

# 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: \_\_\_\_\_

**MCO open enrollment is May 3-28, 2021.**

Submit form by 4:30 pm on May 28, 2021. Find out why choosing Sedgwick MCO makes sense for your organization. Learn more at [www.sedgwickmco.com](http://www.sedgwickmco.com).

**Submit the completed, signed 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**

**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.