Ohio | Bureau of Workers' Compensation

Salary Continuation Agreement

This form can be obtained online at: **www.bwc.ohio.gov**

Instructions

- This form is used to acknowledge an agreement to pay salary/wage continuation in lieu of temporary total or living maintenance compensation.
- Regular (full) salary/wages includes any benefits which 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 service office.

Employee name		Claim number
Employer name	Policy number	Employer telephone number

On the _____ day of _____, _____, _____, the employer and
Employer name
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 accident/occupational disease suffered by the employee on ____/____/____, while in course of their 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:

Continuation of regular (full) salary/wages and any benefits the injured worker would otherwise have been entitled to has been/will be paid. Salary continuation will be paid at the rate of $_____ per _____ (week, two weeks, etc.) for the period of time from ____/____/____ to ____/____/____, (a period of time not to exceed 45 days per C-55 submission).

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

Should salary continuation payment continue a new C-55 must be submitted within five days of the end date of this agreement. The employer must notify BWC immediately if salary continuation will be discontinued and/or if the injured worker returns to work.

Employee signature	Date
Employer signature and title	Date