**Note:** Upload completed document to the Electronic Rule Filing System.

*Hearing Date:* 3/19/2024

Today's Date: 3/19/2024

Agency: Ohio Bureau of Workers' Compensation Rule Number(s): 4123-6-08, 4123-6-37.1, 4123-6-37.2, 4123-6-37.3

If no comments at the hearing, please check the box. x

*List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.* 

In-Person Comments: No comments received.

Individual(s)/Organization(s)	Rule	Comments

Written Comments: No comments received.

Individual(s)/Organization(s)	Rule	Comments

## **Consolidated Summary of Comments Received**

*Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).* 

No comments received.

## Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Comment Received	Rule	How Incorporated

No comments received.