JAN
SECRETARY OF STATE

BEFORE THE DIRECTOR OF THE
DEPARTMENT OF INSURANCE AND FINANCE
OF THE STATE OF OREGON

ADVANCE
COPY

In the Matter of the Amendment of OAR Chapter 436, Workers' Compensation Division, Division 60, Claims Administration, Rule 145, Disposition of a Claim	)	ORDER OF ADOPTION OF TEMPORARY RULE

The Director of the Department of Insurance and Finance, pursuant to the rule making authority under ORS 656.726(3) and in accordance with the procedure provided by ORS 183.335, amends OAR Chapter 436, Workers' Compensation Division, Division 60, Claims Administration, Rule 145, Disposition of a Claim.

The amendment is being adopted by Temporary Rule as provided by ORS 183.335(5) and (6), without prior notice. Statement of Findings: I conclude that failure to act promptly will result in serious prejudice to the public interest.

OAR 436-60-145, as amended in this Order of Adoption, corrects an error in the rule adopted December 26, 1990, in WCD Administrative Order 26-1990. The rule incorrectly identified the starting date of the 30-day period for the worker to revoke acceptance of the disposition agreement. The starting date of the 30-days is from the receipt of the agreement by the Workers' Compensation Board and not from the date of the Board's notice to the worker.

IT IS THEREFORE ORDERED THAT:

(1) OAR Chapter 436, Division 60, Rule 145, as set forth in Exhibit "A", attached hereto, certified a true copy and hereby made a part of this Order, is temporarily adopted effective January 16, 1991, replacing the Rule 145 adopted in WCD Administrative Order 26-1990.

(2) A certified true copy of the Order of Adoption and this Rule, Exhibit "A" with Exhibit "B" consisting of the Citation of Statutory Authority, Statement of Need, and Documents Relied Upon, hereby made a part of the Order, be filed with the Secretary of State.

(3) A copy of the Rule and attached Exhibit "B" be filed with the Legislative Counsel, pursuant to the provisions of ORS 183.715 within ten days after filing with the Secretary of State.

Dated this 11th day of January, 1991.

Neil Goldschmidt, Governor

DISTRIBUTION: A thru V;
Y thru AA

8981c/dwz

EXHIBIT "A"
OREGON ADMINISTRATIVE RULE
CHAPTER 436
DIVISION 60

CLAIMS ADMINISTRATION

DISPOSITION OF A CLAIM

436-60-145 (1) Pursuant to ORS 656.236(1) the parties to a claim may dispose of any and all matters regarding the claim, except medical services, subject to the terms and conditions of this rule and OAR 438-09.

(2) The insurer shall provide claimant information explaining claim dispositions in a separate enclosure accompanying the proposed disposition. The director shall prescribe by bulletin the specific form and format for the enclosure. If the claimant does not read or comprehend English, or is otherwise unable to understand written language, the insurer shall provide this information in a language or other manner which ensures the worker understands the meaning of claim dispositions.

(3) For purposes of identification and data collection, a summary sheet shall be attached to the front of the disposition. The director shall prescribe by bulletin the specific form and format for the summary sheet which shall include, but not be limited to, the following information in sequential order:

(a) The worker's name;

(b) The case number assigned to the claim by the Board, if any;

(c) The insurer's claim number;

(d) The date of the compensable injury or disease;

(e) The file number assigned to the claim by the Division, if known;

(f) The worker's social security number;

(g) The name of the insurer;

(h) Specific identification of all benefits, rights and insurer obligations under Workers' Compensation Law which are released by the agreement;

(i) The total attorney fee, if any, to be paid to claimant's attorney;

(j) The total amount (excluding attorney fee) to be paid the claimant;

(4) The claim disposition itself shall contain the following:

(a) Identification of the accepted conditions that are the subject of the disposition;

(b) The date of the first claim closure, if any;

(c) The amount of any permanent disability award(s), if any;

(d) Whether the worker has returned to the work force;

(e) The worker's age, highest education level, and the extent of vocational training;

(f) That the worker has been provided the informational enclosure prescribed by bulletin pursuant to section (2) of this rule; and

(g) The following notice in prominent or bold face type:

NOTICE TO CLAIMANT: YOU WILL RECEIVE A NOTICE FROM THE WORKERS' COMPENSATION BOARD TELLING YOU THE DATE THIS AGREEMENT WAS RECEIVED BY THEM FOR APPROVAL. YOU HAVE 30 DAYS FROM THE <u>DATE THE BOARD RECEIVES THE AGREEMENT</u> [DATE OF THAT NOTICE] TO REJECT [THIS] <u>THE</u> AGREEMENT, BY TELLING THE BOARD IN WRITING. IF YOU DO NOT HAVE AN ATTORNEY, YOU MAY DISCUSS THIS AGREEMENT WITH THE BOARD IN PERSON, WITHOUT FEE OR CHARGE. TO CONTACT THE BOARD, WRITE OR CALL:

WORKERS' COMPENSATION BOARD
480 CHURCH STREET SE
SALEM, OREGON 97310
TELEPHONE: (503) 378-3308, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

YOU MAY ALSO DISCUSS THIS AGREEMENT WITH THE WORKERS' COMPENSATION OMBUDSMAN WITHOUT FEE OR CHARGE. TO CONTACT THE OMBUDSMAN, WRITE OR CALL:

WORKERS' COMPENSATION OMBUDSMAN
LABOR & INDUSTRIES BUILDING
SALEM, OR 97310
TELEPHONE: (503) 378-3351, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

YOU MAY ALSO CALL THE WORKERS' COMPENSATION DIVISION'S INJURED WORKER HOTLINE, TOLL-FREE IN OREGON, AT 1-800-452-0288.

