/2005-12/31/2005

Total premium due: \$1,802.64

Bank withdraw payment: \$400.00 account ...5678

VISA payment: \$501.32 account ...1111

Date of submission: 12/16/2005 Time of submission: 1:30:41 PM Submitter's name: carol wander

Thank you for your payment. Payments made before 11 a.m. will be posted to your policy within one business day. Payments made after 11 a.m. will be posted to your policy within two business days.

Note: Confirmation of payments from checking/savings accounts is contingent on funds availability, account status and accuracy of account number input.

Click **print certificate** to download and print your Certificate of Coverage. You will NOT receive a copy of the certificate throught the mail.

Important information regarding the 50/50 payment option

You will receive an invoice approximately 30 days before your 50/50 balance is due. To avoid a lapse in coverage you must pay your 50/50 balance by the due date. You must pay the balance through our Web site, ohiobwc.com, by clicking Ohio employers and then Accounts receivable balance. If we do not receive your payment by the due date, your coverage will lapse effective the due date. In addition, we may certify your 50/50 balance to the Ohio Attorney General for collection, and a lien may be filed.

Per section 4123.36 of the Ohio Revised Code, if your coverage lapses, you are considered a non-complying employer and are not entitled to the benefit and protection of workers' compensation insurance during the non-compliance period. As a non-complying employer, you are subject to the possibility of lawsuits by injured employees or their dependants. You will be responsible for and billed for the costs of any allowed claims that occur during the time in which your coverage is lapsed.

print certificate