



# Oregon

Kate Brown, Governor

Department of Consumer and Business Services  
Workers' Compensation Division  
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P.O. Box 14480  
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[www.wcd.oregon.gov](http://www.wcd.oregon.gov)

## INDUSTRY NOTICE

Feb. 22, 2018

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

Subject: **Supplemental disability benefits – request for verifiable documentation requirements**

This industry notice provides information about the requirement for insurers and self-insured employers to send workers seeking supplemental disability benefits (SDB) a request for verifiable documentation.

Under OAR 436-060-0035(4)(b)(A), within five business days of notice or knowledge that a worker may be eligible for SDB, the insurer or self-insured employer must send the worker a request for verifiable documentation of the worker's wages from any secondary jobs. In addition to informing the worker of what documentation must be submitted in order to determine eligibility for SDB, the request must **clearly state that if the documentation isn't received within 60 days of the mailing date of the request**, the insurer or self-insured employer will determine the worker's temporary disability rate based only on the job at which the injury occurred, and the worker will be found ineligible for SDB.

If the insurer or self-insured employer has elected not to process and pay SDB under OAR 436-060-0035(2), the insurer or self-insured employer must also send a copy of the request to the assigned processing administrator (currently ComPro, Inc.). The request must clearly instruct the worker to submit the verifiable documentation to:

**ComPro, Inc.**  
**P.O. Box 12654**  
**Salem, OR 97309-0564**  
**503-485-2344**  
[tims@compronet.com](mailto:tims@compronet.com)

The Workers' Compensation Division may penalize any insurer or self-insured employer that fails to meet the above requirements. **Receipt of such a penalty does not relieve the insurer or self-insured employer of the requirement to issue the request.**

We appreciate your compliance with the requirements of the Workers' Compensation Division administrative rules. If you have questions about this notice, contact Self-Insurance, Registration, and Reimbursements Manager **Barbra Hall** at 503-947-7751 or [barbra.hall@oregon.gov](mailto:barbra.hall@oregon.gov).

Louis Savage, Administrator  
Workers' Compensation Division