



Instructions

- Complete all fields in this application. BWC cannot process incomplete applications.
An officer, partner, or owner must sign this application.
You may submit the completed form by one of the methods listed below.
Online: https://www.bwc.ohio.gov/
Email: TWSupport@bwc.state.oh.us
Fax: 614-621-5758
Mail: Attention: Transitional Work Grant Program
Ohio Bureau of Workers' Compensation
30 W. Spring St., 20th Floor
Columbus, OH 43215-2256

Employer information table with fields: Name of employer and DBA, BWC policy number, Number of employees, Address, City, State, ZIP code, Transitional Work Grant Program employer contact name, Title, Email address, Phone number, Do you have an existing light duty/transitional work plan?, I request education on how to select a BWC-accredited transitional work developer., Other companies associated with this policy number? * List policy numbers.

Companies with associated policies: BWC will work with your transitional work developer on the development of a corporate plan.

Eligibility requirements

Employers applying for a grant must have:

- Active coverage and current with monies owed to BWC.
No accumulative lapses in coverage in excess of 40 days within the 12 months preceding the application date.
Reported payroll and paid premium for the proceeding policy year.

See BWC's website, www.bwc.ohio.gov, for complete program details.

Your grant reimbursement is determined by BWC based on your company size. An employer is eligible for no more than one transitional work grant per policy number.

Maximum allowed per employer size are as follows.

- 11 to 49 employees up to \$2,900.
50 to 199 employees up to \$5,200.
200 or more employees up to \$6,300.

BWC will assist those employers in development of a plan with fewer than 11 employees.

I hereby certify my company is applying for the Transitional Work Grant Program pursuant to Ohio Administrative Code 4123-17-55. I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Name of designated representative certifying intent to comply and willingness to pay back grant for non-compliance.

Signature table with fields: Owner/Partner; officer name, Title, Signature, Date signed