



Oregon

Tina Kotek, Governor



Department of Consumer
and Business Services

BULLETIN NO. 379

Feb. 21, 2023

TO: Insurers, self-insured employers, service companies, managed care organizations, and other interested stakeholders

SUBJECT: Form 5377, “Workers’ Compensation Multilingual Help Page”

This bulletin publishes Form 5377, “Workers’ Compensation Multilingual Help Page,” required under OAR 436-001-0600 to be sent to the worker with any document that includes:

- Appeal rights;
- A deadline for action required to obtain or preserve a right or benefit, including dates of required medical examinations or vocational evaluations; or
- Notice of action required to prevent or reverse a suspension or reduction of benefits.

The division is republishing this bulletin to provide a revised Form 5377. The form is revised to change the Ombudsman for Injured Workers reference to Ombuds Office for Oregon Workers. This bulletin replaces Bulletin 379 issued March 15, 2019.

Insurers, self-insured employers, service companies, and managed care organizations that issue documents to workers as required by OAR chapter 436 must include Form 5377 with the following notices:

- **436-009-0025(1)(a)** When insurer accepts a claim, notice that the insurer will reimburse claim-related services paid by the worker, and the worker has two years to request reimbursement.
- **436-009-0025(1)(d) & (e)** Written explanation to the worker for each type of out-of-pocket expense being paid or denied.
- **436-010-0270(4)** Notice of enrollment in a managed care organization (MCO).
- **436-010-0290(2)** Notice that palliative care is approved or disapproved.
- **436-015-0110(4)** Denial of service or response to dispute of a decision by an MCO – if the MCO provides a dispute resolution process for the issue.
- **436-015-0110(5)** Response to a complaint or dispute of a decision by an MCO – if the MCO does not provide a dispute resolution process for the issue.
- **436-015-0110(6)** Notice after an MCO has resolved a dispute under ORS 656.260(15).
- **436-015-0110(7)** Notice after an MCO fails to issue a decision within 60 days and the MCO’s initial decision is automatically deemed affirmed.
- **436-030-0015(1)(b)(A) & (B)** Updated Notice of Acceptance at Closure.
- **436-030-0017(1) & (2)** Notice of Refusal to Close claim.
- **436-030-0020 & -0023** Notice of Closure, Forms 1644, 1644c (correcting), 1644r (rescinding).
- **436-030-0034(1)** Notice (warning) to non-medically stationary worker who fails to seek medical treatment for more than 30 days.
- **436-030-0034(3)** Notice that the worker must attend a mandatory closing medical exam.

- **436-030-0065(6)** Notice of Closure that reduces the permanent total disability.
- **436-060-0015(6)** Notice of wage used to calculate benefits at closure.
- **436-060-0018(3)** Notice of Refusal to Reclassify the claim to disabling.
- **436-060-0018(6)** Modified Notice of Acceptance explaining a change in classification of the claim from disabling to nondisabling.
- **436-060-0020(5)(b)** Notice of rescheduled medical appointment and that temporary disability payments will be suspended if the worker does not attend.
- **436-060-0020(5)(d)** Notice that temporary disability payments have been suspended because the worker failed to attend a rescheduled appointment.
- **436-060-0030(3)(c)** Written offer of modified employment by employer or insurer (condition for ending temporary total disability and starting temporary partial disability).
- **436-060-0035(4)(b)(A)** Request for verifiable documentation of the worker's wages from any secondary jobs.
- **436-060-0035(5)** Notice of ineligibility for supplemental disability.
- **436-060-0035(8)** Notice that supplemental disability payments have stopped (when the primary job is nondisabling).
- **436-060-0075(5)(c)** Notice to dependent that the information in the insurer's possession is not sufficient to determine the dependent's monthly benefit.
- **436-060-0095(3)** Notice to worker of scheduled independent medical exam.
- **436-060-0095(6)** Request to authorize suspension under ORS 656.325 and OAR 436-060-0095.
- **436-060-0105(2)** Notice to cease insanitary or injurious acts.
- **436-060-0105(4)** Request for suspension of benefits due to continuing insanitary or injurious acts.
- **436-060-0105(5)** Request to reduce benefits awarded under ORS 656.268 for unreasonably failing to follow medical advice, or failing to participate in a physical rehabilitation or vocational assistance program.
- **436-060-0135(2)(a)** Notice that an interview or deposition has been scheduled for the worker, or of other investigation requirements – required before compensation may be suspended for refusing or failing to cooperate in a claim investigation.
- **436-060-0137(3)** Notice of required vocational evaluation.
- **436-060-0137(5)** Request to suspend compensation when the worker refuses or fails to attend or obstructs a required vocational evaluation.
- **436-060-0140(8)** Notice of claim denial.
- **436-120-0012** All notices and warnings issued under OAR 436-120, except those notifying a worker of entitlement to training or deferral of vocational assistance eligibility.
- **Any other document or notice that meets the criteria specified in OAR 436-001-0600(1).**

If you have questions about this bulletin, contact a benefit consultant by email, workcomp.questions@dcbs.oregon.gov, or phone, 800-452-0288 (toll-free).



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Workers' Compensation Division

Attachment: [Form 5377](#) (01/23)

Distribution: WCD-LY, GovDelivery mailing list