Bureau of Workers' Compensation

Authorization to Receive Workers' Compensation Check (C-230)

Demographic information required	
Injured worker's name	Claim number
Attorney's name	Representative ID number

Instructions for completion

- Please complete this form in its entirety, including the correct claim number, signature, and date.
- A separate authorization must be filed for each claim, application, motion, or order.
- Submit the form to BWC in one of the following ways:
  Fax: 1-866-336-8352
  Mail: BWC Mail Processing Center
  Attn: Claims Services
  30 W. Spring St.
  Columbus, OH 43215-2256

BWC will not honor an authorization that is not completed in its entirety, is altered but not initialed by the party altering the form or is not timely filed.

Time limits for filing are as follows:
On all types of compensation, other than an application for the percentage of permanent partial compensation (C-92), you must file the authorization to receive workers' compensation check:

- Prior to or at the hearing
- Prior to the date of the payment of compensation (before the award is issued) whether the award of compensation was made at a hearing or made without a hearing

On any compensation paid pursuant to a C-92 application of an agreement of the parties to a percent permanent partial award, you must file the authorization:

- With the application or the agreement for permanent partial disability
- With the application for the election of permanent partial from temporary partial
- With the Industrial Commission of Ohio at the hearing
- After the hearing but prior to the date of mailing of the hearing officer order

I hereby authorize and direct BWC to mail directly to my attorney the compensation check in the above numbered claim for the accrued portion of my award as specified below. You must specify the date of the application, request, motion, or order.

Application, request, motion, or order dated _____/_____/_____ for the type(s) of compensation listed below. Check all that apply.

- ☐ Temporary total
- ☐ Wage loss
- ☐ Change of occupation
- ☐ Scheduled loss
- ☐ Permanent total disability
- ☐ Death benefits
- ☐ Impairment of earning capacity
- ☐ Violation of specific safety
- ☐ Facial disfigurement
- ☐ Lump sum settlement
- ☐ Percentage permanent partial
- ☐ Lump sum advancement

This authorization does not give my attorney the authority to cash or endorse a check on my behalf.

This authorization shall not continue in effect after BWC has paid said award(s) on the original application noted above unless there is a subsequent hearing, appeal, or reconsideration after payment was made.

This authorization is not valid if it is filed beyond 18 months from the date of my signature.

Signature and date required	
Injured Worker's/Claimant's Signature	Date