



Employer/Employee Agreement to Select a State Other Than Ohio as the State of Exclusive Remedy for Workers' Compensation Claims

Please read below before completing this form

An employee who enters into an employment contract outside of Ohio may work in another state some or all of the time. This leads to the possibility that Ohio's workers' compensation laws may conflict with those of the other state. In these cases, Ohio law allows employers and employees to choose workers' compensation coverage from Ohio or from the other state.

- Use this form (C-112) to choose coverage from a state other than Ohio.
Use form C-110 to choose Ohio coverage.

Important notes: (1) Neither form C-112 nor C-110 can create jurisdiction where none exists. (2) Although BWC honors a valid C-112 in Ohio, the laws of another state might not recognize the terms of the agreement.

Instructions for completing the form

- Use a separate form for each employee. Only one employee should sign the form.
The employer should keep a signed copy for company records and provide a copy to the employee.
To be legally valid, the employer must submit the agreement to BWC within 10 days of signing this agreement.
Submit completed agreements to BWC's policy processing via fax at (614) 621-1435 or by mail to: BWC Policy Processing Dept., 30 W. Spring St., 22nd floor, Columbus, OH 43215.
The employer must attach a certificate of coverage from the other state(s) to this agreement.
The employer must maintain an active Ohio workers' compensation policy for the agreement to be valid.
The employer will not report the payroll of any employee covered by a valid C-112 to BWC.

The parties to this agreement represent to BWC that there is a possibility of a conflict between the workers' compensation laws of Ohio and those of another state, because the employee entered into the contract of employment and will perform all or some of the work in a state or states other than Ohio.

The employee entered into the contract of employment in [state] and not in Ohio. The state(s) in which the employee will work is (are) [state(s)]. Under Ohio Revised Code Section 4123.54, the employer and employee agree to be bound exclusively by the workers' compensation laws of [state] (not Ohio) as the state of coverage and have attached a certificate of coverage. Regardless of where a work-related injury or death occurs or where an employee contracts an occupational disease, the workers' compensation laws of that state and not the laws of Ohio will govern the rights of the employee and his or her dependents.

Employee approval form with fields for name, address, city, state, ZIP code, signature, date, phone number, fax number, and e-mail.

Employer approval form with fields for name, address, city, state, ZIP code, Ohio business location address, signature, title, date, phone number, fax number, and e-mail.

*An owner, partner or officer must sign this agreement.