

# How to read your invoice

**1 Invoice date**  
The date this invoice was prepared.  
**Payments received or adjustments made after this date are not reflected on this invoice.**

**Payment due date**  
This due date applies **ONLY** to the newly billed amounts on this invoice; that is amounts billed since the previous invoice date.

**Important messages**  
Read the messages regarding your policy. This section of the invoice includes how to make a payment online and other important policy information.

**2 Policy number**  
Include this number on all payments/documents you send to BWC.

**Coverage status**  
Your current coverage status. See reverse side of invoice for coverage-status definitions.

**Name and address**  
Your legal business name  
Your doing business as (DBA) name if different from the legal business name  
Your business mailing address (may differ from your business location address)

**3 Prior balance**  
The amount due and billed on previous invoices

**+Charges/debits**  
The total of billings and adjustments that have posted since your previous invoice.  
**Failure to pay installments in a timely manner will result in your coverage lapsing.**

**-Payments/credits**  
The total of payments and credits that have posted since your previous invoice

**=Amount due**  
Total amount owed as of the invoice date. This amount will not reflect any payments or adjustments made after the invoice date. You can obtain up-to-date information on your policy online at [www.bwc.ohio.gov](http://www.bwc.ohio.gov).  
**BWC, Attorney General, disputed**  
See reverse side for definitions.

**Ohio** Bureau of Workers' Compensation  
www.bwc.ohio.gov | 1-800-644-6292  
para asistencia en Español, llame a 1-800-644-6292- ocion 9.

Policy number: 00000000  
Coverage status: Reinstated  
#BWNFVSO  
#XX00000010853724#

XYZ INCORPORATED  
1234 HIGH ST STE 101  
COLUMBUS, OH 43215

**Policy Invoice**  
Invoice date: 09/20/2016  
Invoice number: 1000228004  
Payment due: 10/31/2016

Visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov) to pay online using a credit card or bank account. You must also pay all invoices via [www.bwc.ohio.gov](http://www.bwc.ohio.gov) to be eligible for the Go-green discount. Please see other side for information on making policy updates.

**Important - please read!**  
\*\* THIS IS A CREDIT - DO NOT PAY \*\*  
Your policy will lapse and penalties will be billed if installments are not paid timely and in full.

| Prior balance   | + Charges/debits | - Payments/credits | = Amount due  |  |
|---|------------------|--------------------|---------------|--|
| \$429.62  | \$377.58         | (\$859.24)         | (\$52.04)     |  |
| Refer to <a href="http://www.bwc.ohio.gov">www.bwc.ohio.gov</a> for detailed information. |                  |                    | BWC (\$52.04) | Attorney General \$0.00<br>Disputed \$0.00 |

**Financial Transactions**

| Transaction date | Description  | Period dates            | Transaction amount |
|------------------|--------------|-------------------------|--------------------|
| 09/20/2016       | Installment  | 07/01/2016 - 07/01/2017 | \$125.86           |
| 09/20/2016       | Installment  | 07/01/2016 - 07/01/2017 | \$125.86           |
| 09/20/2016       | Installment  | 07/01/2016 - 07/01/2017 | \$125.86           |
| 09/20/2016       | Cash Receipt |                         | (\$429.62)         |
| 08/30/2016       | Cash Receipt |                         | (\$429.62)         |

The payment due date shown only applies to items billed in the current billing cycle. Policy will lapse if installments are not paid timely and in full.

**Detach and return bottom portion with your payment.**

| Policy number | Invoice number | Payment due date | Amount due |
|---------------|----------------|------------------|------------|
| 00000000      | 1000228004     | 10/31/2016       | (\$52.04)  |

Make all your checks payable to the Ohio Bureau of Workers' Compensation. Include a policy number on all checks and be sure to include this remittance slip with your payment. Do not staple your check to the remittance.

Amount Enclosed:

BWC forwards balances not paid by the due date to the Office of the Attorney General of Ohio for collection. Please read the back of this invoice for additional information.

Mail payment to: BWC State Insurance Fund  
Ohio Bureau of Workers' Compensation  
P.O. Box 89492  
Cleveland, OH 44101-6492

Page 1 of 2

**4 Financial Transactions**

**Transaction date**  
Date the transaction posted to your account

**Description**  
Type of transaction posted

**Period dates**  
Policy year of the transaction, if applicable

**Transaction amount**  
Amount of the transaction

**5 Payment voucher**  
Submit your payment online at [www.ohio.bwc.gov](http://www.ohio.bwc.gov), or detach this payment voucher and return with your payment to the address listed. Write your policy number on the check. Do not staple your check to the voucher.

**Reverse side of invoice includes notes, definitions and glossary of terms.**

# Glossary of terms

NOTE: Failure to pay the balance due may result in further action. Failure to pay may also impact your coverage, your acceptance into alternative rating programs or your ability to qualify for self-insurance.

## Coverage Status

**Active** – BWC insurance coverage in force

**Combined** – BWC policy has been transferred to a successor policy

**Cancelled** – BWC insurance coverage cancelled

**Lapsed** – BWC insurance coverage not in force due to non-payment or underpayment

**No coverage** – Employer has not filed for BWC insurance coverage or BWC insurance is not in force

**Reinstated** – BWC insurance coverage in force after a period of coverage lapse

## Policy updates

Notify us of policy updates via [www.bwc.ohio.gov](http://www.bwc.ohio.gov) by clicking Employers, then Demographic information or by completing the *Notification of Policy Update* (U-117) or *Notification of Business Acquisition/Merger/Purchase/Sale* (U-118). You can also call 1-800-644-6292 to make updates or for employer information. We use an automated system to process invoices. Therefore, we cannot address questions or updates written on your invoice.

## Financial transactions/terms

**Audit** – Bill or credit generated as the result of a premium audit

**Payment due date** – The payment due date does NOT apply to payroll balances or prior balances. The due date identified on the original payroll report applies to payroll balances. The payment due date on the invoice that a prior balance was billed on applies to that balance. If you do not pay your premium by the due date, your coverage will lapse and you may incur late payment penalties.

**No coverage penalty** – Penalty assessed to a non-compliant employer for the period of time they were operating prior to the effective date of coverage

**Non-compliance claim** – Billings related to claims occurring when coverage was not in force

**Installment** – Premium and assessments due for a specific reporting period. Installments also reflects changes in premium due to rating plan participation, payroll changes, claim cost changes or other events that alter and employer's experience modifier.

**Payroll report** – Total premium and assessments due for a specific reporting period prior to July 1, 2015. Payroll report also reflects changes in premium due to rating plan participation, payroll changes, claim cost changes or other events that alter an employer's experience modifier.

## Account balance description

**BWC** – Amount owed to BWC excluding amounts certified to the Office of the Attorney General or disputed

**Disputed** – Amount disputed by the employer or employer representative

**Attorney General** – Delinquent amount certified to the Office of the Attorney General of Ohio for collection