



Oregon

Tina Kotek, Governor



Workers'
Compensation
Division

Department of Consumer
and Business Services

Bulletin No. 139 (Revised)

May 7, 2024

To: Workers' compensation insurers and self-insured employers

Subject: Claim closure

The Workers' Compensation Division (WCD) is issuing this revised bulletin to provide the revised forms listed below. These forms are required for closing a workers' compensation claim under ORS 656.268, OAR 436-030, OAR 436-035, and OAR 436-060. This bulletin replaces Bulletin 139 dated May 22, 2015.

Updates to the forms listed below include:

- Where possible, replaced gender pronouns with gender neutral terms
- Changed Ombudsman for Injured Workers references to Ombuds for Oregon Workers
- Other non-substantive edits

Forms for closing a claim are:

- 1644, "Notice of Closure"
- 1644c, "Correcting Notice of Closure"
- 1644p, "Notice of Closure, Permanent Total Disability Reduction"
- 1644r, "Rescinding Notice of Closure"
- 2807, "Notice of Closure Worksheet (Dates of injury prior to Jan. 1, 2005)"
- 2807a, "Notice of Closure Worksheet (Dates of injury on or after Jan. 1, 2005)"
- 1503, "Insurer Notice of Closure Summary"

Required forms and formats

You must use these forms when closing disabling claims. Definitions of terms and general instructions for completing the forms are on the back of some forms.

You can download the Microsoft Word forms from WCD's website at:

<http://wcd.oregon.gov/forms/Pages/forms.aspx>.

Additional resources:

You can download the following resources from WCD's website:

<http://wcd.oregon.gov/forms/Pages/bulletins.aspx>:

- Conversion from Percent to Degrees of Disability (chart)
- PPD Benefits (chart, also in Bulletin 111)
- Combining Impairment Values (chart)
- Impairment Combining Calculator (Microsoft Excel®, Excel 97 or later version), *electronic only*
- Body Part Charts (for dates of injury prior to Jan. 1, 2005, and on or after Jan. 1, 2005)

The Federal Poverty Guidelines applicable to Oregon residents for a family of three is accessible at:

www.aspe.hhs.gov/poverty/.

If you have questions about this bulletin, contact the Workers' Compensation Division, 350 Winter St. NE, P.O. Box 14480, Salem, Oregon 97309-0405, or call 503-947-7585.



Matt West, Interim Administrator
Workers' Compensation Division

Attachments: [Form 1644](#), "Notice of Closure" (Rev. 5/24)
[Form 1644c](#), "Correcting Notice of Closure" (Rev. 5/24)
[Form 1644p](#), "Notice of Closure, Permanent Total Disability Reduction" (Rev. 5/24)
[Form 1644r](#), "Rescinding Notice of Closure" (Rev. 5/24)
[Form 2807](#), "Notice of Closure Worksheet (DOI prior to Jan. 1, 2005)" (Rev. 5/24)
[Form 2807a](#), "Notice of Closure Worksheet (DOI on or after Jan. 1, 2005)" (Rev. 5/24)
[Form 1503](#), "Insurer Notice of Closure Summary" (Rev. 5/24)

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