



Oregon

Theodore R. Kulongoski, Governor

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Amended Bulletin No. 139 (Rev.) Nov. 16, 2009

To: Workers' compensation insurers and self-insured employers

Subject: Claim closure

Effective: Jan. 1, 2010

This bulletin provides revised forms for closure of workers' compensation claims under ORS 656.268, OAR 436-030, OAR 436-035, and OAR 436-060. The division is issuing this amended bulletin to provide revised Forms 1644, 1644c, and 1644p. The division revised the language on the back of each form informing workers of their right to request vocational assistance. As of the effective date of this bulletin, insurers are required to use this version of these forms. This bulletin replaces Bulletin No. 139 dated Nov. 2, 2009. All references to "insurer" in this bulletin mean the workers' compensation insurance carrier or self-insured employer. "NOC" means Notice of Closure.

Forms attached are:

- 440-1644, "Notice of Closure"
- 440-1644c, "Correcting Notice of Closure"
- 440-1644p, "Notice of Closure, Permanent Total Disability Reduction"
- 440-1644r, "Rescinding Notice of Closure"
- 440-2807, "Notice of Closure Worksheet (Dates of injury prior to Jan. 1, 2005)"
- 440-2807a, "Notice of Closure Worksheet (Dates of injury on or after Jan. 1, 2005)"
- 440-1503, "Insurer Notice of Closure Summary"

The revisions include:

- Removing completion instructions and example language for use when issuing NOCs (bulletin)
- Removing the worker's Social Security number (all forms)
- Simplifying language that provides completion instructions and resource information (all forms)
- Changing the name of the type of closure from "order" to "notice" (Forms 2807 and 2807a)
- Adding language informing the worker of their right to request vocational assistance (Forms 1644, 1644c, and 1644p)
- Replacing completion instructions for Sections 1-4 on back of form with a list of most commonly used notice types (Forms 2807 and 2807a)
- Removing the field to request eligibility review for preferred worker benefits (Form 1503)
- Changing the method of reporting claim closure timeliness (Form 1503)

Required forms and formats

You must use the attached forms when closing disabling claims. Term definitions and general instructions for completing the forms appear on the back of some forms.

You may duplicate the forms attached to this bulletin or download the Microsoft Word® forms from the Workers' Compensation Division's Web site at: http://wcd.oregon.gov/policy/bulletins/ab_index.html.

New Claim Closure Timeliness Reporting Requirement (Form 1503):

To appropriately answer the question “Was the claim closed timely?”, respond “yes” or “no” based on whether the claim was closed consistent with the time requirements outlined in OAR 436-030.

Additional resources:

You may download the following resources from the Workers’ Compensation Division’s Web site:
http://wcd.oregon.gov/policy/bulletins/ab_index.html:

- Time Frames for Appeal of Claim Closures (chart)
- Conversion from Percent to Degrees of Disability (chart)
- PPD Benefits (chart, also in Bulletin 111)
- Combining Impairment Values (chart)
- Impairment Combining Calculator (Microsoft Excel®, Excel 97 or later version), *electronic only*
- Body Part Charts (for dates of injury prior to Jan. 1, 2005 and on or after Jan. 1, 2005)

The Federal Poverty Guidelines applicable to Oregon residents for a family of three is accessible at:
www.aspe.hhs.gov/poverty/.

If you have questions about this bulletin, please contact the Workers’ Compensation Division, 350 Winter St. NE, Rm. 27, P.O. Box 14480, Salem, Oregon 97309-0405, or call 503-947-7585.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers’ Compensation Division

Attachments: Form 440-1644, “Notice of Closure” (Rev.1/10)
Form 440-1644c, “Correcting Notice of Closure” (Rev. 1/10)
Form 440-1644p, “Notice of Closure, Permanent Total Disability Reduction” (Rev. 1/10)
Form 440-1644r, “Rescinding Notice of Closure” (Rev. 1/10)
Form 440-2807, “Notice of Closure Worksheet (DOI prior to Jan. 1, 2005)” (Rev. 1/10)
Form 440-2807a, “Notice of Closure Worksheet (DOI on or after Jan. 1, 2005)” (Rev. 1/10)
Form 440-1503, “Insurer Notice of Closure Summary” (Rev. 1/10)

Distribution: WCD-BT, S0, S1, PT, LY, PD8903 (insurers), PD8913 (TPAs)