



You must complete all sections of this form before submitting it to the Ohio Bureau of Workers' Compensation, Risk Policy Services, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256. (You may submit federal forms 4029 and 4361 with this application if approved by the Internal Revenue Service.)

CAUTION
This form does not grant you the right to an exemption from any other Ohio tax liability, federal tax liability or local tax liability.

The employer is applying for exemption from paying BWC compensation premiums or assessments in respect to each employee completing Section III of this form. This includes self-insuring employers paying compensation and benefits directly. This exemption does not relieve the employer from the obligation to pay the applicable minimum administrative charge. The employer certifies he or she has informed each employee completing Section III of this form that he or she is waiving the right to receive any workers' compensation benefits.

The employer agrees to notify BWC within 30 days of any occurrence that results in the employer no longer being designated as a member of the religious group described below, or that the employer no longer follows the established teachings of this group. From that date forward, the employer will be responsible for all premiums and assessments. This includes self-insuring employers paying compensation and benefits directly.

Section I - Employer (Please print or type)

Form with fields: Company name, Federal ID number, Policy number, Employer name, Email address, Telephone number, Street address or P.O. Box number, City, State, ZIP code, Employer signature, Date

Section II - Religious Group (Please print or type)

Form with fields: Religious group name, Group official name, Street address or P.O. Box number, Email address, Telephone number, City, state, ZIP code, I certify that... is a member of the above named religious group and that the religious group has been in existence at all times since Dec. 31, 1950. As members of the group and followers of its established teachings, we are conscientiously opposed to accepting benefits from any private or public insurance that makes payments in the event of death, disability, impairment, old age or retirement, or makes payments toward the cost of, or provides services in connection with the payment of medical services. Bishop signature, Date

BWC use only

Form with fields: Exemption approved, Exemption disapproved, Authorized BWC representative signature, Date



CAUTION
This form does not grant you the right to an exemption from any other Ohio tax liability, federal tax liability or local tax liability.

The employee agrees to notify BWC within 30 days of any occurrence that results in the employee no longer being designated as a member of the religious group described below, or that the employee no longer follows the established teachings of this group. From that date forward, the employer will be responsible for all premiums and assessments. This includes self-insuring employers paying compensation and benefits directly.

Section III - Employee (Please print or type)

Form with fields for Employee name, Social Security or 4029 number, Street address or P.O. Box number, Email address, Telephone number, City, State, ZIP code, Company name, Policy number, Employee signature, Date, and a certification statement.

BWC use only

Form with checkboxes for Exemption approved/disapproved and fields for Authorized BWC representative signature and Date.