



Employers or their authorized representatives must submit a request to BWC for **waiver of payroll true-up penalties** 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.

**Email address:** [employerprogramunit@bwc.ohio.gov](mailto:employerprogramunit@bwc.ohio.gov)

**My Policy:** Sign into our website, and from the My policy page, click **Upload documents**.

**Fax:** 614-621-1405

**Mail:** BWC Mail Processing Center

Attn: Employer Programs

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. Waiver of true-up penalties – based on good cause shown**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I request a waiver of payroll true-up penalties for policy year: _____ Year
<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. Waiver of Payroll True-Up Penalties- based on one-time forgiveness**

The BWC administrator may grant an employer one-time forgiveness<sup>1</sup> for failure to timely complete payroll true-up. For the administrator to grant relief, the employer must have completed payroll true-up within 59 days of the grace period. (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 of payroll true-up penalties for policy year: _____ Year
<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