

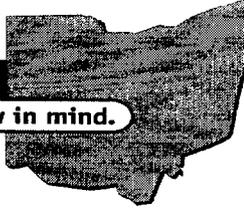
DWRF Orders

BWC

(For Project Use Only - Corr141)

Better Workers' Compensation

Built with you in mind.



<<IW Primary Name>>

<<Date>>

<<IW Street Name>>

<<IW City, State, Zip>>

Injured Worker: <<IW Primary Name>>

Employer's Name: <<Employer Name>>

Claim Number: <<Claim Number>>

Policy Number: <<Risk Number>>

Injury Date: <<DOI>>

Employer Status: <<Status>>

Claim type: <<LT/MO>>

The Ohio Bureau of Workers' Compensation (BWC) has completed a review of your file to see if you're eligible to receive benefits from the Disabled Workers' Relief Fund (DWRF). This fund provides supplemental benefits to permanently and totally disabled workers whose workers' compensation benefits haven't kept up with the cost of living.

If you receive Social Security Disability benefits, we have combined your Social Security benefit rate with your permanent total disability (PTD) rate to determine your DWRF eligibility. If you don't receive Social Security disability benefits, your eligibility is determined by using your PTD benefits only.

<Inserts>

<5 lines Free Form Text>

According to the law, you and your employer have the right to appeal this order. If you or your employer disagree with this decision, either of you may file an appeal within 14 days of receiving this order. Appeals should be filed at the Industrial Commission (IC) office listed below:

<IC Office Name>

<IC Office Address>

IF THE IC DOES NOT RECEIVE AN APPEAL WITHIN 14 DAYS, THIS DECISION IS FINAL. A telephone call or other correspondence does not alter the need for you to file an appeal if you disagree with this order.

If you have any questions about this decision, contact the DWRF service specialist listed below.

<Claims Rep Name>

<Service Office Name>

<Service Office Address>

<Service Office City/ST>

Team #:

Phone #:

Fax #:

cc: IW rep

Employer

Employer rep

Inserts

1. Entitled Insert

Our review found that you are entitled to receive DWRP benefits. This decision has been based on the following information:

Disability Social Security weekly rate of: \$xxxx.xx
PTD declared weekly rate of: \$xxxx.xx

To determine eligibility, we look to see what your total benefit amount is per week. Since that amount is less than \$xxxxx.xx, you are eligible to receive DWRP benefits at this time.

You are entitled because:
<20 lines of Free Form Text>

Effective with the payment of <payment date> your weekly rate will be \$xxxx.xx

Please note that this is not a change to your permanent total workers' compensation payment. If you have any deductions, such as family support, taken from your PTD, they are not shown in this order, but they will continue to be deducted.

2. Not Entitled Insert

Our review found that you are not entitled to receive DWRP benefits. This decision has been based on the following information:

Disability Social Security weekly rate of: \$xxxx.xx
PTD declared weekly rate of: \$xxxx.xx

To determine eligibility, we look to see what your total benefit amount is per week. Since that amount is more than \$xxxxx.xx, you are ineligible to receive DWRP benefits at this time.

You are not entitled because:
<20 lines of Free Form Text>

Please note that this is not a change to your permanent total workers' compensation payment.

3. Adjustment Insert

In our review we found that you are entitled to receive an <increase or decrease> in DWRP benefits.

Disability Social Security weekly rate of: \$xxxx.xx
PTD declared weekly rate of: \$xxxx.xx

The adjustment is due to
<20 lines of Free Form Text>

Effective with the payment of <payment date> your weekly rate will be \$xxxx.xx

Please note that this is not a change to your permanent total workers' compensation payment. If you have any deductions, such as family support, taken from your PTD, they are not shown in this order, but they will continue to be deducted.

4. Overpaid Insert

Our review found that you have been overpaid in the amount of \$xxxx.xx. This overpayment amount pertains to your DWRP benefits only.

Disability Social Security weekly rate of: \$xxxx.xx

PTD declared weekly rate of: \$xxxx.xx

This overpayment is the result of
<20 lines of Free Form Text>

Effective with the payment of <payment date> your weekly rate will be \$xxxx.xx

DWRP overpayments are recouped by withholding the cost of living amounts from the date the overpayment is determined. However, you may contact the BWC Collections Department at (614) 644-9692 to make payment arrangements or attach a check or money order for the overpaid amount.

<5 lines of Free Form Text>

Please note that this is not a change to your permanent total workers' compensation payment. If you have any deductions, such as family support, taken from your PTD, they are not shown in this order, but they will continue to be deducted.

5. Split Insert (this can only be selected in combination with 1 –4)

Your permanent total benefits are being paid in multiple claims. You will receive a DWRP order for each claim with the specific amount that will be paid in that claim. Your DWRP benefits are paid based on the percentage of the PTD award for that claim.

6. Back Payment Insert (this can only be selected in combination with 1 – 4)

You also are entitled to receive a back payment in the amount of \$xxxx.xx. This payment covers dates from <date> to <date>.

<5 lines of Free Form Text>

You should receive your back payment within 10 days of receiving this order.