

You must complete all sections of this form before submitting it to the Ohio Bureau of Workers' Compensation, Policy Processing, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256. You may submit federal forms 4029 and 4361 with this application if approved by the Internal Revenue Service.

CAUTION

This form does not grant you the right to an exemption from any other Ohio, federal or local tax liability.

The employer is applying for exemption from paying BWC compensation premiums or assessments in respect to each employee completing Section III of this form. This includes self-insuring employers paying compensation and benefits directly. This exemption does not relieve the employer from the obligation to pay the applicable minimum administrative charge to maintain active coverage. The employer certifies he or she has informed each employee completing Section III of this form that he or she is waiving the right to receive workers' compensation benefits. In addition, the employer and employee must complete and have notarized the attached affidavits and return them with the U-3E application. If there are multiple employees, additional copies may be made.

The employer agrees to notify BWC within 30 days of any occurrence that results in the employer no longer being designated as a member of the religious group described below, or that the employer no longer follows the established teachings of this group. From that date forward, the employer will be responsible for all premiums and assessments. This includes self-insuring employers paying compensation and benefits directly.

Section I – Employer *(Please print or type)*

Company name		Federal ID number	Policy number
Employer name	Email address		Telephone number ()
Street address or P.O. Box number		City, State, ZIP code	
Employer signature			Date

Section II – Religious group (Please print or type)

Religious group name		Group official name	
Street address or P.O. Box number		Email address	Telephone number ()
City, state, ZIP code			
<p>I certify _____ is a member of the above named religious group and that the</p> <p style="text-align: center;">Employer name</p> <p>religious group has been in existence at all times since Dec. 31, 1950. As members of the group and followers of its established teachings, we are conscientiously opposed to accepting benefits from any private or public insurance that makes payments in the event of death, disability, impairment, old age or retirement, or makes payments toward the cost of, or provides services in connection with the payment of medical services.</p>			
Bishop signature			Date

BWC use only

<input type="checkbox"/> Exemption approved <input type="checkbox"/> Exemption disapproved	
Authorized BWC representative signature	Date



CAUTION

This form does not grant you the right to an exemption from any other Ohio tax liability, federal tax liability or local tax liability.

The employee agrees to notify BWC within 30 days of any occurrence that results in the employee no longer being designated as a member of the religious group described below, or that the employee no longer follows the established teachings of this group. From that date forward, the employer will be responsible for all premiums and assessments. This includes self-insuring employers paying compensation and benefits directly.

Section III – Employee *(Please print or type)*

Employee name		Social Security or 4029 number (If minor, please provide the minor's SSN, not the signing parent/guardian.)	
Street address or P.O. Box number	Email address	Telephone number ()	
City, State, ZIP code			
Company name		Policy number	
Employee name (please print)			

Section IV – Bishop Approval

I certify _____ is a member of the above named religious group and is Employee name in good standing and follows the tenets of this religion.	
Bishop name (please print)	
Bishop signature	Date
By my signature, I certify I have the authority to execute this document, and that the facts set forth on this document are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws, or misrepresents, conceals facts, or makes false statements to obtain coverage may be subject to civil, criminal and/or administrative penalties.	
Employee signature	Date
Parent/Guardian (must provide for all minor individual signatures; please print)	
Parent/Guardian signature	Date

BWC use only

<input type="checkbox"/> Exemption approved <input type="checkbox"/> Exemption disapproved	
Authorized BWC representative signature	Date