



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE, Room 27
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
TTY 503-947-7993
www.wcd.oregon.gov

BULLETIN NO. 337 (Revised)
Feb. 14, 2008

TO: Injured workers and workers' compensation attorneys

SUBJECT: Form 440-2943, "Worker Request for Claim Classification Review"

This bulletin provides Form 440-2943, "Worker Request for Claim Classification Review" to assist workers and their representatives in requesting review of an insurer's classification of a claim. This bulletin replaces Bulletin No. 337 dated March 11, 2005.

The process for requesting review of an insurer's classification of a claim as nondisabling is described in OAR 436-060-0018. Workers or workers' legal representatives may request review of an insurer's decision to refuse to reclassify a claim by submitting the following items to the division:

- Completed Form 2943 (attached)
- Copy of the insurer's Notice of Refusal to Reclassify
- Any additional evidence to be considered

Send to: Appellate Review Unit
Workers' Compensation Division
350 Winter St. NE
P.O. Box 14480
Salem, Oregon 97309-0405

To submit the request by phone, the worker or the worker's legal representative may call the Workers' Compensation Division at 503-947-7816 and ask to speak with an appellate reclass specialist. The specialist will complete and sign the form as the worker's designee and send a copy of the completed form to the worker, the insurer, and any legal representatives involved in the claim.

The worker or the worker's legal representative must provide copies of all documents submitted to the division to all other parties in the claim.

You may print or photocopy Form 2943, or download the Microsoft Word 2000® version from the Workers' Compensation Division's Web site: www.wcd.oregon.gov/policy/bulletins/formsbyno.html.

If you have questions about this bulletin or need help completing the form, please call the Appellate Review Unit at 503-947-7816.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Attachments: Form 440-2943, "Worker Request for Claim Classification Review"

Distribution: WCD-ID, S0, S1, PT, LY