



# Bureau of Workers' Compensation

## Lapse and Penalty Forgiveness Pursuant to Ohio Administrative Code (OAC) 4123-14-03

Employers or their authorized representatives must submit a request to BWC for **retroactive coverage and penalty abatement** based on **good cause shown** and/or a **one-time forgiveness**. Use this form to make the request.

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

**My Policy:** Sign into 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:** Fully explain the reasons for this request.

Company name	Policy number
Contact person	Phone
Contact email	Fax

### I. Request for Retroactive Coverage and Penalty Abatement based on good cause shown

OAC 4123-14-03 allows BWC's administrator to approve retroactive coverage and penalty abatement if an employer can show good cause for late payment or filing. For the administrator to grant relief, the employer's lapse duration must be 59 days or less. OAC 4123-14-06 states the employer must file the protest of BWC's decision on the request, protest, petition, or application within two years of receipt of BWC's determination.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I request retroactive coverage and penalty abatement for the lapse date of: _____ <b>Date</b>
<b>Important:</b> For BWC to process this request, you must provide a specific date or policy year.	

Describe below the reason for the late payment and/or filing. You may attach a separate sheet if necessary. Include any supporting documentation to substantiate your request.

### II. Retroactive coverage and penalty abatement – based on one-time forgiveness

The BWC administrator may grant an employer one-time forgiveness<sup>1</sup> for the late payment of premium. For the administrator to grant relief, the employer's lapse duration must be 59 days or less. (<sup>1</sup>OAC 4123-14-03 refers to this program as a "one-time violation.")

<input type="checkbox"/> Yes <input type="checkbox"/> No	I request a one-time forgiveness for the lapse date of: _____ <b>Date</b>
<b>Important:</b> For BWC to process this request, you must provide a specific date or policy year.	

### III. Requested by

Employer (representative) name	Date
Company name	Authorized rep ID number