



Instructions

- This form is used to acknowledge an agreement to pay salary/wage continuation in lieu of temporary total or living maintenance compensation.
• Regular (full) salary/wages includes any benefits which the employee would normally be entitled to if the employee was working.
• This form must be signed by the employee and the employer.
• Fax or mail this completed agreement to your local BWC service office.

Table with 3 columns: Employee name, Claim number, Employer name, Policy number, Employer telephone number

On the ___ day of ___, ___, ___, the employer and the employee named above executed the following terms and conditions pertaining to the payment of salary continuation.

The employer, since the inception of the employee's disability resulting from an accident/occupational disease suffered by the employee on ___/___/___, while in course of their employment, has been or is paying regular (full) salary/wages in lieu of temporary total or living maintenance compensation, to the employee during the period of disability as indicated below:

Continuation of regular (full) salary/wages and any benefits the injured worker would otherwise have been entitled to has been/will be paid. Salary continuation will be paid at the rate of \$___ per ___ (week, two weeks, etc.) for the period of time from ___/___/___ to ___/___/___ (a period of time not to exceed 45 days per C-55 submission).

Does the amount paid include salary/wages from other employment? [] Yes [] No

Should salary continuation payment continue a new C-55 must be submitted within 5 days of the end date of this agreement. The employer must notify BWC immediately if salary continuation will be discontinued and/or if the injured worker returns to work.

Table with 2 columns: Employee signature, Date, Employer signature and title, Date