



Bureau of Workers' Compensation

Office Services Forms & Publications

3655 Brookham Drive

Grove City, Ohio 43123

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Date	Customer ID number	Contact name	Telephone number
Company name			E-mail address
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Forms Available

Quantity	Form no.	Title	Quantity	Form no.	Title
	AC-2	Permanent Authorization		C-240A	Notice of Exception to Employer's Signature Requirement
	AC-3	Temporary Authorization		C-240	Settlement Agreement and/or Application for Approved of Settlement Agreement
	C-5	Additional Information for Death Benefits		C-241	Amended Settlement Agreement and Release
	C-9	Physician's Report/Treatment Plan for Industrial Injury or Occupational Disease		CHP-4A	Application for Handicapped Reimbursement
	C-9A	Request for Additional Medical Documentation for C-9		FROI-1	First Report of Injury, Occupational Disease or Death
	C-11	Request to Appeal MCO Medical Treatment/Service Decision		MEDCO-6	Waiver of Examination
	C-17	Pharmacy Invoice		MEDCO-8	Self-Insured Employer/Injured Worker Screening
	C-18	Wage Agreement		MEDCO-12	Request to Change Provider Information
	C-19	Service Invoice		MEDCO-13	Application for Provider Enrollment and Certification
	C-20	Request to Print Info from V3 or Imaged Documents		MEDCO-13A	Application for Provider Enrollment-Non Certification
	C-23	Change of Doctor Request		MEDCO-14	Report of Work Ability
	C-32	Application for Lump Sum Advancement		R-1	Authorization of Representative of Employer
	C-39	Annual Death Benefits Questionnaire		R-2	Authorization of Representative of Injured Worker
	C-44	Physician's Certificate in Proof of Death		RH-1	Rehabilitation Agreement
	C-58	Application for Adjustment of Claim in Case of Fatal Injury		RH-2	Individualized Vocational Rehabilitation Plan
	C-59	Self-Insurer's Agreement as to Compensation on Account of Death		RH-5	Trainer's Report
	C-60	Injured Worker Statement for Reimbursement of Travel Expense		RH-6	On-The-Job Training Agreement
	C-77	Injured Workers' Change of Address		RH-7	Loan/Lease Agreement for Tools and Equipment
	C-84	Request for Temporary Total Compensation		RH-10	Injured Worker's Record of Job Search Contacts
	C-86	Motion		RH-18	Authorization for Living Maintenance Wage Loss (LMWL)
	C-92	Application for Determination of the Percentage of Permanent Partial Disability or Increase of Permanent Partial Disability		RH-19	Employer Incentive Contract
	C-94A	Wage Statement		RH-20	Rehabilitation Services Commission Referral
	C-101	Authorization to Release Medical Information		RH-21	Vocational Rehabilitation Closure Report
	C-108	Request for Waiver of Appeal		RH-24	Gradual Return to Work Contract Employer Reimbursement Method
	C-110	Agreement to Select The State of Ohio as the State of Exclusive Remedy		SI-28	Filing of an Allegation Against a Self-Insured Employer
	C-112	Agreement to Select a State Other than Ohio as the State of Exclusive Remedy		SI-42	Self-Insured Joint Settlement Agreement and Release
	C-140	Application for Wage Loss Compensation		SI-43	Acknowledgment of the Self-Insured Joint Settlement Agreement and Release
	C-141	Wage Loss Statement for Job Search		U-3	Application for Ohio Workers' Compensation Coverage
	C-143	DEP Physician's Report of Work Ability		U-3S	Application for Optional Supplemental Coverage
	C-151	Status Response		U-43	Application by Family Farm Corporation for Coverage of Corporate Officers
	C-158	Request for Action from Representative		U-117	Application for Optional Supplemental Coverage
	C-159	Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities		U-118	Notification of Business Acquisition/Merger or Purchase/Sale
	C-174	Self-Insured Semi-Annual Report of Claim Payments		U-140	Application for Drug-Free Workplace Program & Drug-Free EZ.
	C-190	Justification of Medical Necessity for Seating/Wheeled Mobility		U-142	Drug-Free Self-Assessment Progress Report
	C-230	Authorization to Receive Workers' Compensation Check		UA-3	Professional Employer Organization Client Relationship Notification
				UA-5	Application for Premium Discount Program

Publications Available

Quantity	Form no.	Title	Quantity	Form no.	Title
	CD 106	BWC Medical Guide		FS 01	Fraud Sticker
	DFEZ	DFEZ Drug-Free EZ Guide		OS-23	Safety Publications Available
	DFWP	Drug-Free Workplace Guide		OS-24	Forms & Publications List
	FB	Fraud Brochure		PDPG	Premium Discount Program + Guide
	FBLW	Fraud Brochure Law		PERRP	Safety and Health Protection on the Job Poster
	FBMCO	Fraud Brochure MCO		PUPDT-1	March
	FBSI	Fraud Brochure Self Insured		PUPDT-2	June
	FFFI	Fraud Flyer Financial		PUPDT-3	September
	FFPH	Fraud Flyer Pharmacy		PUPDT-4	December
	FP 01	Fraud Poster		SWS	Safety Works Sticker
	FS 01	Fraud Sticker		TSBP	10-Step Business Plan Edition - Current

Prepared by

Agent #	Initials
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**Forms that are not listed here are not available through BWC office services forms and publications
You may obtain Industrial Commission (IC) forms by calling the IC forms and
publications number 614-644-8009**

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