



# Oregon

Kate Brown, Governor

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Workers' Compensation Division  
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## **BULLETIN NO. 195 (Revised) Feb. 4, 2016**

- TO:** Workers' compensation insurers, self-insured employers, and authorized service companies
- SUBJECT:** Reopening of "Own Motion" claims under ORS 656.278, closure of Own Motion claims, and reimbursement from the Reopened Claims Program

**This bulletin provides insurers and self-insured employers the revised forms and formats for filing "Own Motion" claim information with the Workers' Compensation Division. This bulletin replaces Bulletin 195, dated Nov. 23, 2005.**

Changes to the forms include:

Form 3501:

- Added the Workers' Compensation Division's mailing address to the distribution list to ensure proper routing

Form 2066:

- Added check boxes to indicate if the worker was released to regular work and the date the worker was released
- Added check boxes for the type of return to work and the date the worker returned to work
- Added the Workers' Compensation Division's mailing address to the distribution list to ensure proper routing

Form 1966:

- Revised columns 7, 8, and 9 (including adding check boxes to identify disability payment types), to improve use and clarity

You may download a copy of the forms described in this bulletin from the division's website: <http://wcd.oregon.gov/forms/Pages/forms.aspx>. The completed forms must be typewritten.

### **I. Notice of Voluntary Reopening: Own Motion Claim, Form 3501:**

If aggravation rights have expired under ORS 656.273, and the insurer or self-insured employer voluntarily reopens the claim to process a worsened condition, a new or omitted medical condition, or a pre-1966 injury medical services claim, the insurer or self-insured employer must send Form 3501 to the worker, with copies to the worker's attorney, if any, and the Workers' Compensation Division, P.O. Box 14480, Salem, OR 97309-0405 [per OAR 438-012-0030(4)]. If the "Own Motion" claim is reopened by order of the Workers' Compensation Board, submission of Form 3501 is not required.

**Form 3501 completion instructions (by section):**

- 1: Identify the responsible insurer or self-insured employer, and authorized service company (if any). Enter the worker's name and address, mailing date, WCD file number, date of injury, and claim number.
- 2: Identify the type(s) of claim(s) that are being voluntarily reopened. More than one type of claim may be reopened by this form:
  - If the claim is being reopened for a worsening of a compensable injury under ORS 656.278(1)(a), check box "A" and list the medical conditions that have been "determined to be compensable" under OAR 438-012-0001(3) that have worsened.
  - If the claim is being reopened for a "post-aggravation rights" new or omitted medical condition under ORS 656.278(1)(b), check box "B" and list the "post-aggravation rights" new or omitted medical conditions that have been "determined to be compensable" under OAR 438-012-0001(4), i.e., either accepted or found compensable by a litigation order. Copies of the Modified Notice of Acceptance issued under ORS 656.262(7)(a) must be sent with a copy of the form to the worker, the worker's attorney, if any, and the Workers' Compensation Division, P.O. Box 14480, Salem, OR 97309-0405.
  - If the claim is being reopened for a pre-1966 injury medical services claim, check box "C" and list the medical services for which the claim was reopened. Note that pre-1966 injury claims involving "worsened conditions" or "post-aggravation rights" new or omitted medical conditions are included in boxes "A" and "B," respectively.
- 3: Type the name of the authorized representative of the insurer or self-insured employer issuing the "Notice of Voluntary Reopening" and sign and date the form. Distribute copies as indicated on the form.

**II. Notice of Closure: Own Motion Request, Form 2066:**

Form 2066 must be used for closures of Own Motion claims in accordance with OAR 438-012-0055.

