



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
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AMENDED BULLETIN 260 (Revised) Dec. 18, 2009

To: Workers' compensation insurers, self-insured employers, self-insured employer groups, service companies, and vocational rehabilitation organizations

Subject: Employer-at-Injury Program, Oregon Administrative Rules 436-105

Effective: Jan. 1, 2010

This bulletin provides Form 2360, "Employer-at-Injury Program Reimbursement Request Form." Form 2360 is used to request reimbursement of Employer-at-Injury Program costs. The implementation of Senate Bill 559 (2007) required revisions to this form. The field asking for the employer's WCD registration number now includes "or policy number." The field that requested "Date worker began transitional work" has been changed to "EAIP eligibility start date." A "deferred" check box was added in section (6) of the form heading. This amended bulletin replaces Bulletin 260 dated Nov. 17, 2009.

EMPLOYER-AT-INJURY PROGRAM INTRODUCTION

The Employer-at-Injury Program (EAIP) is a group of benefits designed to encourage employers to develop, implement, and use transitional work programs to re-employ Oregon injured workers prior to claim closure. Employer use of the EAIP is voluntary.

The insurer responsible for the worker's claim administers the Employer-at-Injury Program. This may include making or approving purchases, directing and monitoring the program, and requesting reimbursement from the division. Insurers will be paid a program administrative cost of \$120 per individual EAIP with the first reimbursement request. The Benefits and Certification Unit of the Compliance Section processes all reimbursements.

REIMBURSEMENT OF PROGRAM COSTS

The insurer must use Form 2360, "Employer-at-Injury Program Reimbursement Request Form," to request reimbursement of EAIP costs. Insurers may reproduce the attached form, or download a copy from the division's Web site at: www.wcd.oregon.gov/policy/bulletins/formbyno.html.

THINGS TO REMEMBER WHILE COMPLETING FORM 2360

The rules effective Jan. 1, 2010 apply, "to all reimbursement requests made to the division ... on or after Jan. 1, 2010, regardless of the date an Employer-at-Injury Program began, unless the insurer requests that reimbursement be based on the rules in effect on the date an individual Employer-at-Injury Program began." If reimbursement is based on rules before Jan. 1, 2010, check the box at the start of the first sentence on the form. To use this option, the EAIP must have started prior to Jan. 1, 2010.

When submitting a reimbursement request for a **denied claim**, do not check any of the boxes next to number (6). OAR 436-105-0540(10) allows the insurer to request reimbursement for a qualifying EAIP that took place while the claim was in accepted or deferred status even if the claim is denied at the time the reimbursement request is sent to the division. If this is the case, check the box after number (7).

Under **EAIP information**, indicate the EAIP eligibility start date. The EAIP eligibility end date is the date eligibility ended under OAR 436-105-0512.

In the **wage subsidy** section of the form, indicate the number of workdays being claimed by inserting the number of days in the sentence below the “start date.” Wage subsidy may not exceed 66 workdays and must be completed within a 24-consecutive-month period.

If you have questions about the Employer-at-Injury Program, please contact the Employment Services Team at one of the telephone numbers, facsimile numbers, or addresses below.

For the Salem office call: 503-947-7575, 800-445-3948, or fax, 503-947-7581.

For the Medford office call: 541-776-6032, 800-696-7161, or fax, 541-776-6246.

Or write the Employer-at-Injury Program at: 350 Winter St NE, P.O. Box 14480, Salem, Oregon 97309-0405; or 1840 Barnett Road, Suite C, Medford, Oregon 97504. Or send an e-mail to eaip.oregon@state.or.us.

Employer-at-Injury Program rules and forms are available on the Workers’ Compensation Division’s Web site: www.wcd.oregon.gov.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers’ Compensation Division

Attachment: Form 440-2360 (Rev. 1/10)

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