

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

Hearing Date: 12/5/24

Today's Date: 12/5/24

Agency: Ohio Bureau of Workers'  
Compensation

Rule Number(s): 4123:1-17-01 / 4123:1-17-02 / 4123:1-17-03 / 4123:1-17-04 /  
4123:1-17-05 / 4123:1-17-06 / 4123:1-17-07

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

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.