



**Claimant's Notice of Exception to
Employer's Signature Requirement**

Claim number	Claimant's name
--------------	-----------------

Pursuant to Section 4123.65(A) of the Ohio Revised Code, the accompanying settlement application may be processed without the employer's signature for the following reason:

- A. The employer is no longer doing business in Ohio;
OR
- B. The employer is still doing business in Ohio, however:
 - 1. The claim(s) involved in the settlement application is out of the employer's experience and the claimant is no longer employed with that employer;
OR
 - 2. The employer has failed to pay premiums as required by Section 4123.35 of the Ohio Revised Code.

I understand if the employer is still doing business in Ohio, he or she is entitled to written notice of the settlement application. If the employer does not respond within 30 days after this notice is sent, the application may be processed without the employer's signature. I also understand if the employer is still doing business in Ohio, he or she is entitled to notice of any settlement and retains the right under Section 4123.65(C) of the Ohio Revised Code to withdraw from any settlement during the 30-day waiting period.

Injured worker or injured worker's representative signature	Date
---	------