

# OVERPAYMENT REDUCTION NOTICE



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 \_\_\_\_\_

You have been previously found overpaid.

Previous overpaid balance: previous balance  
Overpayment Reduced by: amount reduced  
Remaining overpayment: remaining overpay

freeform text (1)

The overpaid amount will be recovered from future awards to which you become entitled. You will be notified in writing when this happens.

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. The check or money order should be made payable to BUREAU OF WORKERS' COMPENSATION. Please mail your payments to BANK ONE, BWC CORPORATE PROCESSING DEPARTMENT, COLUMBUS, OHIO 43271-0977.

Please include your claim number and social security number on the check or money order to insure that the payment is properly applied to your account.

If you have questions or concerns regarding the amount overpaid, please contact the assigned claims specialist at the telephone number listed below.

CSS Name \_\_\_\_\_  
Service Office \_\_\_\_\_ Team Number: Team Number \_\_\_\_\_  
S.O. Street Address \_\_\_\_\_ Phone Number: Phone \_\_\_\_\_  
S.O. City, State, Zip \_\_\_\_\_ Fax Number: Fax Number \_\_\_\_\_

CC:  
IW REP