



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

Online: bwc.ohio.gov

Email: siing@bwc.ohio.gov

Fax: 614-621-9405

Mail: BWC Mail Processing Center

Attn: Employer Services

30 W. Spring St.

Columbus, OH 43215-2256

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

Company name	Number of Ohio employees	Self-Insuring policy number
--------------	--------------------------	-----------------------------

Please complete for calendar year ending Dec. 31, _____.

Consolidate the corporate location and all subsidiaries on one report.

Number of claims reported (regardless of their current disposition)		
A.	Lost time (eight or more calendar days off work)	
B.	Medical only (seven or fewer calendar days off work)	
C.	Occupational disease	
D.	Death	
E.	Total	

List compensation payments made		
Type	Total dollars paid	
1. (4123.56A) Temporary total	\$	
2. (4123.56) Wages in lieu of compensation		
3. (4123.56A) Sick and accident benefits		
4. (4123.56B) Wage loss		
5. (4123.57A claims prior to 8/22/86) Temporary partial		
6. (4123.57A; 4123.57B) % permanent partial		
7. (4123.57B; 4123.57C) Scheduled loss awards		
8. (4123.58) Permanent total		
9. (4121.63) Living maintenance		
10. (4123.67B) Living maintenance wage loss		
11. (4123.59) Death		
12. (4121.47) Violation of specific safety requirements		
13. (4123.93 & 4123.512) Less subrogation/overtured claims/reimbursements	(\$)	
14. (Accurate reporting required by law) Grand total of paid compensation	(Add lines #1 thru #12, less line #13)	\$
15. Total dollars paid to medical providers		\$
16. Total benefits paid	(Add lines #14 and #15)	\$

Total open claims and case-reserves data (not covered by excess insurance)		Amount
Pre-1987		
1.	Number of open medical-only claims	
2.	Number of open indemnity claims	
3.	Total outstanding case reserves for medical-only claims	\$
4.	Total outstanding case reserves for indemnity claims	\$
1987 and post 1987		
5.	Number of open medical-only claims	
6.	Number of open indemnity claims	
7.	Total outstanding case reserves for medical-only claims	\$
8.	Total outstanding case reserves for indemnity claims	\$