

## Misc order (Corr8G)

- Displayed for language and information only – not format. Spacing is modified to allow for descriptive information in the right border.
- Most orders will be two pages.
- Order will be printed on most current BWC letterhead and will include BWC order header, footer and watermark.
- Information appearing in **bold, black text** is standard language that will appear on all orders.
- Information in regular black text is found in an insert. Inserts can be automatically inserted by the system under specified conditions, user selected, and/or can contain variable text pulled from the system or entered by the user.
- Information contained in double angle brackets (<< >>) is information automatically inserted by the system, or will be entered by the user in the specified add text field.
- Inserts, when selected, will appear in the order listed.

Correspondence language	Comments
<b>Order header and addressee information</b>	
<<IW Primary Name>> <<IW Street Name>> <<IW City, State, Zip>> <span style="float: right;">             &lt;&lt;Date&gt;&gt;  <b>Date mailed</b> </span>	Date mailed will be the system batch date plus one day, which should always be equal to the date the correspondence is delivered to the pre-sort house.
<b>Injured worker:</b> <<IW Name>> <b>Employer name:</b> <<Emp. Name>> <b>Claim number:</b> <<Claim #>> <b>Policy number:</b> <<Risk #>> <b>Injury date:</b> <<DOI>> <b>Manual number :</b> <<Manual No.>> <b>Claim type:</b> <<Accident, OD, Death>>	Standard header for all V3 correspondence.
<b>Application information</b>	
The following decision was made by the Bureau of Workers' Compensation (BWC).	Bureau Decision
<b>Free Form Text</b>	
25 lines of Free Form Text	All Claims
<b>Insert: Free form text for short description of Injury/Disease resulting in death</b>	
5 lines of Free Form Text	For Death Claims
<b>Description of Injury/Disease</b>	
10 lines of Free Form Text	
<b>Death Benefit Inserts</b>	
Injury/Disease: << <b>Free Form Text for short description of Injury/Disease</b> >>.	
It is the finding of the BWC that the following persons were wholly dependent upon the decedent for support at the time of death. A death award payable at \$ <<rate>> per week will be apportioned as follows:	
The average weekly wage is set at \$ <<Statewide AWW>> paid at the 66 2/3% rate of \$ <<rate>> based on the statewide average weekly wage in effect on the date of death.	
<< <b>Surviving Spouse Name</b> >>, surviving spouse, date of birth << <b>Date of Birth</b> >>, Social Security Number << <b>SSN</b> >> is awarded \$ << <b>Amount</b> >> per week from << <b>Beginning Date</b> >> until further ordered.	

