



Instructions

- Do not use this form to request an advancement to pay attorney fees. Use the Application for Lump Sum Payment of Attorney Fees IC-32-A.
You can submit this form via fax to 1-866-336-8352, or send it to the BWC customer service office managing the claim.
Once BWC receives this application, we will contact you regarding your re-payment options, if applicable.

Applicant demographics - Complete entire demographic section and proceed to section 2

Form section 1: Applicant's name, Address, City, State, ZIP code, E-mail address, Claim number, Preferred contact number (Cell/Home).

Request demographics - Complete appropriate selections below and proceed to section 3

Form section 2: Exact amount requested \$, Select one of the following: I am a surviving spouse... I am an injured worker... Financial relief, Furthering my rehabilitation, Please specify the compensation type BWC pays to be advanced (check one): Scheduled loss, Permanent total disability, Percentage of permanent partial.

Financial relief and/or furthering rehabilitation information - Provide a complete list of creditors, financial institutions or vendors and the amount owed or anticipated. Attach a separate sheet if necessary. Please note that the total amount owed or anticipated must match or exceed the Exact amount requested in section 2. Complete and proceed to section 4.

Table section 3: Table with 2 columns: Creditor/financial institution/vendor name, Amount owed or anticipated.

Applicant's signature - Must be notarized

Form section 4: I understand any person who knowingly makes a false statement... I understand in the event BWC grants this lump sum advancement, it will result in a reduction of weekly benefits until I repay said advancement. Applicant signature, Date, State of Ohio, county of... Notary public signature, Date.