



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
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BULLETIN 260 (Revised) Dec. 13, 2021

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

Subject: Employer-at-Injury Program Reimbursement Request Form

Effective: Jan. 1, 2022

This bulletin provides a revised Form 2360, "Employer-at-Injury Program Reimbursement Request Form." This bulletin replaces Bulletin 260 dated Dec. 18, 2019.

Changes to Form 2360 include:

- Removing .45 as the multiplier for wage subsidy periods with starting dates of Dec. 31, 2019, or earlier
- Increasing the administrative cost to \$180, effective Jan. 1, 2022, to be consistent with a change to Oregon Administrative Rules (OAR) 436-105

EMPLOYER-AT-INJURY PROGRAM INTRODUCTION (OAR 436-105)

The Employer-at-Injury Program (EAIP) is a group of benefits designed to encourage employers to develop and use transitional work programs to re-employ Oregon injured workers before claim closure. Employer use of the EAIP is voluntary.

The insurer responsible for the worker's claim administers the EAIP. This may include making or approving purchases, directing and monitoring the program, and requesting reimbursement from the division. Insurers are paid a program administrative cost of \$180 with the first EAIP reimbursement.

REIMBURSEMENT OF PROGRAM COSTS

The insurer must use [Form 2360](#), "Employer-at-Injury Program Reimbursement Request Form," to request reimbursement of EAIP costs. Insurers can download the form from the division's website: <http://wcd.oregon.gov/forms/Pages/forms.aspx>.

If you have questions about the Employer-at-Injury Program, contact the Employment Services Team:

- By phone: 503-947-7588, 800-445-3948 (toll-free)
- By fax: 503-947-7581
- By mail: 350 Winter St NE, P.O. Box 14480, Salem, Oregon 97309-0405
- By email: eaip.oregon@dcbs.oregon.gov

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

Sally Coen, Administrator
Workers' Compensation Division

Attachment: [Form 2360](#) (Rev. 1/22)

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