# **Wage Loss Compensation**

Wage loss compensation is a benefit that BWC may pay to an injured worker who:

- O Has a date of injury on or after Aug. 22, 1986;
- O Has returned to employment other than his/her former position of employment or has been unable to find employment consistent with his/her disability;
- O Experiences a reduction of earnings;
- O Has the reduction in earnings as a direct result of physical and/or psychiatric restrictions caused by the allowed conditions in a claim.

A firefighter with a cancer occupational disease claim on or after April 6, 2017, is only eligible for working wage loss compensation.

In addition, injured workers with the occupations and/or diseases listed below are not eligible for wage loss. However, they may be eligible for change of occupation benefits:

- Firefighters (paid or volunteer) and police officers whose claims are allowed for:
  - O Cardiovascular;
  - O Pulmonary;
  - O Respiratory conditions;
- Injured workers other than firefighters or police officers, who have:
  - O Silicosis;
  - O Coal miners' pneumoconiosis (black lung);
  - O Asbestosis;
  - O Any dust-induced occupational disease.

As an injured worker, you may qualify for:

- O Working wage loss compensation when you have returned to employment, which is not your former position of employment;
- O Non-working wage loss compensation when you have not returned to work because you have been unable to find suitable employment.

## **Applying for wage loss**

To apply for wage loss compensation, complete the front of the *Application for Wage Loss Compensation* (C-140). You must also attach copies of current pay stubs, a payroll report with gross earnings or a completed *Employer Report of Employee Earnings for Wage Loss Compensation* (C-142) when requesting working wage loss. You must also attach proof of job search using the *Wage Loss Statement for Job Search* (C-141) or equivalent form when requesting non-working wage loss and/or working wage loss when job search is required. Then, ask your doctor to complete the medical report on the back of the C-140 and return it to BWC.

If your employer is self-insured, return your completed application to your employer. BWC has granted self-insuring employers the privilege to administer workers' compensation insurance. If you are not sure if your employer is self-insured, ask your employer or your BWC claims assistant.

The C-140, C-141 and C-142 are available at any BWC service office. You may also obtain the then by calling **1-800-644-6292** or by logging on to **www.bwc.ohio.gov**.

## **Medical reports**

If you have temporary restrictions, your health-care provider must submit subsequent medical reports regarding your progress once every 90-day period after your initial application. BWC cannot certify temporary restrictions for a period to exceed 90-days without a new examination. If you have permanent medical restrictions, you will not need to submit subsequent reports unless BWC requests a report. BWC may request a subsequent report not more than once every 180-day period.

#### **Job Search**

If you are seeking or receiving wage loss compensation, you must include a description of your job-search efforts with your wage loss application unless BWC has excused the requirement to search for work.

Submit job search records on the C-141. Complete this form for every week you seek wage loss compensation.

#### **Receiving wage loss compensation**

To be eligible for wage loss compensation, you must:

- O Seek suitable employment with your employer of record during the first period that wage loss compensation is requested unless you establish it would be futile (e.g., you were discharged from employment);
- O Register with the Ohio Department of Job and Family Services, or if you are an out-of-state resident register with the equivalent agency in your state;
- O Submit a medical report identifying your restrictions.

When you apply for wage loss compensation, BWC will evaluate whether you conducted your search for employment in good faith. BWC will base this evaluation on factors such as:

- O Your skills, prior employment history and educational background;
- O The number and quality of job contacts made, and the amount of time spent seeking employment;
- O Refusal to accept assistance in seeking employment from BWC, any other free public or private employment agency, or the employer of record;
- O Labor market conditions;
- O Your physical capabilities;
- O Your economic status as it impacts your ability to seek employment;
- O Attendance at an education institution through a rehabilitation program with the Opportunities for Ohioans with Disabilities agency.

### **Computing wage loss**

If your injury occurred on or after May 15, 1997, BWC will calculate wage loss based on your average weekly wage at the time of your injury or date of disability and your present earnings.

If your injury occurred before May 15, 1997, BWC will calculate wage loss based on the greater of your average weekly wage or full weekly wage at the time of injury or the date of disability due to an occupational disease.

For additional information about wage loss, call **1-800-644-6292**, or log on to **www.bwc.ohio.gov**.