



**Lump Sum Settlement (LSS)
Direct Reimbursement Rating and Payment
Program for Public Employer State Agencies**

Instructions

- This LSS Program is available to only those public employer state agencies that are not participating in a settlement payment program.
- State agencies may choose to participate in the LSS Program for any program year, including immediately following conclusion of participation in the One-Time LSS Exclusion Program.
- The LSS Program requires a three-year commitment and is automatically renewable unless BWC is notified otherwise.
- You must submit applications prior to the first day of January immediately preceding the policy year (beginning July 1) in which the agency wishes to participate.
- Send completed form to BWC, Actuarial Section, 30 W. Spring St., 25th Floor, Columbus OH 43215

BWC will send a letter of acknowledgement of receipt of this application to the state agency submitting this form.

Agency name		Policy number	
Address	City	State	Nine-digit ZIP code -
County	Office telephone number ()	Fax number ()	
E-mail address		Effective date of participation	

I affirm the information provided on this form is accurate to the best of my knowledge. I further affirm that I have the authority to sign this application form as a designated executive representative of my agency and that by my signature below I commit my agency to follow all rules and procedures relative to this program.

Name of signatory	Title of person signing
-------------------	-------------------------

Signature of designated executive staff

Date