

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,
signed form via email,
fax or mail**



Email:

sales@sedgwickmco.com



Fax:

866.258.5045

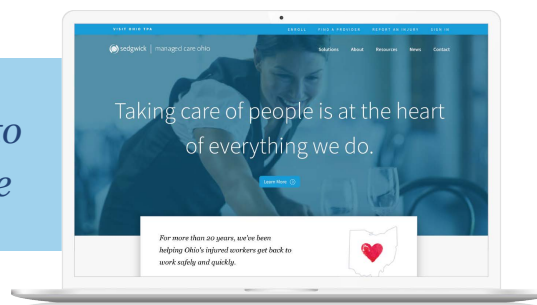


Mail:

P.O. Box 1040
Dublin, OH 43017

**To speak with a customer service
representative, call us at:
888.627.7586**

*Click here to
learn more*



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.