



Instructions

- Please print or type.
Complete all applicable portions of this form.
Submit the form by mailing or faxing the signed and dated copy to the customer service office where the claim is located.
You may also complete this form online at ohioabc.com.

Claim Information

Form with fields for Injured worker name, Date of injury, Claim number, Address, City, State, Nine-digit ZIP code, Employer name.

Please read the information below before signing this form.

Ohio workers' compensation law permits parties to a claim to waive, in writing, their right to appeal orders issued by BWC and the Industrial Commission of Ohio (IC). To waive an order's appeal period, the following must be filed in writing.

- For orders that include the allowance of anything other than compensation, the injured worker and employer must submit a signed waiver.
For orders that include only the allowance of compensation, the employer must submit a signed waiver.
For IC orders, BWC must submit a signed waiver, in addition to the injured worker and/or employer.

The injured worker, the employer or attorneys who represent them can sign waivers. Non-attorneys may sign a waiver at the direction of the party they represent, but cannot sign at their independent discretion.

This request for waiver of appeal applies only to the order specified below, not to all past or future orders affecting the claim.

The undersigned agree to waive the right to appeal the order with the mailing date of \_\_\_\_\_, which was issued in the above named claim.

Signature box for Injured worker/Authorized representative with date field and checkbox for non-attorney representative.

Signature box for Employer/Authorized representative with date field and checkbox for non-attorney representative.

Signature box for BWC Administrator/Authorized representative with date field and note: May only waive appeal rights to IC orders.