

**ORS 656.262(14)**  
**OAR 436-060-0135 Suspension Checklist**  
Chapter 436, Division 060, Claims Administration, effective January 1, 2006  
**INJURED WORKER/REPRESENTATIVE**  
**RESPONSIBLE TO ASSIST IN INVESTIGATION;**  
**SUSPENSION OF COMPENSATION AND NOTICE TO WORKER**

Claimant \_\_\_\_\_ Claim Number \_\_\_\_\_

Claim status: \_\_\_\_\_ Deferred (This suspension only applies to deferred claims.)

\_\_\_\_\_ New Claim    \_\_\_\_\_ Aggravation    \_\_\_\_\_ New Condition    \_\_\_\_\_ Omitted Condition

Employer's date of knowledge: \_\_\_\_\_

Date new condition/omitted condition claim received: \_\_\_\_\_

**INSURER'S NOTICE**

1. \_\_\_\_\_ Worker notified in writing of scheduled interview, deposition, or other reasonable investigative requirements **0135(4)**
2. \_\_\_\_\_ If represented, worker's attorney simultaneously copied with letter sent to worker **0135(4)**
3. \_\_\_\_\_ On insurer letterhead if party other than insurer is investigating the claim **0135(4)**
4. \_\_\_\_\_ Date, time, and place specified if an investigative requirement is scheduled **0135(4)**
5. \_\_\_\_\_ Worker informed that the investigative requirements are related to the claim **0135(4)**
6. \_\_\_\_\_ Worker given at least 14 days to cooperate **0135(4)**
7. \_\_\_\_\_ The notice shall also contain the following mandatory, boldface/prominent warning **0135(4)**:

**"The workers' compensation law requires injured workers to cooperate and assist the insurer or self-insured employer in the investigation of claims for compensation. Injured workers are required to submit to and fully cooperate with personal and telephonic interviews and other formal or informal information gathering techniques. If you fail to reasonably cooperate with the investigation of this claim, payment of your compensation benefits may be suspended and your claim may be denied in accordance with ORS 656.262 and OAR 436-060."**

## **SUSPENSION REQUEST**

1. \_\_\_\_\_ Suspension request sent after allowed 14 days have expired ***0135(5)***
2. \_\_\_\_\_ Copy of the suspension request, including all attachments, sent registered, certified, or by personal service to the worker ***0135(5)***
3. \_\_\_\_\_ If represented, a copy of the suspension request, including all attachments, simultaneously sent registered, certified, or by personal service to the worker's attorney ***0135(5)***
4. \_\_\_\_\_ A statement that the insurer requests suspension pursuant to ORS 656.262(14) and OAR 436-060-0135 ***0135(5)(a)***
5. \_\_\_\_\_ Document the specific actions of the worker or the worker's attorney prompting the request ***0135(5)(b)***
6. \_\_\_\_\_ Any reasons given by the worker or the worker's representative for failure to comply OR a statement that no reason has been provided ***0135(5)(c)***
7. \_\_\_\_\_ Copy of notice required in section (4) ***0135(5)(d)***
8. \_\_\_\_\_ All other pertinent information (such as a copy of claim for new/omitted condition; correspondence from worker; etc) ***0135(5)(e)***