(5) Pursuant to OAR 438-09, the Board will not accept submission of any proposed claim disposition which lacks any of the elements required in this rule.

(6) Pursuant to ORS 656.236, reimbursement under ORS 656.506(3), 656.622, 656.625, or 656.628 for any claim disposition requires prior approval of the director as prescribed in OAR 436-40, 436-45, 436-75 and 436-110.

(7) Where SAIF Corporation is the designated processing agent pursuant to ORS 656.054, reimbursement for any claim disposition under this rule requires prior approval of the director.

Hist: Filed 6/18/90 as WCD Admin. Order 8-1990, eff. 7/1/90 (Temporary)
Amended 9/11/90 as WCD Admin. Order 18-1990, eff. 9/11/90 (Temporary)
Amended 11/30/90 as WCD Admin. Order 26-1990, eff. 12/26/90
Amended 1/11/91 as WCD Admin. Order 1-1991, eff. 1/16/91 (Temporary)

1261C/dwz

EXHIBIT "B"

BEFORE THE DIRECTOR OF THE
DEPARTMENT OF INSURANCE AND FINANCE
OF THE STATE OF OREGON

In the Matter of the Amendment of OAR Chapter 436, Workers' Compensation Division. Division 60, Claims Administration, Rule 145, Disposition of a Claim	)))))	CITATION OF STATUTORY AUTHORITY, STATEMENT OF NEED, PRINCIPAL DOCUMENTS RELIED UPON, AND ECONOMIC IMPACT

1. Citation of Statutory Authority. The Statutory Authority for promulgation of this rule is 656.726(3).

2. State of Need: OAR 436-60-145 corrects an error made in the same rule as adopted in WCD Administrative Order 26-1990, in which the rule incorrectly identified the starting date of the 30-day period for the worker to revoke acceptance of the disposition agreement. A review of the Workers' Compensation Board rules reveals the starting date of the 30-day period is from the receipt of the agreement by the Board and not from the date of the Board's notice to the worker.

3. Principal Documents Relied Upon:

   a. ORS Chapter 656.

   b. Workers' Compensation Board Rules

4. Fiscal and Economic Impact. The following entities are economically affected: (a) Workers; (b) Employers; (c) Self-Insured Employers; and (d) insurers.

Dated this 11th day of January, 1991.

Neil Goldschmidt, Governor

8982c/dwz

CERTIFICATE AND ORDER
FOR FILING
TEMPORARY
ADMINISTRATIVE RULES WITH THE SECRETARY OF STATE

WCD ADMIN. ORDER 1-1991

RECEIVED
SECRETARY OF STATE

I HEREBY CERTIFY that the attached copy is a true, full and correct copy of TEMPORARY rule(s) adopted on _____ (Date)

Department of Insurance & Finance (Department) Workers' Compensation Division (Division)

effective January 16, 1991 (Date) through July 15, 1991 (Date)

The within matter having come before the Department of Ins. & Finance - Workers' Compensation Division (Department) (Division) after

ocedures having been in the required form and conducted in accordance with applicable statutes and rules and being fully advised in the premises:

NOW THEREFORE, IT IS HEREBY ORDERED THAT the following action be taken: (List Rule Number(s) or Rule Title(s) on Appropriate Lines Below)

ted:
Total Rules) _____

nded:
ting Rules) 436-60-145

JAN 1991
LEGISLATIVE
Counsels
Office

pended:
al Rules Only) _____

istrative Rules of the Department of Insurance & Finance Workers' Compensation Division (Department) (Division)

DATED this 11th day of January, 19 91

This Order amends TEMPORARY Order No.(s): _____
d: _____
TE: The Expiration date of this Order remains the same as the original
er.

By: _____ (Authorized Signer)

Title: Governor

tutory Authority: ORS 656.726(3) or

pter(s) _____, Oregon Laws 19 ____ or

se Bill(s) _____, 19____ Legislature; or Senate Bill(s) _____, 19____ Legislature

ject Matter:

Claims Administration - Disposition of a Claim

tement of Need Attached: ☒ Emergency Justification Attached: ☒ Do you intend to adopt this rule Permanently? YES☒ NO ☐

If so, have you filed Notice of Proposed Rulemaking for publication in the **Oregon Bulletin**? YES☒ NO ☐

ther Information Contact: Dan Zahn (Rule Coordinator) Phone: 378-4956