



Instructions

- This form may be used to acknowledge an agreement between:
 - The employer, to pay salary/wage continuation in lieu of temporary total or living maintenance compensation; and
 - The injured worker, to accept the salary continuation payment.
- Salary continuation is the payment of regular (full) salary/wages, which includes any benefits the employee would normally be entitled to if the employee was working.
- Submit the form to BWC in one of the following ways.

Fax: 1-866-336-8352; or

Mail: BWC Mail Processing Center

Attn: Claims Services

30 W. Spring St.

Columbus, OH 43215-2256

Important: If you fax, or mail the form to BWC, be sure to sign and date the form.

Injured Worker/Employer Information

Injured worker (employee) name		Claim number
Employer name	Policy number	Employer telephone number

The employee and employer named above executed the following terms and conditions pertaining to the payment of salary continuation.

The employer has been paying or will pay regular (full) salary/wages in lieu of temporary total or living maintenance to the employee during the period of disability as indicated below:

Continuation of regular (full) salary/wages and any benefits the injured worker would otherwise have been entitled to has been/will be paid. Salary continuation will be paid at the rate of \$ _____ per _____ (week, two weeks, etc.) for the period of time from ____ / ____ / ____ to ____ / ____ / ____.

Please notify BWC immediately if salary continuation will be extended, discontinued and/or the injured worker returns to work.

Injured Worker/Employer signatures

By signing this form, the employer and injured worker acknowledge and accept payment of salary continuation.

Injured worker (employee) name	Date
Employer signature and title	Date