



Oregon

Theodore R. Kulongoski, Governor

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BULLETIN NO. 101 (Rev.) Dec. 10, 2009

TO: Workers' compensation insurers and self-insured employers
SUBJECT: Forms required for processing initial claims of occupational injury or disease
EFFECTIVE: Jan. 1, 2010

This bulletin provides or describes forms that meet the requirements of ORS 656.265, OAR 436-060-0010, and OAR 436-060-0015:

- **Form 440-801, "Report of Job Injury or Illness"**
- **Form 440-3283, "A Guide for Workers Recently Hurt on the Job"**
- **Form 440-1138, "What happens if I'm hurt on the job?"**

The Workers' Compensation Division has revised Forms 801 and 3283. Insurers are encouraged to start using the new forms by Jan. 1, 2010. However, in order to allow time for insurers to reprogram and print the new forms, insurers have until April 1, 2010 to distribute the new forms to their insureds. Form 801 claim filing requirements are described in OAR 436-060-0010. Requirements related to Forms 3283 and 1138 are in OAR 436-060-0015. This bulletin replaces Bulletin No. 101 dated Feb. 14, 2007.

Revisions to the forms include:

Form 801

- Adding a language preference field
- Removing the word "optional" under the Social Security number (SSN) field
- Adding language to provide for records release by "other custodians of the claim record"

Form 3283

- Adding a statement explaining how the State of Oregon will use the worker's SSN
- Adding Compliance Section's phone number

Printing and distribution of "Report of Job Injury or Illness," Form 801

- A. Insurers must provide copies of the Form 801 to their employers. Employers must provide Form 801 to injured workers (or anyone acting on their behalf) immediately upon request.
- B. On all reporting forms, print the name, address, and phone number of the insurer, self-insured employer, and service company, if any.

Note: Some of the information on the 801 (and the Federal Form 301) is subject to release by the employer to authorized employee representatives upon request. Information must be made available

in such a way that confidentiality of the claimant is protected regardless of the form used.

The information page, “A Guide for Workers Recently Hurt on the Job,” Form 3283

Insurers must provide the information page (Form 3283) to their insured employers. The employer must provide the form to the worker at the time a worker files a claim for workers’ compensation benefits. An insurer may also include its name and phone number in the heading, at the end of the form, or in the paragraph “What if I have questions about my claim?”. Form 3283 may be printed on the back of Form 801. For insurers and employers that rely on electronic forms for “on-demand” printing, electronic copies of Form 3283 (and all workers’ compensation forms) are available at: <http://wcd.oregon.gov/policy/bulletins/forms.html>.

The pamphlet, “What happens if I am hurt on the job?,” Form 1138

The insurer must provide the pamphlet (Form 1138) to every injured worker who has a disabling injury or disease claim with the first time-loss check or earliest written correspondence. **Distribution of Form 1138 for a nondisabling claim is not required unless requested by the worker.** The division will furnish Form 1138 to insurers upon request, limited to a four-month supply. Contact the division at 503-947-7627 to request copies of the pamphlet.

If you have questions about this bulletin, contact a Benefit Consultant at 800-452-0288. You may duplicate the forms, or download them from www.wcd.oregon.gov.

/s/ Jerry Managhan for

John L. Shilts, Administrator
Workers’ Compensation Division

Attachments: Form 440-801 (Rev. 1/10)
Form 440-3283 (Rev. 1/10)

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