



Claim number

Note: Ohio Revised Code (ORC) 4123.512 provides: "The filing of the notice of intent to settle extends the time to file an appeal to 150 days, unless the opposing party files an objection to the notice of intent to settle within 14 days after the date of the receipt of the notice of intent to settle. Either the claimant or the employer may file a notice of an intent to settle the claim within 30 days after the date of the receipt of the order appealed from or of the order of the commission refusing to hear an appeal of a staff hearing officer's decision. The claimant or employer shall file notice of intent to settle with the administrator of workers' compensation, and the notice shall be served on the opposing party and the party's representative. The filing of the notice of intent to settle extends the time to file an appeal to 150 days, unless the opposing party files an objection to the notice of intent to settle within 14 days after the date of the receipt of the notice of intent to settle."

Instructions to the filing party

- You must file this form to begin the settlement process if you are attempting to use the provisions of ORC 4123.512 to settle rather than appeal the order into court.
You must also serve a copy of this form on the opposing party, the party's attorney, and BWC.
You must fax this form to 614-621-3395.

Instructions to the opposing party

- Please indicate whether you agree with going forward with the settlement process or whether you object to extending the time to file an appeal into court under ORC 4123.512.
If you object to this notice, you must also serve a copy within 14 days of your receipt of this notice on the party that filed this form, the party's attorney, and BWC.
You must fax this form to 614-621-3395 within 14 days of receipt.

Form with sections: Claimant information, Claimant attorney information, Employer information, Employer attorney information. Each section contains fields for Name, Address, City, State, ZIP code, Email address, Date of injury, Rep ID number, Policy number, and Phone number.



Claim number

Party filing the notice of intent to settle

You are which of the following (check one) [] Claimant [] Employer

Date the Ohio Industrial Commission order was received | Settlement demand

Provide the date(s) you served copies to the following
Opposing party | If applicable, opposing party's attorney
Date | Date

Filing party's signature

I have provided accurate and complete information. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution. Under appropriate criminal provisions, he or she may be punished by a fine, imprisonment or both.
By signing below, I acknowledge I am requesting to initiate the administrative settlement process and extend the time to file an appeal into court. I also certify that I served copies of this notice on the opposing party and opposing party's attorney, as indicated above.

Applicant's signature | Date

Applicant's attorney signature | Date

Opposing party's response to intent to settle

[] I am supportive of initiating the settlement process
[] I object to the request to initiate the settlement process

Provide the date(s) you served copies of your response to the following
Filing party | If applicable, filing party's attorney
Date | Date

Opposing party's signature

I have provided accurate and complete information. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution. Under appropriate criminal provisions, he or she may be punished by a fine, imprisonment or both.
By signing below, I acknowledge my position regarding the filing party's request to initiate the administrative settlement process and extend the time to file an appeal into court. I also certify that I served copies to the filing party and filing party's attorney, as indicated above.

Opposing party's signature | Date

Opposing party's attorney signature | Date