



**Oregon**  
Kate Brown, Governor

**Department of Consumer and Business Services**

Workers' Compensation Division

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June 27, 2017

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

Subject: New rejection process for missing required information on insurer prepared Forms 801 and 1502

**INDUSTRY NOTICE**

Accurate and timely claim reporting is essential for ensuring the Workers' Compensation Division has complete claims data. The division uses claims data to perform a variety of activities, such as to monitor industry performance, respond to inquiries, perform dispute resolution, and assist with return to work. Oregon Revised Statute (ORS) 656.264 and Oregon Administrative Rule (OAR) chapter 436 require insurers and self-insured employers to report certain claims information to the division. Any delay in providing this information impedes the division's statutory duties.

Insurers must process and file claims and reports required by the director in compliance with ORS chapter 656, OAR chapter 436, and orders of the director. All forms must be legible and include all information required by OAR 436-060-0011. In addition, all workers' compensation forms generated by the insurer must include the insurer's name, the service company name (if applicable), and the mailing address and phone number of the location responsible for processing the claim. The division expects submitted forms to be clear, legible, complete, and accurate. The division is aware that many insurer-prepared Forms 801 or 1502 lack critical information required by rule.

**Starting Aug. 1, 2017, all insurer-prepared Forms 801 and 1502 received will be reviewed for required information. Any insurer-prepared Form 801 or 1502 that is missing required information or is illegible, will be rejected by the division and returned to the claim processor by mail within 24 hours. Rejected forms are considered not filed.** The division will attach a checklist to each returned form stating the reason for rejection. Rejected forms will be mailed to the same address that is used for Insurer Delinquency Reports. The division expects claim processors to review these rejected forms in a timely manner, make corrections, and resubmit complete documents as soon as possible to comply with OAR 436-060-0011. Delay in correcting and resubmitting rejected documents could impact the insurer's performance at audit and may result in civil penalties under OAR 436-060-0200(3) and (8).

If you have questions about this rejection process, contact Claim Records Manager Edie Roster at [edith.d.roster@oregon.gov](mailto:edith.d.roster@oregon.gov) or 503-947-7619.

Louis Savage, Administrator  
Workers' Compensation Division

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

Attachments: Form 801 rejection checklist, Form 1502 rejection checklist

From:  
Oregon Workers' Compensation Division, Claims Unit  
P.O. Box 14480  
Salem, OR 97309-0405



**FORM 801 (REPORT OF JOB INJURY OR ILLNESS) IS BEING REJECTED FOR THE FOLLOWING REASON AND IS CONSIDERED NOT FILED.** Please correct the indicated items below and resubmit to the division either by fax at **503-947-7632** or **877-704-5700** (toll-free) or mail to the address above as soon as possible.

**If Form 801 is insurer prepared:**

- Form is illegible - *OAR 436-060-0011(1)(a)*
- Missing insurer or self-insured employer name - *OAR 436-060-0011(3)(a)*
- Missing service company name, if applicable - *OAR 436-060-0011(3)(b)*
- Missing mailing address of the location responsible for processing the claim - *OAR 436-060-0011(3)(c)*
- Missing phone number of the location responsible for processing the claim - *OAR 436-060-0011(3)(c)*

If you have questions about why this document was rejected, please contact Claim Records Manager Edie Roster at 503-947-7619 or [edith.d.roster@oregon.gov](mailto:edith.d.roster@oregon.gov).

From:  
Oregon Workers' Compensation Division, Claims Unit  
P.O. Box 14480  
Salem, OR 97309-0405



**FORM 1502 (INSURER'S REPORT) IS BEING REJECTED FOR THE FOLLOWING REASON AND IS CONSIDERED NOT FILED.** Please correct the indicated items below and resubmit a corrected 1502 to the division by fax at **503-947-7632** or **877-704-5700** (toll-free) or mail to the address above as soon as possible.

- Form is illegible - *OAR 436-060-0011(1)(a)*
- Missing insurer name - *OAR 436-060-0011(3)(a)*
- Missing service company name, if applicable - *OAR 436-060-0011(3)(b)*
- Missing mailing address of the location responsible for processing the claim - *OAR 436-060-0011(3)(c)*
- Missing phone number of the location responsible for processing the claim - *OAR 436-060-0011(3)(c)*
- Missing worker's legal name - *OAR 436-060-0011(4)(b)(A)*
- Missing worker's Social Security number\* - *OAR 436-060-0011(4)(b)(B)*
- Missing insurer's claim number - *OAR 436-060-0011(4)(b)(C)*
- Missing date of injury - *OAR 436-060-0011(4)(b)(D)*
- Missing employer's legal name - *OAR 436-060-0011(4)(b)(E)*
- Missing employer's policy number - *OAR 436-060-0011(4)(b)(F)*
- Section 1:** Missing status of claim or more than one box checked – *OAR 436-060-0011(4)(b)(G)*
- Section 2:** Missing reason for filing this form - *OAR 436-060-0011(4)(b)(H)*
- Section 5:** Missing Yes or No on “Was first payment of compensation paid timely?” – *OAR 436-060-0011(4)(c)(A)*
- Section 6:** Missing Yes or No on “Was claim accepted or denied timely?” – *OAR 436-060-0011(4)(c)(B)*
- Section 7:** Missing Yes or No on “Is worker enrolled in an MCO?” – *OAR 436-060-0011(4)(c)(C)*
- Section 7:** Missing date of enrollment, if worker is enrolled in an MCO. – *OAR 436-060-0011(4)(c)(C)*

*\* Only complete and valid Social Security numbers (SSNs) with nine digits are acceptable, if the worker has an SSN. If the worker does not have an SSN, the insurer must clearly indicate that and the division will assign a number to the worker. Social Security numbers with all zeroes or all nines are not valid.*

If you have questions about why this document was rejected, please contact Claim Records Manager Edie Roster at 503-947-7619 or [edith.d.roster@oregon.gov](mailto:edith.d.roster@oregon.gov).