<p>&lt;&lt;<b>Surviving Child 1 Name</b>&gt;&gt;, date of birth &lt;&lt;<b>Date of Birth</b>&gt;&gt;, Social Security Number &lt;&lt;<b>SSN</b>&gt;&gt; is awarded \$&lt;&lt;<b>Amount</b>&gt;&gt; per week for the decedent's minor child from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt; (date minor child reaches 18 years of age).</p>	
<p>&lt;&lt;<b>Surviving Child 2 Name</b>&gt;&gt;, date of birth &lt;&lt;<b>Date of Birth</b>&gt;&gt;, Social Security Number &lt;&lt;<b>SSN</b>&gt;&gt; is awarded \$&lt;&lt;<b>Amount</b>&gt;&gt; per week for the decedent's minor child from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt; (date minor child reaches 18 years of age).</p>	
<p>&lt;&lt;<b>Surviving Child 3 Name</b>&gt;&gt;, date of birth &lt;&lt;<b>Date of Birth</b>&gt;&gt;, social security number &lt;&lt;<b>SSN</b>&gt;&gt; is awarded \$&lt;&lt;<b>Amount</b>&gt;&gt; per week for the decedent's minor child from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt; (date minor child reaches 18 years of age).</p>	
<p>&lt;&lt;<b>Surviving Child 4 Name</b>&gt;&gt;, date of birth &lt;&lt;<b>Date of Birth</b>&gt;&gt;, Social Security Number &lt;&lt;<b>SSN</b>&gt;&gt; is awarded \$&lt;&lt;<b>Amount</b>&gt;&gt; per week for the decedent's minor child from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt; (date minor child reaches 18 years of age).</p>	
<p>&lt;&lt;<b>Surviving Child 5 Name</b>&gt;&gt;, date of birth &lt;&lt;<b>Date of Birth</b>&gt;&gt;, Social Security Number &lt;&lt;<b>SSN</b>&gt;&gt; is awarded \$&lt;&lt;<b>Amount</b>&gt;&gt; per week for the decedent's minor child from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt; (date minor child reaches 18 years of age).</p>	
<p>Payment to the surviving spouse is to continue without suspension unless future facts and circumstances, such as the spouse's remarriage, warrant the stopping of payment in accordance with the statute. In the event of remarriage, the spouse is hereby ordered to immediately notify the listed BWC customer service office of the remarriage. At that time, this order will be supplemented by an additional final order of compensation to be paid to the surviving spouse in a lump sum as provided by statute.</p>	
<p>Payment to the dependent child shall continue at the applicable weekly rate until child reaches the age of 18 years. In the event the said child enrolled as a full-time student in an accredited educational institution, payment will be reinstated and made directly to said child upon submission of proof of enrollment until said enrollment is discontinued or said child reaches the age of 25 years, in which case the child shall immediately notify the listed BWC customer service office for proper action.</p>	
<p>Payment to the dependent children shall continue at the applicable weekly rate until said children reach the age of 18 years. In the event that any said enrolls as a full-time student in an accredited educational institution, payment will be reinstated and made directly to said child upon submission of proof enrollment until said enrollment is discontinued or said child reaches the age of 25 years, in which case the child shall immediately notify the listed BWC customer service office for proper action.</p>	
<p>Medical bills and funeral expenses will be paid according to BWC rules and guidelines.</p>	
<p>Free Form Text (5 lines, 80 characters each line).</p>	
<p><b>Fraud Inserts</b></p>	
<p>Based on the investigative findings it has been determined that &lt;&lt;<b>IW Name</b>&gt;&gt; was not entitled to &lt;&lt;<b>Compensation Type(s) free-form text</b>&gt;&gt; benefits due to the allowed conditions from &lt;&lt;<b>Beginning Date</b>&gt;&gt; to &lt;&lt;<b>Ending Date</b>&gt;&gt;.</p>	
<p>Free Form Text (5 lines, 80 characters each line.)</p>	
<p>Free Form Text (20 lines, 80 characters each line.)</p>	

<<Compensation Type 1>> paid from <<Beginning Date>> to <<Ending Date>> \$<<Amount>> <<Compensation Type 1>> due over this period \$<<Amount>> Compensation overpaid in this period \$<<Amount>>									
<<Compensation Type 2>> paid from <<Beginning Date>> to <<Ending Date>> \$<<Amount>> <<Compensation Type 2>> due over this period \$<<Amount>> Compensation overpaid in this period \$<<Amount>>									
<<Compensation Type 3>> paid from <<Beginning Date>> to <<Ending Date>> \$<<Amount>> <<Compensation Type 3>> due over this period \$<<Amount>> Compensation overpaid in this period \$<<Amount>>									
<<Compensation Type 4>> paid from <<Beginning Date>> to <<Ending Date>> \$<<Amount>> <<Compensation Type 4>> due over this period \$<<Amount>> Compensation overpaid in this period \$<<Amount>>									
<<Compensation Type 5>> paid from <<Beginning Date>> to <<Ending Date>> \$<<Amount>> <<Compensation Type 5>> due over this period \$<<Amount>> Compensation overpaid in this period \$<<Amount>>									
<p>THE TOTAL OVERPAYMENT IS \$ &lt;&lt; Amount&gt;&gt;. This overpayment is due and payable upon receipt of this notification.</p> <p>Please remit check or money order to :                   The Bureau of Workers' Compensation</p> <p style="text-align: right;">P.O. Box 15187 Columbus, Ohio 43215-9748 Attn.: Recovery</p> <p>Please include your claim number on the check or money order to ensure proper credit to your account.</p> <p>The Bureau may recover any overpayment from current or future benefits.</p>									
Free Form Text (3 lines, 80 characters each line).									
<b>Substantial Aggravation Inserts</b>									
<p><b>No further compensation or medical benefits are payable for the following medical condition as of &lt;&lt;date&gt;&gt; because the condition has returned to a level that would have existed without the injury.</b></p> <table border="0" data-bbox="235 1570 1062 1629"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Body Location</th> <th style="text-align: left;">Part of Body</th> </tr> </thead> <tbody> <tr> <td>&lt;&lt;xxx.x</td> <td>xxxxxxxxxxxxxxxx</td> <td>xxxx</td> <td>xxxxx&gt;&gt;</td> </tr> </tbody> </table>	Code	Description	Body Location	Part of Body	<<xxx.x	xxxxxxxxxxxxxxxx	xxxx	xxxxx>>	<p>The user will select a command button designated for Additional Allowed ICDs. The system will populate the additional substantial aggravation codes to allow the user to select the correct ones.</p>
Code	Description	Body Location	Part of Body						
<<xxx.x	xxxxxxxxxxxxxxxx	xxxx	xxxxx>>						
<p><b>However, payment of compensation and medical benefits can be made for other conditions allowed in the claim if they are supported by medical evidence and other appropriate documentation.</b></p>	<p>If other allowed conditions exist on the claim, include this paragraph.</p>								

