BWC
Better Workers' Compensation
Built with you in mind

Governor Bob Taft
Administrator/CEO James Conrad

Salary Continuation Agreement

This form can be obtained online at
ohiobwc.com

Instructions

- This form is used to acknowledge an agreement between the employer and employee to pay salary/wage continuation in lieu of temporary total or living maintenance compensation. **The Ohio Bureau of Workers' Compensation (BWC) is not a party in this agreement.**
- Regular (full) salary/wages includes any benefits that the employee would normally be entitled to if the employee was working.
- This form must be signed by the employee and the employer.
- Fax or mail this completed agreement to your local BWC customer service office if you would like it to become part of the BWC claim record. However, you are not required to do so. For customer service office information, visit **ohiobwc.com** or call **1-800-OHIOBWC**.

Employee name		Claim number
Employer name	Policy number	Employer telephone number

On the _____ day of _____ , _____ , _____ , the employer
Employer name
and the employee named above executed the following terms and conditions pertaining to the payment of salary continuation.

The employer, **since the inception of the employee's disability** resulting from an alleged accident/occupational disease suffered by the employee on ____ / ____ / ____ , while in the course of his/her employment, has been or is paying regular (full) salary/wages in lieu of temporary total or living maintenance compensation, to the employee during the period of disability as indicated below:

Salary continuation regular (full) salary/wages or living maintenance compensation has been/will be paid from ____ / ____ / ____ through ____ / ____ / ____, at $ _____ per _____ for a total of $ _____ **and will continue to be paid until further notice from the employer**.

Does the amount paid include salary/wages from other employment? ☐ Yes ☐ No

Employee signature	Date
Employer signature and title	Date