



Oregon

Theodore R. Kulongoski, Governor

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BULLETIN NO. 189 (Revised) **Nov. 7, 2007**

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

Subject: Preferred Worker Program, Oregon Administrative Rules 436-110

Effective: Dec. 1, 2007

This bulletin describes the types of assistance available through the Preferred Worker Program and how to use the attached forms to request assistance. The bulletin is being republished due to changes in Oregon Administrative Rules (OAR) 436-110 effective Dec. 1, 2007. This bulletin replaces Bulletin 189 dated June 1, 2006.

1. PREFERRED WORKER PROGRAM INTRODUCTION

Preferred Worker Program (program) assistance is provided in accordance with OAR 436-110 to encourage re-employment of eligible Oregon workers. The employer at injury may request re-employment assistance and access Preferred Worker Program incentives for modified regular employment or a new job offered to their worker. The program also provides a preferred worker with incentives that he or she may offer to the employer at injury or a new employer.

2. FORMS

The required re-employment assistance forms are attached. Other than those marked "Example," all forms are "copy-ready," or you may download Microsoft Word 2000® (automated) forms from the Workers' Compensation Division's Web site at: www.wcd.oregon.gov/policy/bulletins/forms.html. Insurers and vocational rehabilitation organizations should provide these forms to employers and workers upon request. **The agreement forms are legal documents. They must be reproduced exactly and may not be altered in any way.**

Preferred Worker Identification Card, Form No. 2231: The program issues a *Preferred Worker Identification Card* (card) to an eligible worker at the time of claim closure or upon request. The card identifies the worker as being eligible to offer an employer Preferred Worker Program assistance and has no expiration date. If a preferred worker gives an employer the card, the employer should follow the instructions on the card and return the card to the worker.

Wage Subsidy Agreement, Form No. 2190 (not applicable for employer-at-injury activated assistance): This *Wage Subsidy Agreement* is a written agreement between the worker, employer, and the program that gives the conditions under which the program will reimburse the employer a portion of the worker's wages for a specific period of time. The worker and employer need to complete the *Wage Subsidy Agreement* and mail, fax, or deliver it to the program for consideration.

Employment Purchase Agreement, Form No. 2350 (not applicable for employer-at-injury activated assistance): This *Employment Purchase (EP) Agreement* is a written agreement between the worker and the program. This agreement gives the conditions under which the program will reimburse moneys paid, or authorize funds, for assistance necessary for the worker to accept a job or continue employment in accordance with OAR 436-110-0345 and 0347. The worker and employer must

complete this *EP Agreement* and mail, fax, or deliver it to the program for consideration. Although there is an *EP Agreement* specifically for moving assistance, the program will accept requests made using this form. Requests made only for moving assistance do not require an employer's signature.

Employment Purchase Agreement, Moving Assistance, Form No. 3293 (not applicable for employer-at-injury activated assistance): This *EP Agreement* form can only be used to request moving assistance allowed under OAR 436-110-0345(2)(e). The worker must complete and sign the agreement and mail, fax, or deliver it to the program for consideration. The employer's signature is not required on this form.

Employment Purchase Agreement (Worksite Creation), Form No. 4122: This form is used to request necessary equipment, furnishings, or other things the employer needs to create a new job for a preferred worker. The employer and worker need to complete and sign this form. It can be faxed, mailed, or delivered to the program.

Employment Purchase Agreement (Miscellaneous Purchases), Form No. 4123: This form is used only by the worker to request purchases necessary for the worker to find, accept, or retain employment. This form is not to be used to request purchases that fit into subsections (a) through (h) of OAR 436-110-0345(2). Finding employment is limited to necessary purchases to go to an interview in Oregon. The worker needs to complete and sign this form, and fax, mail, or deliver it to the program.

Wage Subsidy Agreement (Employer at Injury), Form No. 2970: This *Wage Subsidy Agreement* is a written agreement between the employer and the program that gives the conditions under which the program will reimburse the employer a portion of the worker's wages for a specific period of time. The employer must complete the agreement and mail, fax, or deliver it to the program within timelines allowed under OAR 436-110.

