

BWC ORDER

<<IW Primary Name>>
<<IW Street Name>>
<<IW City, State, Zip>>

<<Date>>
Date Mailed

Injured Worker: <<IW Primary Name>> (Deceased-appear when death inserts used)
Claim Number: <<Claim Number>> Employer Name: <<Employer Name>>
Injury Date: <<DOI>> Policy Number: <<Risk #>>
Claim Type: <<Claim Type>> Employer Status: <<Status>>

The following decision was made by the Bureau of Workers' Compensation (BWC).

<< Insert: Free form text for short description of Injury/Disease resulting in death>>

<<Free form text>> area

<<Inserts>> specific for Death Benefits, Fraud, etc.

<<Free form text>> area

<<Free form text>> area

<<Appeal language below used whenever death inserts are NOT picked>>

BWC law requires a 14-day period for the injured worker or employer to appeal this order. However, if the injured worker and the employer agree with this decision, the 14-day appeal period may be waived by both parties submitting a waiver in writing to the listed BWC customer service office.

<<Appeal language below used whenever death inserts are used>>

BWC law requires a 14-day period for any party to the claim to appeal this order. However, if both parties to the claim agree with this decision, the 14-day appeal period may be waived by each of the parties submitting a waiver in writing to the listed BWC customer service office.

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 should be filed at the following Industrial Commission (IC) Office:

<<IC Office Name>>
<< IC Office Address>>

IF AN APPEAL IS NOT RECEIVED WITHIN 14-DAYS, THIS DECISION IS FINAL.

If there are any further questions concerning this decision, contact the claims service specialist at the listed BWC customer service office (or for Fraud **<< If you have any questions or concerns regarding the amount overpaid, please contact the assigned team or fraud analyst at the telephone number listed below.>>**)

<<Claims Spec Name or Fraud Analyst>>
<<Service Office>>
<<S.O. Street Address>>
<<S.O. City, State, Zip>>
CC:<<{IW REP, EMP, EMP REP, SIU}>>

Team Number: <<Team Number>>
Phone Number: <<Phone>>
Fax Number: <<Fax Number>>

BWC Miscellaneous Order - Death Benefit Inserts

DB01

Injury/Disease: <<Free Form Text for short description of Injury/Disease>>.

DB02

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:

DB03

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.

DB04

<<Surviving Spouse Name>>, surviving spouse, date of birth <<Date of Birth>>, Social Security Number <<SSN>> is awarded \$ <<Amount>> per week from <<Beginning Date>> until further ordered.

DB05-1 though DB05-5 (Up to 5 Surviving Children)

<<Surviving Child Name>>, date of birth <<Date of Birth>>, Social Security Number <<SSN>> is awarded \$ <<Amount>> per week for the decedent's minor child from <<Beginning Date>> to <<Ending Date>> (date minor child reaches 18 years of age).

DB06

Medical bills and funeral expenses will be paid according to BWC rules and guidelines.

DB07

Free Form Text (5 lines, 80 characters each line).

DB08

Free Form Text (5 lines, 80 characters each line).

DB09

Free Form Text (5 lines, 80 characters each line).

Payment to the dependent child shall continue at the applicable weekly rate until said child reaches the age of 18 years. In the event the said child 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 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.

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 child 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 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.

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.

BWC Miscellaneous Order - Fraud Inserts

FR01

Based on the investigative findings it has been determined that <<IW Name>> was not entitled to <<Compensation Type(s) free-form text>> benefits due to the allowed conditions from <<Beginning Date>> to <<Ending Date>>. *(<<Compensation Type(s) free-form text>> will be a free-form field for the user to enter descriptions of the compensation type(s) the IW was not entitled to receive).

FR02

<< Free Form text stating findings>>. Therefore, the following overpayment is now ordered:

FR03-1 thru FR03-5

<<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>>

*(The first <<Compensation Type>> field in each set will be a drop-down list of compensation types)

FR04

THE TOTAL OVERPAYMENT IS \$ << Amount>>. This overpayment is due and payable upon receipt of this notification.

Please remit check or money order to : The Bureau of Workers' Compensation
P.O. Box 15187
Columbus, Ohio 43215-9748
Attn.: Recovery

Please include your claim number on the check or money order to ensure proper credit to your account.

The Bureau may recover any overpayment from current or future benefits.

FR05

Free Form Text (5 lines, 80 characters each line).

FR06

Free Form Text (5 lines, 80 characters each line).

FR07

Free Form Text (5 lines, 80 characters each line).

BWC Miscellaneous Order - General Inserts

GI01

Free Form Text (5 lines, 80 characters each line).

GI02

Free Form Text (5 lines, 80 characters each line).

GI03

Free Form Text (5 lines, 80 characters each line).

GI04

Free Form Text (5 lines, 80 characters each line).

GI05

Free Form Text (5 lines, 80 characters each line).

GI06

The injured worker is encouraged to forward this information to all health-care providers related to this claim.

GI07

Insert for order being subject to family support.

**PLEASE BE ADVISED THAT ANY PAYMENT MADE PURSUANT THIS AWARD IS
SUBJECT TO ANY AND ALL VALID CHILD (FAMILY) SUPPORT ENFORCEMENT ORDERS.**