



# Oregon

Kate Brown, Governor

## Department of Consumer and Business Services

Workers' Compensation Division

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[www.wcd.oregon.gov](http://www.wcd.oregon.gov)

## Industry Notice

March 20, 2020

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

**Subject:** Use of modified forms

The Workers' Compensation Division wants to make sure the workers' compensation industry is aware of rule changes that will affect the use of modified forms referenced in OAR 436-060.

Beginning April 1, 2020, any modifications to original forms referenced in OAR 436-060 must be submitted to the director for approval and must meet the requirements in OAR 436-060-0003(3).

This affects the following forms:

- Form 801 - Report of Job Injury or Illness
- Form 827 - Worker's and Health Care Provider's Report for Workers' Compensation Claims
- Form 1138 - What happens if I'm hurt on the job?
- Form 1174 - Application for Approval of Lump-sum Payment of Award
- Form 1502 - Insurer's Report
- Form 1503 - Insurer Notice of Closure Summary
- Form 2476 - Request for Release of Medical Records for Oregon Workers' Compensation Claim
- Form 2943 - Worker Request for Claim Classification Review
- Form 3058 - Notice to Worker
- Form 3283 - A Guide for Workers Recently Hurt on the Job
- Form 3501 - Notice of Voluntary Reopening Own Motion Claim
- Form 3504 - Supplemental Disability Benefits Quarterly Reimbursement Request
- Form 3530 - Supplemental Disability Election Notification
- Form 3921 - Request for Reimbursement of Expenses
- Form 3923 - Important Information about Independent Medical Exams
- Form 5332 - Notice to Beneficiary of Entitlement to Benefits

As of April 1, 2020, if an insurer or self-insured employer has modified the division's original version of one of these forms, the insurer or self-insured employer may continue using the modified form if they request approval from the director no later than May 1, 2020.

Once the division receives a request for approval, the division will review the form and respond with whether modifications are necessary. The insurer or self-insured employer must comply with any required modifications within six months of the director's determination. If a modified form contains information that violates state or federal law, or otherwise causes harm to any person, the director may demand removal and require the insurer or self-insured employer to comply immediately. If the insurer or self-insured employer fails to comply, the modified form can no longer be used by the insurer or self-insured employer.

To request approval of a modified form, an insurer or self-insured employer must send or hand deliver<sup>1</sup> the form, along with a cover letter requesting approval to use the form, to the forms and bulletins coordinator at [WCD.FormsBulletins@oregon.gov](mailto:WCD.FormsBulletins@oregon.gov) or:

Workers' Compensation Division  
Forms and Bulletins  
350 Winter St NE  
P.O. Box 14480  
Salem OR 97309-0405

Under OAR 436-060-0011(1)(c) electronic forms, when allowed, must include the same fields and elements as their paper counterparts.

We appreciate your compliance with the requirements of the Workers' Compensation Division administrative rules.

If you have questions about this notice, contact the Audit Manager **Barbra Hall** at 503-947-7687 or [barbra.hall@oregon.gov](mailto:barbra.hall@oregon.gov).

A handwritten signature in blue ink that reads "Sally Coen". The signature is written in a cursive, flowing style.

Sally Coen, Acting Administrator  
Workers' Compensation Division

Distribution: GovDelivery (insurers, self-insured employers, and service companies)

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<sup>1</sup> The rules also allow for hand delivery of the proposed form. But, we request that insurers, self-insured employers, and service companies not hand deliver these forms during the COVID-19 outbreak to assist with recommendations related to social distancing.