



Injured worker's name	Claim number
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Attorney's name	I.D. number
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Instructions for completion

- You must complete this form in its entirety, including the correct claim number.
- BWC will not honor any authorization not completed in its entirety, altered but not initialed by the party altering the form or not filed within the proper time periods specified.
- You must specify the award.
- You must file an authorization for every claim for which BWC is to make an award.

Time limits for filing are as follows:

- 1) On any compensation paid pursuant to the filing of a C-92, you must file the authorization with the application, with the agreement of permanent partial disability, with election, with the Industrial Commission of Ohio (IC) at hearing, or after hearing but prior to the date of mailing of the order;
- 2) IC order – prior to hearing or at the hearing;
- 3) Any order from which there is no appeal or objection period – at the hearing or with application.

I hereby authorize and direct BWC to mail directly to my attorney the compensation check in the above numbered claim for the accrued portion of my award as specified - (Check **only one** block)

- | | |
|--|---|
| <input type="checkbox"/> 1. Temporary total – BWC order _____ | <input type="checkbox"/> 8. Lump sum settlement |
| <input type="checkbox"/> 2. Temporary total – IC hearing dated _____ | <input type="checkbox"/> 9. Death award – BWC order _____ |
| <input type="checkbox"/> 3. Impairment of earning capacity | <input type="checkbox"/> 10. Death award – IC hearing dated _____ |
| <input type="checkbox"/> 4. Wage loss | <input type="checkbox"/> 11. Change of occupation |
| <input type="checkbox"/> 5. % Permanent partial | <input type="checkbox"/> 12. Facial disfigurement |
| <input type="checkbox"/> 6. Permanent partial; scheduled losses | <input type="checkbox"/> 13. VSSR – Violation of specific safety requirements |
| <input type="checkbox"/> 7. Permanent total – IC order dated _____ | <input type="checkbox"/> 14. Application or Motion dated _____ |

This authorization is with the limitation that my attorney does not have the authority to cash or endorse this check on my behalf.

BWC will honor authorizations for 18 months from the date executed. BWC will honor an authorization timely filed for any hearing, appeal, or reconsideration on the original issue. An authorization shall not continue in effect after BWC has paid said award or awards.

Injured worker's signature	Date
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<p>BWC USE</p> <p>This authorization is not honored by BWC because:</p> <p><input type="checkbox"/> It was not timely filed; <input type="checkbox"/> It was not properly completed;</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>
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Claims representative's signature	Office	Date
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