

Handicap Reimbursement Award: What Employers Need to Know

BWC encourages employers to hire and retain an employee with a pre-existing medical condition whether or not that condition might impact recovery or claim costs from a work-related injury. To help offset the challenges these employees often experience in the job market, we offer the Handicap Reimbursement Program to help employers reduce their claims experience costs.

For workers' compensation, Ohio law defines a handicapped employee as one who is afflicted with or subject to a physical or mental impairment, whether congenital or due to an injury or disease, such that the impairment constitutes a detriment to obtaining employment or re-employment.

Under Ohio Revised Code (ORC) 4123.343 the condition must be due to one of the 25 eligible diseases or conditions the Ohio law recognizes. Some of these include arthritis, ankylosis, diabetes, cardiac disease and epilepsy.

Filing for handicap reimbursement

If such an employee suffers a lost-time industrial injury/ occupational disease/death and files an allowed workers' compensation claim, the employer may apply for reimbursement of claims costs by filing an *Application for Handicap Reimbursement* (CHP-4-A). The employer must file the CHP-4-A while the claim is within the employer's claim experience period. The rules for filing an application are listed in Ohio Administrative Code (OAC) 4123-3-35.

Private, state-fund employers

If the date of injury is between Jan. 1 and June 30, private, state-fund employers must file handicap reimbursement applications by June 30 of the year no more than six years from the year of the date of injury or occupational disease;

If the date of injury is between July 1 and Dec. 31, private, state-fund employers must file the application by June 30 of the year no more than seven years from the year of the date of the injury or occupational disease.

Public employer

For claims with a date of injury on or after Jan. 1, 2010, public-employer taxing districts must file handicap reimbursement applications by Dec. 31 of the year no more than six years from the year of the date of the injury or occupational disease.

Self-insuring employers

Self-insuring employers are not eligible to receive this benefit.

Eligibility

- The employer must show the medical condition existed **before** the date of injury, and it either caused the workplace injury **or** contributed to increased costs or a delay in recovery.
- BWC must have paid one of the following kinds of compensation in the claim:
 - o Temporary total.
 - o Permanent total disability.
 - o Scheduled loss awards.
 - o Death benefits.
 - o Wages in lieu of temporary total compensation (salary continuation).

The employer does **not** have to show he or she was aware of the employee's condition at the time of hiring or prior to filing the claim. Also, if the employer settles a claim, this does **not** affect his or her right to apply for this benefit.
Processing the application

Processing the application

The employer must hand deliver the CHP-4-A to the BWC Customer Service Center located on the first floor of the William Green Building in Columbus or mail it to:
BWC
Attn: Handicap Reimbursement Unit
30 W. Spring St, 26th Floor
Columbus, OH 43215-2256.

BWC processes the application, and a BWC attorney conducts a conference, either in person or over the phone, to determine whether we should charge a percentage of the claim's costs to the statutory surplus fund instead of the employer's experience.

If BWC grants the award, we make the appropriate adjustment to the employer's experience calculation. The employer does have the right to appeal BWC's decision to the Ohio Industrial Commission within 14 days of the administrator's decision.

Once granted, BWC applies the award to the following claims awards and reserves.

- Temporary total.
- Permanent total disability.
- Scheduled loss awards.
- Death benefits.
- Medical payments.
- Claims reserves.
- Lump sum settlements with dates specified in OAC 4123-3-35(B)(2)(e).

For more information

Call 1-800-644-6292 or 614-466-6600 and listen to the options. You can also email mailto:handreimbquest@bwc.state.oh.us. Visit our website, www.bwc.ohio.gov.