



**Instructions**

- Please print or type.
- Complete all applicable portions of this form.
- Mail the signed and dated copy to the customer service office where the claim is located.

Claim Information			
Injured worker name		Date of injury	Claim number
Address	City	State	Nine-digit ZIP code
Employer name			
Address	City	State	Nine-digit ZIP code

**Please read the information below before signing this form.**

Ohio workers' compensation law permits parties to a claim to waive, in writing, their right to appeal orders issued by BWC and the Industrial Commission of Ohio (IC). To waive an order's appeal period, all parties must submit written and signed requests. BWC will not grant waivers without the agreement of all parties to a claim. When all parties agree to waive their appeal rights, BWC cancels the order's 14-day appeal period.

This request for waiver of appeal applies only to the order specified below, not to all past or future orders affecting the claim. Therefore, waiving your right to appeal an order will not prohibit you from appealing other orders pertaining to the claim.



The undersigned agree to waive the right to appeal the order dated \_\_\_\_\_ which was issued in the above named claim.

\_\_\_\_\_  
**Injured worker/Authorized representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer/Authorized representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**BWC Administrator/Authorized representative**  
(May only waive appeal rights to IC orders)

\_\_\_\_\_  
**Date**