

Ohio Department of Job and Family Services
EMPLOYER'S REPRESENTATIVE AUTHORIZATION

P.O. BOX 182059
 Columbus, OH 43215-2059
 (614) 466-4047
EMPCHRG@jfs.ohio.gov

Section I - Benefits Authorization for Representation or Dissolution of Representation

I hereby authorize the Ohio Department of Job and Family Services to allow the representative named in Section II to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

NOTE: If correspondence should be sent on a regular basis to the representative, please choose representative for question #1.b in Section III.

I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the representative named in Section II. The Ohio Department of Job and Family Services should no longer allow the representative named in Section II to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

Section II - Employer and Representative Information

When completing this form, please print using block capital letters in black ink. For example:

A	B	C	D	E	F	G	H	I
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Employer Name

M	I	A	M	I		T	R	A	C	E		L	O	C	A	L		B	O	A	R	D		O	F	E
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Employer Address

3	8	1	8		S	T	A	T	E		R	O	U	T	E		4	I		N		W				
---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	--	---	--	---	--	--	--	--

City

W	A	S	H	I	N	G	T	O	N		C	O	U	R	T		H	O	U	S	E					
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State

O	H
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Zip

4	3	1	6	0	-				
---	---	---	---	---	---	--	--	--	--

Country

U	N	I	T	E	D		S	T	A	T	E	S		
---	---	---	---	---	---	--	---	---	---	---	---	---	--	--

Employer Account Number

0	8	0	4	8	8	9	-	0	0	-	6
---	---	---	---	---	---	---	---	---	---	---	---

FEIN

3	1	6	0	0	6	8	1	9
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Employer Phone Number

7	4	0	-	3	3	5	-	3	0	1	0
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Representative or Third Party Administrator Name

S	e	d	g	w	i	c	k																			
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Representative or Third Party Administrator Number

6	0	0	0	0	0	0	1	5	4
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Representative or Third Party Administrator Phone Number

6	1	4	-	3	7	6	-	5	3	0	0
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Representative Address Line 1

S	e	d	g	w	i	c	k																			
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Representative Address Line 2 - Please enter P.O. Box here

P		O		B	o	x		8	8	4																
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City

D	u	b	l	i	n																					
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State

O	H
---	---

Zip

4	3	0	1	7	-	6	8	8	4
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Country

U	n	i	t	e	d		S	t	a	t	e	s		
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Province - International addresses only

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Postal Delivery Code - International addresses only

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