



Claim number

Instructions

- Do not use this form to request an advancement to pay attorney fees. Use the *Application for Lump Sum Payment of Attorney Fees (IC-32-A)*.
- Once BWC receives this application, we will contact you regarding your re-payment options, if applicable.
- Once an injured worker or surviving spouse has selected an option for re-payment of the advancement, they may not change the selection or repay the amount earlier than the selected time frame.
- Submit the form to BWC in one of the following ways:

Fax: 1-866-336-8352

Mail: BWC Mail Processing Center

Attn: Claims 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.

Applicant information — Complete entire section, and proceed to section 2.

1	Applicant's name		
	Address		
	City	State	ZIP code
	Email address	Preferred contact number	<input type="checkbox"/> Cell <input type="checkbox"/> Home
	Select one of the following: <input type="checkbox"/> I am a surviving spouse applying for a lump sum advancement of my death benefits for my financial relief. <input type="checkbox"/> I am an injured worker applying for a lump sum advancement for my financial relief or furthering my rehabilitation. If you are an injured worker, which of the following types of compensation are you requesting BWC pay you in advance: <input type="checkbox"/> Scheduled loss <input type="checkbox"/> Permanent total disability <input type="checkbox"/> Percentage of permanent partial disability		

Financial relief and/or furthering rehabilitation information — Complete and proceed to section 3.

2	<ul style="list-style-type: none"> • If the request is for payment of the amount owed to creditor(s)/ financial institution(s), please provide the complete name and the exact amount owed below. • If the request is for an anticipated purchase, list the vendor's name and anticipated amount owed below. Attach a copy of the estimate or contract of said purchase to this application. Attach a separate sheet if necessary.	
	List the name of creditor/financial institution/vendor name.	Amount owed or anticipated
Exact amount requested \$		
Please explain the special circumstance that exists to support this request. In addition, describe how this advancement will provide you financial relief or afford you the opportunity to further your rehabilitation.		

Applicant's signature

3	I understand any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution. Under appropriate criminal provisions, he or she may be punished by a fine or imprisonment or both. I understand in the event BWC grants this lump sum advancement, it will result in a reduction of weekly benefits until I repay the advancement.	
	Applicant signature	Date