Wage Subsidy Reimbursement Request, Form No. 2968: When the program approves the *Wage Subsidy Agreement*, the program will send the employer one copy of this form. The employer should make enough copies of the form to cover the duration of the wage subsidy. To receive reimbursement, the employer must complete the *Wage Subsidy Reimbursement Request* form, attach the required payroll documentation, and submit it to the program. The employer must submit the *Reimbursement Request* within one year of the agreement end date or reimbursement will not be allowed.

Employment Purchase Agreement (Employer at Injury), Form No. 2971: This *Employment Purchase (EP) Agreement* is a written agreement between the employer at injury and the program. This agreement specifies the conditions under which the program will reimburse moneys paid, or authorize funds, for assistance necessary for the worker to accept a job or continue employment, in accordance with OAR 436-110. The employer must complete the *EP Agreement* and mail, fax, or deliver it to the program for consideration.

Authorization for Payment, Form No. 2344: An *Authorization for Payment (AFP)* is a form used by the Workers' Compensation Division to authorize purchase of items or services described in an approved *Worksite Modification* or *EP Agreement*. It guarantees payment to a vendor for the listed items. The worker or employer should sign and date the *AFP* and give it to the vendor in exchange for the approved items. The vendor must sign it and send it with an invoice to the Preferred Worker Program. **Only the Workers' Compensation Division may make changes to or correct errors in an AFP.**

Worksite Modification Agreements. In previous bulletins there was a modification agreement form, limited to \$2,500. This agreement has been eliminated by the revision of OAR 436-110. The program will prepare a customized agreement for all worksite modifications. A worksite modification consultant will help employers and workers determine necessary worksite modifications upon request.

Preferred Worker Quarterly Claim Cost Reimbursement Request, Form No 3014:
The insurer must use Form 3014, Quarterly Claim Cost Reimbursement Request, effective Dec. 1, 2007, to request claim cost reimbursement. The insurer must complete each column and submit the form to the Compliance Section, Benefits and Certification Unit.

A new column has been added to Form 3014. It is "Date of hire for this job." Effective Dec. 1, 2007, eligibility for claim cost reimbursement begins automatically when an employer hires a preferred worker and is in effect for three years from the date of hire as defined in OAR 436-110-0005(3). In order for the division to know whether a new claim qualifies for claim cost reimbursement, the insurer must provide this information.

Each insurance company or self-insured employer must submit a separate request. If the number of claims for which reimbursement is requested exceeds one page, succeeding pages must be in the same format. The total amount requested for all pages must be entered and certified on page one of the request. The division will calculate and reimburse the insurer costs for claims administration using the factor developed according to OAR 436-050-0180 and published in Bulletin 316. The division will include reimbursement of costs for claims administration with the claim cost reimbursement. The insurer must make all requests for reimbursement within one year of the quarter within which the insurer made the payment.

Requesting reimbursement for approved EPs and worksite modifications:

No form is required to request reimbursement of EPs and worksite modifications. The person requesting reimbursement must send the program a legible copy of an invoice, copy of a cancelled check, voucher number, or receipt that indicates the items have been paid. All reimbursement requests must be submitted to the program within one year of the agreement end date. All requests must include the preferred worker's name and the name of the person making the request.

If you have questions about, or requests for, re-employment assistance please contact the Preferred Worker Program at one of the telephone numbers, fax numbers, or addresses listed below.

For the Salem office call: (503) 947-7588, toll-free (800) 445-3948, (503) 947-7993 (TTY), or FAX (503) 947-7581.

For the Medford office call: (541) 776-6032, toll-free (800) 696-7161, or FAX (541) 776-6022.

Or write the Preferred Worker Program, 350 Winter St NE, P.O. Box 14480, Salem, Oregon 97309-0405; or 1840 Barnett Road, Suite C, Medford, Oregon 97504-8293.

Preferred Worker 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

Attachments:	Form 440-2231 (Example only)	Form 440-2970
	Form 440-2190	Form 440-2968
	Form 440-2350	Form 440-2971
	Form 440-3293	Form 440-2344 (Example only)
	Form 440-4122	Form 440-3014
	Form 440-4123	

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