



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
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AMENDED BULLETIN 260 (Revised) Nov. 16, 2007

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

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

Effective: Dec. 1, 2007

This bulletin provides the form used to request reimbursement of Employer-at-Injury Program costs. Changes in administrative rules are effective Dec. 1, 2007. This bulletin is being amended to add a box on Form 440-2360. A new box number (7) has been added and should be checked if the insurer is submitting the reimbursement request for an EAIP that took place while the claim was accepted or deferred, but is in denied status at the time of the reimbursement request. This bulletin replaces Bulletin 260 dated Nov. 7, 2007.

EMPLOYER-AT-INJURY PROGRAM INTRODUCTION

The Employer-at-Injury Program (EAIP) is a selection 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 Workers' Compensation 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 440-2360, "Employer-at-Injury Program Reimbursement Request Form," effective Dec. 1, 2007, to request reimbursement of EAIP costs. The attached Form 2360 may be duplicated, or you may download a copy of the Microsoft Word 2000 (automated) form from the division's Web site at: www.wcd.oregon.gov/policy/bulletins/formsbyno.html.

THINGS TO REMEMBER WHILE COMPLETING FORM 2360

The rules effective Dec. 1, 2007 apply, "to all reimbursement requests made to the division ... on or after Dec. 1, 2007, 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 to be based on rules prior to Dec. 1, 2007, check the box at the start of the first sentence on the form. To use this option, the EAIP must have started prior to Dec. 1, 2007.

When submitting a reimbursement request for a **denied claim**, do not check one of the boxes next to number (6). OAR 436-105-0540(8) 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 first date the worker began transitional work. 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 work days being claimed by inserting the number of days in the sentence below the "start date." Under the rules effective on or after July 1, 2005, the wage subsidy may not exceed 66 work days and must be completed within a 24 consecutive month period.

If the insurer requests reimbursement under EAIP rules in effect from Oct. 1, 2001 through June 30, 2005, a wage subsidy is limited to a maximum of three consecutive months occurring between the dates of worker and employer eligibility and end of eligibility. If this option is selected, there is no need to indicate the number of transitional work days.

If you have questions about the Employer-at-Injury Program, please contact the Reemployment Assistance Unit at one of the telephone numbers, facsimile numbers, or addresses below.

For the Salem office call: (503) 947-7588, (800) 445-3948, (503) 947-7993 (TTY), 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.

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

/s/ Jerry Managhan for

John L. Shilts, Administrator
Workers' Compensation Division

Attachment: Form 440-2360

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