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

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 functions(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.

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Section III - Service Function and Correspondence

1.a	To what service function(s) does the authorization or dissolution selected in Section II apply? (<i>Please check all that apply</i>)	1.b		```	s) selected in question #1 a, where ace be sent on a regular basis?
	Monthly Benefit Charge Statement		Employer		Representative or Third Party Administrator
	Request for Information		Employer		Representative or Third Party Administrator
	Request for Separation Information		Employer		Representative or Third Party Administrator
	Determinations		Employer		Representative or Third Party Administrator
	Appeals		Employer		Representative or Third Party Administrator
	Employer Third Party Administrator		Employer		Representative or Third Party Administrator

Section IV - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative as indicated in Section III, including but not limited to:

- 1. Notification required by Section 4141.26
- 2. Injury cased by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature

NOTE: Must be owner, partner, member or corporate officer	Title
Employer Name	
Employer Phone Number	
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