

Workers' Compensation

Fee description	R.C.	O.A.C.	Fee (\$)	Authority to raise	Recurring
Public notice of hearing for administrative rules	119.03	4123-1-01	Cost		As needed
Copy of medical records	149.43, 4121.441	4123-6-20.1	Free electronically		As needed
Copy of personal information maintained in BWC's personal information system	1347.08	4123-16-08	Cost		As needed
Copy of administrative rules concerning Administrator's powers and duties	4121.13, 4121.12, 4121.121		Cost		As needed
Fee for authorized representative to view a claim file at a location other than at the location where claim file is located	4121.31	4123-3-22	Amount of postal charges involved and cost of copies	Yes, by rule	As needed
Copy of BWC and Industrial Commission joint operation manuals	4121.32		At cost		As needed
Late fee penalty for state fund premiums and other assessments on state fund employers	4123.32	4123-19-07	Varies, based on number of days overdue	No	As needed
State Fund employer administrative assessment	4121.121, 4123.341, 4123.342	4123-17-26	Varies by employer, but at least \$50.00 every 6 months or \$100.00 annually	Yes, by statute	Annually
Self-insured employer assessments (for administrative costs and payments and reimbursements to specified workers' compensation funds)	4123.342, 4123.35	4123-17-32	Varies by employer	Yes, by statute	Biennially
Premiums to State Insurance Fund	4123.35	4123-17-08	Varies by employer	Yes, by statute	Biennially
Self-insured application fee	4123.35	4123-19-03	Fee not charged		
Late fee penalty for failing to pay assessments when due	4123.35(L)		Varies, based on number of days overdue	No	As needed

*Contact LSC for more information about this fee.

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Disabled Worker Relief Fund assessment – private state fund employer	4123.411	4123-17-29	\$0.06/\$100.00 unit of payroll or 0.1% of basic premium, depending upon date of injury	Yes, by rule	As needed
Disabled Worker Relief Fund assessment – public employer taxing districts	4123.411	4123-17-29	\$0.06/\$100.00 unit of payroll or 0.1% of basic premium, depending upon date of injury	Yes, by rule	As needed
Disabled Worker Relief Fund assessment – public state agency	4123.411	4123-17-29	\$0.05/\$100.00 unit of payroll or 0.1% of basic premium, depending upon date of injury	Yes, by rule	As needed
Disabled Worker Relief Fund assessment – self-insuring employer	4123.411	4123-17-29	Varies by employer, based on amount BWC paid	No	As needed
Public copy of audit of State Insurance Fund and other workers' compensation funds	4123.47		Cost		As needed
Professional employer organization registration fee*	4125.05	4123-17-15.2	\$1,000.00		One time
Professional employer organization renewal fee*	4125.05	4123-17-15.2	\$250.00		Annually
Premiums for Public Work-Relief Employees' Compensation Fund	4127.05, 4127.07		Varies by employer, based upon payroll	Yes, by statute	Biennially
Coal-workers' Pneumoconiosis Fund premium	4131.04	4123-17-20	Varies by employer, based upon payroll	Yes, by statute	Biennially
Marine Industry Insurance Fund premium	4131.14	4123-17-19	Varies by employer, based upon payroll	Yes, by statute	Biennially
Public Employees Risk Education Program (PERRP) variance pre-application fee	4167.09(A)	4167-7-01	\$100.00	Yes, by statute	As needed
PERRP temporary variance application fee	4167.09(A)	4167-7-01	\$1,000.00	Yes, by statute	As needed

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PERRP temporary variance renewal fee	4167.09(A)	4167-7-01	\$100.00	Yes, by statute	As needed
PEO Reporting Entity registration	4125.05	4123-17-15.2	\$1,000.00/PEO within reporting entity		One time
Assurance organization registration	4125.05	4123-17-15.2	\$500.00		One time
Limited Registration PEO	4125.05	4123-17-15.2	\$100.00		One time
PEO Reporting Entity renewal	4125.05	4123-17-15.2	\$250.00/PEO within reporting entity		Annually
Assurance organization renewal	4125.05	4123-17-15.2	\$500.00		Annually

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