



**Instructions**

- You must file this form when requesting a settlement if you are an injured worker applying for an indemnity only settlement.
- All information listed below must be completed in its entirety to avoid delays in processing and/or disapproval of the application.
- Submit this form with the other required forms, via fax to 1- 866-336-8352, or send it to your local BWC customer service office.

**Demographic information**

Claimant name	
List claim number(s) you wish to settle	
_____	_____
_____	_____
_____	_____

**Acknowledgement and Waiver**

I have decided to settle the indemnity portion of claim(s) listed above. I acknowledge settlements are discretionary. I also understand any money I receive in this negotiated settlement is in exchange for the termination of my right to receive any type of indemnity benefits from the workers' compensation system for the allowed condition(s) and any future condition(s) that may develop in the above claim(s).

I further acknowledge this settlement represents a portion of the net present value of future or potential indemnity benefits as determined by the Ohio Bureau of Workers' Compensation (BWC). I understand BWC's valuation may differ from valuations performed by other entities for other purposes. I acknowledge BWC's valuation reflects the fact that the medical portion of my claim(s) will remain open. I further understand the amount I receive in this settlement may be less than the total amount I could receive by continuing to participate in the workers' compensation system or by settling my entire claim(s).

In addition, I hereby release BWC and its employees from any and all liability for the use of its life expectancy and net present value tables in this settlement negotiation. I further waive any right to any compensation or recovery for future or potential indemnity benefits in excess of that which I have received as a result of this negotiated settlement.

I agree should part or all of the statute(s), regulation(s), or policy(s) governing my settlement or this acknowledgement and waiver be challenged and found to be unconstitutional, unlawful or invalid by a court of competent jurisdiction, the settlement and this acknowledgement and waiver shall remain in full force and effect. I further agree should any portion of the acknowledgement and waiver be found unconstitutional, unlawful or invalid, the remaining portions of the acknowledgement and waiver shall remain in full force and effect. Finally, I agree this settlement shall remain in full force and effect regardless of any future changes in workers' compensation law or benefits.

**Claimant/Claimant representative signature**

Claimant signature	Date
Claimant attorney signature	Date