**Form 2066 completion instructions (by section):**

- 1: Identify the responsible insurer or self-insured employer, and authorized service company (if any). Enter the worker's name and address, mailing date, WCD file number, date of injury, date of Own Motion reopening, and insurer's claim number.
- 2: Identify the type(s) of claim(s) that were reopened and are now being closed. More than one type of reopened claim may be closed by this form:
  - If the claim was reopened for a worsening of a compensable injury under ORS 656.278(1)(a), check box "A" and list the "worsened conditions" for the previously accepted medical conditions for which the claim was reopened.
  - If the claim was reopened for a "post-aggravation rights" new or omitted medical condition under ORS 656.278(1)(b), check box "B" and list the "post-aggravation rights" new or omitted medical conditions for which the claim was reopened.
  - If the claim was reopened for a pre-1966 injury medical services claim under ORS 656.278(1)(c), check box "C" and list the medical services for which the claim was reopened. Note that pre-1966 injury claims that were reopened for "worsened conditions" or "post-aggravation rights" new or omitted medical conditions are included in boxes "A" and "B," respectively.
- 3: Enter the medically stationary date.

- 4: Indicate by checking the box if the worker was released to regular work and enter the date the worker was released. Indicate by checking the box if the worker returned to regular or modified work and enter the date the worker returned to work.
- 5: Enter the dates for each period of temporary total or temporary partial disability due and payable to the worker. Dates must be inclusive (e.g., 1-16-15 through 1-26-15) and be within the period of this Own Motion claim reopening only.
- 6: Enter the total amount of temporary disability compensation paid on the claim for this Own Motion reopening.
- 7: Enter the description and the dollar amount of permanent disability awarded as a result of compensable “post-aggravation rights” new medical conditions or omitted medical conditions under ORS 656.278(1)(b) and (2)(d). Attach a completed closure worksheet (Form 2807). You may download Form 2807 from the division’s website:  
[www.wcd.oregon.gov/policy/bulletins/forms.html](http://www.wcd.oregon.gov/policy/bulletins/forms.html).
- 8: Type the name of the authorized representative of the insurer or self-insured employer issuing the “Notice of Closure: Own Motion Claim” and sign and date the form. Distribute copies as indicated on the form.

### **III. Reopened Claims Program Reimbursement Request, Form 1966:**

The Reopened Claims Program reimburses insurers and self-insured employers for compensation paid to injured workers under ORS 656.278. The Department of Consumer and Business Services will reimburse insurers from the Reopened Claims Program on a quarterly basis. Reimbursement requests must be received by the department within 15 days after the end of each quarter to be processed in that quarterly disbursement. Late requests may be held for processing with the next quarter’s disbursement.

Reopened Claims Program reimbursement requests must be submitted in the format of Form 1966, “Reopened Claims Program Reimbursement Request.” Each insurer or self-insured program must submit a separate request. If the number of claims subject to reimbursement exceeds one page, additional pages must be in the same format. The total reimbursement amount requested for all pages must be entered and certified on the first page.

#### **Form 1966 completion instructions (by column number):**

- 1: Provide the file number assigned by the division (WCD number) and the insurer’s claim number.
- 2: Provide worker’s name and list in alphabetical order by last name.
- 3: Provide date of injury, or date worker first became disabled if occupational disease claim (and note “O/D”).
- 4: Provide weekly wage at the time of injury or onset of occupational disease.
- 5: State the scheduled days off at the time of the injury.
- 6: Provide marital status (married “M” or single “S”) and number of dependent children — modified to reflect those currently eligible — if applicable by statute.
- 7: Check the appropriate box to indicate the type of disability (temporary partial disability (TPD), temporary total disability (TTD), permanent total disability (PTD), or permanent partial disability (PPD)).
- 8: Enter the amount paid for the disability type indicated in column 7 corresponding to the dates in Column 9. Do not include Retroactive Program benefits when reporting these costs.

9: Provide the from and through dates for TPD/TTD or PTD corresponding to the dollar amounts shown in Column 8.

10: Enter the sum of TPD/TTD, PTD, and PPD payments in column 8.

If you have any questions about this bulletin, please contact the Workers' Compensation Division, Performance Section, 503-947-7722.

/s/ Louis Savage

Louis Savage, Administrator  
Workers' Compensation Division

Distribution: WCD-LY, electronic mailing lists

Attachments: Form 3501, "Notice of Voluntary Reopening: Own Motion Claim (Rev. 2/16)  
Form 2066, "Notice of Closure: Own Motion Claim (Rev. 2/16)  
Form 1966, "Reopened Claims Program Reimbursement Request (Rev. 2/16)