

Notice to Worker

Oregon law requires this information to be provided with the notice of acceptance of your workers' compensation claim.

The insurer is required to tell you in the notice of acceptance what medical conditions are accepted and whether your claim is disabling or nondisabling.

Nondisabling claims; reclassification review

If your claim has been classified as a "nondisabling injury," that means no disability payments are due and:

- You are able to return to regular or modified work at full wages on or before the fourth calendar day after leaving work or losing wages as a result of your injury.
- You do not later lose time or wages from work as a result of your injury.
- It appears you will not have any permanent disability as a result of your injury.

If you believe there is a mistake in the classification of your claim as nondisabling, contact the insurer within one year of the date the insurer accepted your claim and request a reclassification review. The insurer must complete its review within 14 days and send you its decision within 14 days. If you disagree with the insurer's decision, you have the right, within 60 days of the date of the insurer's notice, to request that the Workers' Compensation Division review your claim to determine if it was correctly classified.

Nondisabling claims; aggravation (worsening) of injury-caused conditions

If your claim is nondisabling, you may be entitled to additional benefits if your injury-related condition worsens. This is called "aggravation." Ask your doctor for Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims," and check the box "Report of aggravation of original injury." Complete and sign your part of the form and give it to your doctor. Your doctor will complete the remainder of the form and send it to the insurer.

If your injury remains nondisabling for at least one year after the date your claim was accepted, your aggravation rights will expire five years after the date of your injury.

Employment reinstatement rights and responsibilities

In most cases, the Oregon Civil Rights Law requires companies with more than 20 employees to reinstate a permanent worker when the worker's doctor or authorized nurse practitioner has approved return to regular work or other suitable work. You must be returned to your job-at-injury upon your request, unless that job no longer exists, that job is unavailable, or your work-related disabilities prevent you from doing your former duties. A job is "available" even if filled by a replacement worker during your absence. If your job is not available, you must be returned to any other existing position that is vacant and suitable. A certificate from your doctor or authorized nurse practitioner stating that you can return to your regular job or other suitable job is sufficient evidence that you are able to do the job. However, re-employment and reinstatement rights may be limited by seniority rights and other employment restrictions contained in a valid collective bargaining agreement between the employer and an employee representative.

Within five days after your doctor or authorized nurse practitioner notifies the insurer that you are released to return to work, the insurer must inform you about the opportunity to request work with your employer-at-injury.

You will lose your right to reinstatement to your regular job if any of the following are true:

- Your doctor, authorized nurse practitioner, or a medical arbiter determines that you are medically stationary but not physically able to return to your regular job.
- You are eligible for and participate in vocational assistance under ORS 656.340.
- You accept a suitable job with another employer after becoming medically stationary.
- You refuse a bona fide offer of suitable light duty or modified employment before you become medically stationary.
- You fail to request reinstatement within seven days of receiving certified mail from the insurer notifying you that your doctor or authorized nurse practitioner has released you for work.
- Three years have passed since the date of injury.
- You are fired for bona fide reasons not connected with the injury and for which others are or would be discharged.
- You clearly abandon employment with the employer.

Reinstatement rights don't apply if any of the following are true:

- You were hired on a temporary basis as a replacement for an injured worker.
- You are a seasonal worker employed to perform less than six months' work in a calendar year.
- Your job-at-injury resulted from referral to short-term employment from a hiring hall operating under a collective bargaining agreement.
- Your employer has 20 or fewer workers. (However, reinstatement rights do apply if an employer has 21 or more workers at *either* the time of injury or at the time a worker demands reinstatement.)

If you have questions or complaints concerning your reinstatement rights, you should contact your local office of the Oregon Bureau of Labor and Industries (BOLI).

Re-employment assistance

The Workers' Compensation Division has a program that helps eligible injured workers stay on the job or return to work:

The Reemployment Assistance Program provides Oregon's qualified injured workers help with staying on the job or getting back to work. Because of your injury, your employer may be eligible for assistance to return you to transitional work through the Employer-at-Injury Program while your claim is open. Your employer may contact [insurer name and phone number].

Reimbursement for your injury-related expenses

The insurer will reimburse you for claim-related expenses, such as prescriptions, transportation, and meals or lodging for mandatory appointments, up to a maximum amount. You must request reimbursement in writing and include copies of receipts or other supporting documentation as required by the insurer. The insurer must receive your request for reimbursement within two years of the date you paid for the expense or within two years of the date your claim is determined compensable, whichever is later. Form 3921 "Request for Reimbursement of Expenses" is available on the Workers' Compensation Division's webpage or the insurer may provide a form for requesting reimbursement.

Omitted medical conditions or incorrect notices of acceptance

If you believe a medical condition was omitted from the notice of acceptance, or the notice is otherwise incomplete or incorrect, you must notify the insurer in writing. Explain why you believe the notice of acceptance is wrong. You may notify the insurer using Form 827 – see note below.

New medical condition

If you develop a new medical condition after your claim has been accepted, you must write to the insurer, identify the condition as being a “new medical condition,” and request formal written acceptance of the condition. You may notify the insurer using Form 827 – see note below.

- Form 827 – You may notify the insurer about a new or omitted medical condition(s) using the Form 827, “Worker’s and Health Care Provider’s Report for Workers’ Compensation Claim.” Ask your health care provider for Form 827, complete the top of the form, and check the box “Request for acceptance of a new or omitted medical condition on an existing claim.”

Expedited claim service

If you disagree with actions taken in your claim, and your claim qualifies, you may receive an expedited hearing by the Hearings Division of the Workers’ Compensation Board within 30 days of your request for hearing if:

- The dispute does not involve the compensability of or responsibility for a claim, and the total amount in dispute, minus any penalties and attorney fees, is \$1,000 or less.
- The only issue in the dispute is the entitlement to penalties or related attorney fees.
- The dispute arose because your claim was denied because you failed to cooperate with the insurer’s investigation.

If you have questions about your claim, contact your employer or the insurer. If you have additional questions, you may contact one or more of the following:

Oregon Department of Consumer and Business Services

Workers’ Compensation Division, 350 Winter Street NE, P.O. Box 14480, Salem, OR 97309-0405
503-947-7585, or toll-free, 800-452-0288

Ombudsman for Injured Workers, 350 Winter Street NE, P.O. Box 14480, Salem, OR 97309-0405
503-378-3351, or toll-free, 800-927-1271

Workers’ Compensation Board, 2601 25th Street SE, Suite 150, Salem, OR 97302-1282
503-378-3308