



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
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www.wcd.oregon.gov

BULLETIN NO. 337 (Revised)
March 31, 2020

TO: Injured workers and workers' compensation attorneys

SUBJECT: Worker request for claim classification review

EFFECTIVE: April 1, 2020

This bulletin provides a revised Form 2943, "Worker Request for Claim Classification Review," to assist workers and their representatives in requesting review of an insurer's classification of a claim under ORS 656.277 and OAR 436-060-0018. The division revised the form as a result of changes to OAR 436-060-0018, effective April 1, 2020. This bulletin replaces Bulletin No. 337 dated Dec. 22, 2016.

The process for requesting review of an insurer's classification of a claim as nondisabling is described in OAR 436-060-0018, and requests must be submitted to the Workers' Compensation Division within 60 days of the date of the insurer's Notice of Refusal to Reclassify. Workers or their attorneys may request review of an insurer's claim classification decision by submitting the following items to the division:

- Completed Form 2943
- Copy of the insurer's Notice of Refusal to Reclassify and Modified Notice of Acceptance, if provided
- Copy of the worker's request for claim classification review to the insurer
- Any additional evidence to be considered

Send to: Workers' Compensation Division
Appellate Review Unit
P.O. Box 14480
Salem OR 97309-0405

Or fax to: 503-947-7794

Or hand-deliver to: Workers' Compensation Division
Appellate Review Unit
350 Winter Street NE, 2nd Floor
Salem, OR 97301

You may submit a request by phone by calling the Appellate Review Unit at 503-947-7816. A member of the Appellate Review Unit will complete and sign the form as the worker's designee and they will send a copy of the completed form to the worker, the insurer, and any attorneys involved in the claim.

The worker or the worker's attorney must provide copies of all documents submitted to the division to all other parties in the claim.

You may download Form 2943 from the Workers' Compensation Division's website:

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

If you have questions about this bulletin or need help completing the form, call the Appellate Review Unit at 503-947-7816, or the Ombudsman for Injured Workers at 503-378-3351 or 800-927-1271 (toll-free).

/s/ Sally Coen

Sally Coen, Acting Administrator
Workers' Compensation Division

Attachments: [Form 2943](#), "Worker Request for Claim Classification Review" (Rev. 4/20)

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