

INDUSTRIAL COMMISSION OF OHIO

Claim No. _____

Date _____

Claimant

Employer

**AGREEMENT AS TO COMPENSATION
FOR PERMANENT DISABILITY**

This agreement is entered into by and between all interested parties under the authority granted by the Industrial Commission of Ohio and is subject to such change and modifications as may be ordered by the Industrial Commission of Ohio.

Therefore, we the below signed parties hereby agree that claimant sustained an injury on _____ day of _____ 19 ____ and that said claim has been recognized for _____

It is further agreed that the claimant has a percentage of permanent partial disability of _____ %, which would entitle him to an award for the period of _____ weeks; that the claimant must elect whether to receive compensation as above determined or to be compensated for impairment of earning capacity, that the claimant's average weekly wage is \$ _____ which would entitle him to a rate of \$ _____ per week.

It is further agreed that the claimant's percentage of permanent partial disability has increased and is now _____ %, which is an increase of _____ %, and he is therefore entitled to an additional award of compensation for the period of _____ weeks, that the claimant's average weekly wage is \$ _____ which would entitle him to a rate of \$ _____ per week.

It is further agreed that the claimant has sustained the loss or permanent/total loss of use of _____ which would entitle him to an award for the period of _____ weeks, that the claimant's average weekly wage is \$ _____ which would entitle him to a rate of \$ _____ per week.

**WAIVER OF NOTICE OF HEARING AND
WAIVER OF RIGHT OF APPEAL**

So that the claimant herein may promptly receive payment of his award the parties hereto waive notice of hearing on the application filed _____ AND further waive their right to appeal an order entered pursuant to the above specified agreement.

**READ THIS DOCUMENT CAREFULLY
BEFORE SIGNING.**

**BY EXECUTING THIS DOCUMENT YOU HAVE
WAIVED YOUR RIGHT TO A HEARING AND
TO FILE AN APPEAL AND HAVE AGREED
TO THE PAYMENT OF COMPENSATION.**

TO BE FILED IN DUPLICATE

Claimant or Representative

Employer or Representative

Administrator