



Ohio Administrative Code

Rule 4123-3-08 Preparation and filing of applications for compensation and/or benefits.

Effective: December 1, 2024

(A) Preparation and execution of forms.

(1) The "First Report of Injury" form (FROI) or equivalent for applying for payment from the state insurance fund due to an injury, occupational disease, or death may be completed by the employee, employer, medical provider, or other interested party. If someone other than the employee submits a FROI or equivalent, the bureau may contact the employee to attempt to verify that the employee wishes to pursue the application. To accept or deny the validity of the claim, the employer may complete and sign the form at the designated point or may use a separate writing, telephone, or other means of telecommunication.

(2) The FROI for applying for payment from a self-insuring employer shall be completed, signed by the employee, and returned to the self-insuring employer. In situations where there is no prescribed form, a notice in writing shall be given in a manner sufficient to inform that a claim for benefits is being presented.

(3) An injured or disabled employee who is a minor (under eighteen years of age) shall file a claim in his or her own name and right. A report of injury signed by such minor employee is sufficient to initiate proceedings for compensation and/or benefits.

(4) In the event the injured or disabled employee is unable to complete the first report of injury by reason of physical or mental disability, the report may be completed and filed by the employee's spouse, next friend, the guardian of the employee, or the employee's employer.

In claims for death benefits where the dependents are a spouse and one or more minor children, it shall be sufficient for the spouse to make application for benefits on behalf of the spouse and the minor children. In the event a dependent minor child has a guardian of the person other than the spouse of the deceased, such guardian shall execute the report on behalf of such minor child. If there is no spouse surviving, the report on behalf of the dependent minor children, or children who are



mentally or physically incapacitated, may be filed by a guardian or next friend of such children.

(5) It is the duty of every employer to assist injured or disabled employees in the preparation and submission of reports for compensation and/or benefits. In the event the employer refuses, neglects, or unduly delays the completion of a report, the report may be filed without the part pertaining to the employer having been completed. The fact of refusal or neglect should be noted upon the report or with it by way of separate letter.

(6) In cases where the death of the employee is not the result of injury or occupational disease, an application for accrued compensation may be made as provided in sections 4123.57 and 4123.60 of the Revised Code.

(7) Application for payment of the balance of a percentage permanent partial disability compensation awarded under division (A) of section 4123.57 of the Revised Code prior to the employee's death may be made by the injured employee's dependents. The application may be filed whether the death was related or unrelated to an industrial injury or occupational disease.

(B) Certification by the employer.

(1) An employer shall accept or reject the validity of a claim filed against its risk within the time provided by sections 4123.511 and 4123.84 of the Revised Code and the rules of the industrial commission and bureau of workers' compensation. If the employer fails to comply with the established time limits, the bureau will take such further action in the claim as provided by section 4123.511 of the Revised Code and the rules of the industrial commission and the bureau.

(2) If the employer accepts or denies the validity of the claim, the employer may sign the report at the designated point and return the requested information to the bureau, or the bureau may obtain the employer's certification or denial of the claim by a separate writing, by telephone, or by other forms of telecommunication.

If the employer denies the validity of the claim, the employer shall state the reasons for rejecting the validity of the claim.



(3) Certification by the employer in state fund cases is not determinative of compensability. Every such claim is subject to administrative review as to compensability.

(4) An employer's certification of a claim may be made by the employer, by an officer of the business entity which is the employer, or by a duly designated representative of the employer. The person certifying a claim for the employer shall indicate in what capacity the person is employed (title). No other person or entity may make such certification. No person may certify his or her own claim, except in cases of a sole proprietor who has obtained coverage as an employee within Chapter 4123. of the Revised Code.

(C) Place and manner of filing applications for benefits.

Any first report of injury will be accepted for filing in any office of the bureau, MCO, or industrial commission during working hours, and reports may be filed by mail or reported by telecommunication.

(D) Time limitations within which claims must be filed.

