



Instructions

- You must file this form when requesting a settlement if you are an injured worker receiving permanent total disability (PTD) benefits, an injured worker who is requesting consideration of PTD benefits or a claimant currently receiving death benefits.
- All information listed below must be completed in its entirety to avoid delays in processing and/or disapproval of the application.
- Submit this form with the other required forms, via fax to 1-866-336-8352, or send it to your local BWC customer service office.

Demographic information

Claimant name	
List claim number(s) you wish to settle:	
_____	_____
_____	_____
_____	_____

Acknowledgement and waiver

I have decided to settle the above referenced claim(s). I acknowledge settlements are discretionary. I also understand any money I receive in this negotiated settlement is in consideration for the termination of my right to receive workers' compensation benefits in the above claim(s), including permanent total disability or death benefits.

I further acknowledge the indemnity portion of this settlement represents a portion of the net present value of future or potential permanent total disability or death benefits as calculated using the Ohio Bureau of Workers' Compensation's (BWC's) life expectancy and net present value tables. I understand BWC's life expectancy and net present value tables may differ from those used by other entities for other purposes. I further understand the amount I receive in this settlement may be less than the total amount I could eventually receive by continuing to participate in the workers' compensation system. I affirm after considering all relevant factors, including those not solely limited to life expectancy and net present value, I consider the settlement amount to be reasonable for the above claim(s).

By signing this waiver and settling the above claim(s), I hereby release BWC and its employees from any and all liability for the use of its life expectancy and net present value tables in this settlement negotiation. I further waive any right to any compensation or recovery for future or potential permanent total disability or death benefits in excess of that which I have received as a result of this negotiated settlement.

I agree should any part of or all of the statute(s), regulation(s) or policy(s) governing my settlement or this acknowledgment and waiver be challenged and found to be unconstitutional, unlawful, or invalid by a court of competent jurisdiction, the settlement and this acknowledgement and waiver shall remain in full force and effect. I further agree should any portion of the acknowledgement and waiver be found unconstitutional, unlawful, or invalid, the remaining portions of the acknowledgement and waiver shall remain in full force and effect. Finally, I agree this settlement shall remain in full force and effect regardless of any future changes in workers' compensation law or benefits.

Claimant/Claimant representative signature

Claimant signature	Date
Claimant attorney signature	Date