



Instructions

- This form is not to be used when requesting advancement of attorney fees. Use the (IC-32A), Application for Lump Sum Payment of Attorney Fees.
Please indicate if you are the injured worker or the injured worker's surviving spouse.
State the exact amount needed and the purposes or reasons the applicant desires the advancement.
Please attach documentation to support request for advancement.
Please specify the type of compensation currently being paid to be advanced.
Applicant signature must be notarized.
Return completed form to the BWC customer service office managing the claim.
Once BWC receives this application, we will contact you regarding your re-payment options.

Form with fields: Injured worker, Injured worker surviving spouse, Name, Address, City, State, ZIP code, E-mail address, Claim number, Telephone number, Cell phone number.

Exact amount requested \$ [] * [] Permanent partial (PP) scheduled loss
[] Permanent total disability
[] Death benefits

The applicant requests because of special circumstances that BWC pay all or part of the remaining payments of the awarded order in the above referenced claim as a lump sum advancement, which the applicant desires for the purposes and reasons stated below.

Blank lines for applicant explanation.

The injured worker has the option to have the advancement payable to him or her and a co-payee. If this option is selected, the injured worker must list the co-payee(s) and the exact amount(s) to each. Attach additional sheet if needed.

Table with 2 columns: CO-PAYEE, AMOUNT. Rows 1, 2, 3.

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

The applicant understands that in the event BWC grants this lump sum advancement, it will result in reduction of weekly benefits depending on your repayment option until you repay said advancement.

*Exception: The balance of a PP award will be issued in lieu of a reduction in weekly benefits.

Applicant signature, Date

State of Ohio, county of _____ ss: _____, being first duly sworn, says that the facts stated in the forgoing application are true.

Sworn to and subscribed before me this _____ day of _____, _____.