



Submit the form to BWC in one of the following ways.

Online: bwc.ohio.gov

My Policy: Sign in to our website, and from the My policy page, click **Upload documents**.

Fax: 614-719-5313

Mail: BWC Mail Processing Center

Attn: Policy Processing

30 W. Spring St.

Columbus, OH 43215-2256

Important: If you fax, or mail the form to BWC, be sure to sign and date the form. BWC cannot process it without a signature.

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, federal 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 workers' compensation benefits. In addition, the employer and employee must complete and have notarized the attached affidavits and return them with the U-3E application. If there are multiple employees, additional copies may be made.

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)*

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)*

Religious group name		Group official name	
Street address or P.O. Box number	Email address		Telephone number ()
City, state, ZIP code			
I certify _____ is a member of the above named religious group and that the Employer name 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

<input type="checkbox"/> Exemption approved <input type="checkbox"/> 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, Bishop 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.



Affidavit of Employer pursuant to R.C. 4123.15

AFFIDAVIT OF _____ (print name)

I, _____, swear or affirm:

- 1. That I am the Employer/Owner/Corporate Officer of _____, (business name) located at _____ (business address).
2. I am a member of a recognized religious sect or division of a recognized religious sect, _____ (name of religious sect) and am an adherent of established tenets or teachings of that sect and am conscientiously opposed to benefits to employers and employees received from any public or private insurance that makes payments in the event of injury, death, disability, impairment, old age, or retirement or makes payments toward the cost of, or provides services in connection with the payment for, related medical services, including the benefits from any insurance system established by the "Social Security Act," 42 U.S.C.A. 301, et seq.

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date: _____ Name: _____

Printed name: _____

STATE OF _____

COUNTY OF _____

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the ____ day of _____, 20____, and signed the above Affidavit at his/her free and voluntary act and deed.

Notary Public



Affidavit of Employee pursuant to R.C. 4123.15

AFFIDAVIT OF _____ (print name)

I, _____, swear or affirm:

- 1. That I am the Employee, or intend to be the Employee, of _____ (business name) located at _____ (business address).
2. I am a member of a recognized religious sect or division of a recognized religious sect, _____ (name of religious sect) and am an adherent of established tenets or teachings of that sect and am conscientiously opposed to benefits to employers and employees received from any public or private insurance that makes payments in the event of injury, death, disability, impairment, old age, or retirement or makes payments toward the cost of, or provides services in connection with the payment for, related medical services, including the benefits from any insurance system established by the "Social Security Act," 42 U.S.C.A. 301, et seq.

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date: _____ Name: _____

Printed name: _____

STATE OF _____

COUNTY OF _____

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the ____ day of _____, 20____, and signed the above Affidavit at his/her free and voluntary act and deed.

Notary Public