



Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Workers' Compensation Division

350 Winter St. NE

P.O. Box 14480

Salem, OR 97309-0405

503-947-7810

Toll free: 800-452-0288

Fax: 503-947-7581

www.wcd.oregon.gov

INDUSTRY NOTICE

March 7, 2019

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

Subject: Communicating worker eligibility for supplemental disability benefits

This industry notice provides information about communicating worker eligibility for supplemental disability benefits. To be eligible for supplemental disability benefits, Oregon Administrative Rule 436-060-0035(3) requires workers to notify the insurer or self-insured employer of a secondary job within 30 days of the insurer or self-insured employer's receipt of the initial claim. Forms 801 and 827 include boxes for workers to indicate whether they had more than one job at the time of injury.

Insurers and self-insured employers often receive claims reports from their insureds through electronic forms or an electronic claims reporting system. Such processes have the potential to increase the speed and quality of information flowing to the insurer or self-insured employer. However, the Workers' Compensation Division has received feedback that this type of claims filing may create issues where workers are unable to provide notification of their potential entitlement to supplemental disability benefits. There is increasing concern that the secondary job boxes on Forms 801 and 827 are not mirrored on some insurers' and self-insured employers' electronic forms or electronic claims reporting system.

We strongly encourage insurers and self-insured employers to educate workers on the additional job question on Forms 801 and 827 to help determine worker eligibility for additional time loss and increase use of the benefit. **Additionally, if an insurer or self-insured employer uses electronic forms or an electronic claims reporting system, OAR 436-060-0011(1)(c) requires that they must include the same fields and elements as its paper counterpart.** For Forms 801 and 827, this includes asking the worker if he or she had more than one job at the time of injury.

We appreciate your compliance with the requirements of the Oregon Administrative Rules. If you have questions about this notice, contact Self-insurance, Reimbursements, and Registration Manager Barbra Hall at 503-947-7751 or barbra.hall@oregon.gov.

Louis Savage, Administrator
Workers' Compensation Division