

This form can be obtained online at: www.ohiobwc.com

Instructions

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

Employee name		Claim number	
Employer name	Policy number	Employer telephone number	

On the	_ day of , , ,	,		, the employer and
	- ,		Employer name	

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:

Salary continuation regular (full) salary/wages or living maintenance compensation has been/will be paid from

____/ ____ through ____/ ____, at \$_____ per week **and will continue to be paid until**

further	notice	from	the	emp	loyer.
---------	--------	------	-----	-----	--------

Does the amount paid include salary/wages from other employment? \Box Yes \Box No

Employee signature	Date
Employer signature and title	Date