



Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Workers' Compensation Division

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Bulletin 237 (Revised)

March 16, 2020

TO: Workers' compensation insurers, self-insured employers, service companies

SUBJECT: Form 1502, "Insurer's Report"

EFFECTIVE: April 1, 2020

This bulletin provides a revised Form 1502 and describes Form 1502 reporting requirements under Oregon Administrative Rules (OAR) 436-060-0011. The division revised the form to be consistent with rule changes, effective April 1, 2020. Insurers must use Form 1502 to report claim status and activity to the Workers' Compensation Division.

Insurers and self-insured employers are encouraged to begin using the revised form on April 1, 2020; however, there is a grace period until July 1, 2020 to allow time for any insurer-system updates. The revised Form 1502 must be in exclusive use by July 1, 2020. This bulletin replaces Bulletin 237 issued Sept. 10, 2018.

Revisions to Form 1502 include:

- Explanation that if the insurer is unable to obtain the worker's Social Security number (SSN), the insurer must state in the SSN field on the Form 1502 that the SSN was not obtainable
- Explanation that the employer's policy number is not needed if the employer is self-insured or the claim is a non-complying employer claim
- Addition of a field to provide the wrap-up project name, if the claim is from a wrap-up project

Insurers may reproduce Form 1502 or download the form from the division's website:

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

General instructions for completing and filing Form 1502 are printed on the back of the attached form. However, insurers and self-insured employers are not required to reproduce the instructions when printing the form.

The division has received questions about how to report supplemental disability payment rates and related wages (applicable to additional jobs the worker held at the time of injury). Use Form 1502 only to report the temporary total disability rate and weekly wages related to the job-at-injury. Report supplemental disability data to the division on either Form 3503, "Supplemental Disability Payment Voucher," or Form 3504, "Supplemental Disability Benefits Quarterly Reimbursement Request."

If you have questions about this bulletin or Form 1502, contact Claims Quality Control at 503-947-7810.

/s/ Sally Coen

Sally Coen, Acting Administrator

Workers' Compensation Division

Attachments: How to avoid requests for additional information (873s, letters, phone calls)

[Form 1502](#) (Rev. 4/20)

Distribution: WCD-LY, PD8903 (insurers, self-insured employers) PD8913 (service companies) GovDelivery

How to avoid requests for additional information (873s, letters, phone calls)

Section	Field	Requirements
3	No compensation due	If “No compensation due,” do not report Temporary Total Disability (TTD) rate. Do not report Temporary Partial Disability (TPD).
3	TTD rate based on paid through date	The rate must be calculated by multiplying .6667 times the weekly wage, but the TTD rate cannot exceed 133% of the state average weekly wage published annually in Bulletin 111. Remember that the rate changes each July 1, so provide the TTD rate based on the paid through date reported. Do not include supplemental disability in the TTD rate; report only the rate pertinent to the employer-at-injury. If the worker's weekly wage is \$75 or less, the rate is \$50 per week or 90 percent of the weekly wage, whichever is less. NOTE: If you are continuing to pay salary, calculate and report the TTD rate that otherwise would have been paid. The period for which disability would have been paid must also be reported.
3	Paid through	Data is required unless the “No compensation due” box is checked. Do not report dates from a previous opening of the claim.
4	Weekly wage	Data must be provided on all “First Reports,” i.e., when reasons “F,” “T,” “R,” “V,” or “L” is checked in Section 2. You may also correct wage information previously reported. Do not include wages from additional jobs the worker held at the time of injury.
5	All	Data is required on all “First Reports,” i.e., when reasons “F,” “T,” “R,” “V,” or “L” are checked in Section 2. Check “Yes” or “No” and enter date of first payment OR Check “Salary continued (self-insured employer)” or “No compensation due.”
6	All	Data is required when 1502 is reporting acceptance or denial of claim. Check “Yes” or “No” and attach a copy of the acceptance/denial letter sent to the worker.
7	All	Data is required unless enrollment was reported on a prior 1502. Check “Yes” or “No”. If “Yes,” the enrollment date and MCO number are required.

Contact Claims Quality Control at 503-947-7810 if you have any questions about Form 1502 or Bulletin 237. They can help you reduce or eliminate requests for additional information.