<p><b>The Administrator approves the request for the following medical condition(s). Documentation on file indicates that the condition(s) is/are no longer at a level that would have existed without the injury.</b></p> <table border="0"> <thead> <tr> <th data-bbox="235 346 397 373">Code</th> <th data-bbox="427 346 706 373">Description</th> <th data-bbox="716 346 885 373">Body Location</th> <th data-bbox="906 346 1057 373">Part of Body</th> </tr> </thead> <tbody> <tr> <td data-bbox="235 375 326 401">&lt;&lt;xxx.x</td> <td data-bbox="427 375 630 401">xxxxxxxxxxxxxxxx</td> <td data-bbox="716 375 769 401">xxx</td> <td data-bbox="906 375 997 401">xxxxx&gt;&gt;</td> </tr> </tbody> </table>	Code	Description	Body Location	Part of Body	<<xxx.x	xxxxxxxxxxxxxxxx	xxx	xxxxx>>	<p><b>Issue an order to allow a motion because the condition is no longer at pre-injury status</b></p>
Code	Description	Body Location	Part of Body						
<<xxx.x	xxxxxxxxxxxxxxxx	xxx	xxxxx>>						
<b>Additional information and based on inserts</b>									
<p>Optional add text insert (5 lines): claims service specialist to include information about salary continuation, special contract considerations, sick leave used, employer paid benefits, etc.</p>	<p>Used by the claims specialist to describe special conditions related to wages and or payments. (FF 8-14)</p>								
<p><b>This decision is based on:</b> 5 lines of add text where user describes medical documentation, forms, etc. used to set wages and make payment of compensation.</p>	<p>This insert is required if any of the compensation or payment inserts are used. This based on information is related to the setting of wages and payment of compensation. (FF 1-7)</p>								
<p>The injured worker is encouraged to forward this information to all health-care providers related to this claim.</p>									
<p>PLEASE BE ADVISED THAT ANY PAYMENT MADE PURSUANT TO THIS AWARD IS SUBJECT TO ANY AND ALL VALID CHILD (FAMILY) SUPPORT ENFORCEMENT ORDERS.</p>									
<b>Appeal language</b>									
<p><b>Ohio law requires that BWC allow the injured worker or employer 14 days from the receipt of this order to file an appeal. If the injured worker and employer agree with this decision, the 14-day appeal period may be waived. Both parties may submit a signed waiver of appeal to BWC. The Request for Waiver of Appeal (C108) is available through your local service office. Or you can log on to <a href="http://www.ohiobwc.com">www.ohiobwc.com</a> , select Injured worker, then click on Forms.</b></p> <p><b>If the injured worker or the employer disagrees with this decision, either may file an appeal within 14 days of receipt of this order. Appeals are filed with the Industrial Commission of Ohio (IC), either via the Internet at <a href="http://www.ohioic.com">www.ohioic.com</a> or at the following IC office:</b></p> <p style="text-align: center;">&lt;&lt;IC Office Name&gt;&gt; &lt;&lt;IC Office Address&gt;&gt;</p> <p><b>If there are any further questions concerning this decision, contact the claims service specialist listed below.</b></p> <p><b>THIS DECISION BECOMES FINAL IF A WRITTEN APPEAL IS NOT RECEIVED WITHIN 14 DAYS OF RECEIVING THIS NOTICE.</b></p>	<p>Automatically appears on every order.</p> <p>System will select the correct IC office.</p>								

### Standard footer

<<First name, last initial>>      <<Team number>>  
<<Service office name>>        <<Phone number>>  
<<Service office address>>      <<Fax number>>  
<<Service office city, state, zip>>

cc:      <<Employer name>>  
         <<IW representative name>>  
         <<Employer representative name>>

The name and address of the person who requests the order will be used. If the person requesting the order is profiled on more than one office or team, the team number and service office name and address for the lowest number team and/or office to which the user is assigned will display.

The information displayed is pulled from V3 profiles and can be updated by a team leader or service office manager.