



Oregon

Tina Kotek, Governor



Workers'
Compensation
Division

Department of Consumer
and Business Services

BULLETIN 227 (Revised)
Jan 23, 2024

TO: Insurers, service companies, and workers' compensation attorneys

SUBJECT: Request for reconsideration forms

This bulletin provides forms that may be used to request reconsideration of a Notice of Closure. This bulletin replaces Bulletin 227 dated Nov. 17, 2015.

Updates to Form 2223a, "Worker Request for Reconsideration," and Form 2223b, "Insurer Request for Reconsideration," include:

- **Where possible, replaced gender pronouns with gender-neutral terms**
- **Changed "Ombudsman for Injured Workers" references to "Ombuds Office for Oregon Workers"**
- **Updated the division's logo**
- **Under the "Issues" section of Form 2223a, revised issues 4, 5, and 6 for clarity and consistency**
- **Other non-substantive edits**

The worker or a beneficiary should use Form 2223a to request reconsideration of a Notice of Closure. The insurer should use Form 2223b. See OAR 436-030-0125. Submit the form and any supporting information to the Appellate Review Unit, Workers' Compensation Division, 350 Winter St. NE, P.O. Box 14480, Salem, Oregon 97309-0405, or fax to 503-947-7794. A worker or beneficiary represented by an attorney must attach a signed retainer agreement to the request for reconsideration.

In a reconsideration proceeding under ORS 656.268, the Workers' Compensation Division will review the issues raised by the parties and the claim closure requirements under ORS 656.268(1). If a party does not raise an issue for the division to address at reconsideration the party will not have the right to raise the issue at any future date or level of appeal. See ORS 656.268(9).

You can download Forms 2223a and 2223b from the division's website:

<http://wcd.oregon.gov/forms/Pages/forms.aspx>. Instructions for completing the forms, definitions of terms, and other information are on the back of the forms.

If you need help or have questions, call the Appellate Review Unit at 503-947-7816.

Matt West, Interim Administrator
Workers' Compensation Division

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Attachments: [Form 2223a](#), "Worker Request for Reconsideration" (rev. 1/24)
[Form 2223b](#), "Insurer Request for Reconsideration" (rev. 1/24)