(1) Injury claims applying for compensation and/or benefits shall be in writing or by telecommunication as provided in division (E) of section 4123.84 of the Revised Code, and shall include the specific part or parts of the body alleged to have been injured, the claimant's name and address, and the date of injury. Such claims are forever barred unless notice is filed with the bureau of workers' compensation, MCO or the industrial commission within one year from the date when injured, unless the applicable statute of limitations is extended due to the employer's failure to file a report as set forth in by section 4123.28 of the Revised Code. Except as provided in paragraph (D)(3) of this rule, any claim or application for compensation and/or benefits for an injury to any part or parts of the body not specified in the original claim is barred unless notice of the additional part or parts of the body claimed to have been injured is filed by the claimant with the bureau of workers' compensation, MCO, or the industrial commission within one year of the date when injured.

(2) In self-insuring employers' claims, the time limitation is tolled if the employer has provided treatment by a licensed physician in the employ of the employer or has paid compensation or benefits within the period. "Benefits" means payment by the self-insuring employer to, or on behalf



of, an employee for:

(a) A hospital bill;

(b) A medical bill for treatment by a licensed physician, other than a salaried physician in the employ of the self-insuring employer;

(c) An orthopedic or prosthetic device.

(3) The bureau of workers' compensation and the industrial commission have continuing jurisdiction over a claim which meets the provisions of section 4123.84 of the Revised Code, including jurisdiction to award compensation and/or benefits for a condition (or conditions) or disability developing in part or parts of the body not specified pursuant to division (A)(1) of section 4123.84 of the Revised Code, if it is found that the condition (or conditions) or disability was due to and a result of or a residual of the injury to one of the parts of the body set forth in the written notice filed pursuant to division (A)(1) of section 4123.84 of the Revised Code.

(4) Claims for occupational disease arising prior to September 28, 2021 must be filed within two years after the disability begins, or within such longer period as does not exceed six months after diagnosis by a licensed physician, as provided in section 4123.85 of the Revised Code, excepting claims enumerated in paragraph (D)(6) of this rule, or where the applicable statute of limitations is extended due to the employer's failure to file a report as required by section 4123.28 of the Revised Code. The filing limitation of six months after diagnosis, where it applies, can only lengthen, not shorten, the two-year statute of limitations.

(5) Claims for occupational disease arising on or after September 28, 2021 must be filed within one year after the disability begins, or within such longer period as does not exceed six months after diagnosis by a licensed physician, as provided in section 4123.85 of the Revised Code, excepting claims enumerated in paragraph (D)(6) of this rule, or where the applicable statute of limitations is extended due to the employer's failure to file a report as required by section 4123.28 of the Revised Code.

(6) Special statutory provisions (section 4123.68 of the Revised Code) exist as to claims for silicosis,



cardiovascular, pulmonary, or respiratory diseases of fire fighters and police officers, coal miners' pneumoconiosis, asbestosis, berylliosis, radiation illness, and all other occupational diseases of the respiratory tract resulting from injurious exposures to dust.

(7) Death claims, alleging that the death is the result of an injury occurring prior to September 29, 2017, must be filed within two years of the death or be forever barred, except as provided in paragraphs (D)(8) and (D)(9) of this rule. Death claims, alleging that the death is the result of an injury occurring on or after September 29, 2017, must be filed within one year of the death or be forever barred.

(8) Where the death is the result of an occupational disease with a date of disease prior to September 28, 2021, the claim must be filed within two years of the death, as provided in section 4123.85 of the Revised Code. Where the death is the result of an occupational disease with a date of disease on or after September 28, 2021, the claim must be filed within one year of the death.

(9) Emergency management claims for injury or death must be filed within one year from the date when injured or from the date of death, or be forever barred. If an injury claim has been filed within the one-year period and the claimant subsequently dies, a death claim must be filed within six months after the death or be forever barred.

(10) Public works relief employees' claims occurring prior to September 29, 2017, must be filed within two years after the date when injured or the date of death, or be forever barred. Public works relief employees' claims occurring on or after September 29, 2017, must be filed within one year after the date when injured or the date of death, or be forever barred.

(11) Militia claims, special contract claims, and apprentice claims are governed by the general time limits applicable to injury and occupational disease claims, as provided by sections 4123.84 and 4123.85 of the Revised Code.