



Request to Exclude Work-Based Learning Pilot Program Claims from Employer's Experience

Submit the form to BWC in one of the following ways.

Fax: 614-719-5313

Mail: BWC Mail Processing Center

Attn: Employer 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. BWC cannot process it without a signature.

Under Senate Bill 166 of the 134th General Assembly, employers who provide work-based learning experiences for students enrolled in a career-technical education program can have eligible students' claims excluded from their future premium calculation.

This application details the required documentation private and public employers must provide to support a request for the claim to be excluded for an employer's experience.

A signed copy of the Work-Based Learning Agreement for the Injured Worker must be submitted with this application.

To be eligible for exclusion the claim must be for:

- An injury, occupation disease or death between 3/23/2022 and 3/23/2024.
A student enrolled in a career-technical education program with an employer who provides work-based learning experience.
An injury, occupation disease or death sustained in the course of and arising out of the student's participation in an employer's work-based learning experience.

The employer must also meet the following:

- Active coverage on date of injury.
Current on all payments due to BWC.
Current on any part-pay agreements.

Form with sections: Injured worker information, Employer representative information, Employer of record information, Signature. Includes fields for Name, Date of injury, Employer name, Address, City, State, ZIP code, Telephone number, Email address, and Applicant's signature.