

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

Email: 120c239@bwc.ohio.gov

Fax: 614-719-5925

Mail: BWC Mail Processing Center Attn: Employer Services 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.			
Prepared by:		Phone number:	
Professional employer organization (PEO) policy number:		PEO name:	
Client policy number:		Client name:	
Claims for lease agreement effective date: Date		☐ Change in lease agreement ☐ Termination of lease agreement	
Claim number Manual number	Claimant name	(please print)	Date of injury
PEO signature			Date