



Request for Retroactive Coverage and Penalty Abatement or Waiver of Payroll True-Up Penalties

Pursuant to Ohio Administrative Code (OAC) 4123-14-03

Employers or their authorized representatives must submit a written request to BWC for retroactive coverage and penalty abatement or a waiver of payroll true-up penalties based on good cause shown and/or a one-time forgiveness. Use this form to make the request. Fax the completed form to 614-719-5313.

Form with fields: Company name, Policy number, Contact person, Phone, Contact email, Fax.

I. Retroactive coverage and penalty abatement or waiver of true-up penalties – based on good cause shown

OAC 4123-14-03 allows BWC's administrator to approve retroactive coverage and penalty abatement or waive payroll true-up penalties if an employer can show good cause for late payment or filing. For the administrator to grant relief, the employer's lapse duration must be 59 days or less, or the employer must have completed payroll true-up within 59 days of the grace period. OAC 4123-14-06 states the employer must file the protest of BWC's decision on the request, protest, petition, or application within two years of receipt of BWC's determination.

Form with checkboxes for Yes/No and text for date and year. Includes 'Important' note.

Describe below the reason for the late payment and/or filing. You may attach a separate sheet if necessary. Include any supporting documentation to substantiate your request.

II. Retroactive coverage and penalty abatement or waiver of true-up penalties – based on one-time forgiveness

The BWC administrator may grant an employer one-time forgiveness for the late payment of premium or the failure to timely complete payroll true-up. For the administrator to grant relief, the employer's lapse duration must be 59 days or less or the employer must have completed payroll true-up within 59 days of the grace period. (1OAC 4123-14-03 refers to this program as a "one-time violation.")

Form with checkboxes for Yes/No and text for date and year. Includes 'Important' note.

III. Handwritten signature

Form with fields: Employer (representative) signature, Date, Company name, Authorized rep ID number.