

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION  
REEMPLOYMENT ASSISTANCE [RESERVE] PROGRAM**

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**EXHIBIT "A"  
OREGON ADMINISTRATIVE RULES  
CHAPTER 436, DIVISION 110**

**EFFECTIVE JANUARY 1, 1996**

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**436-110-0005 Definitions**

(1) "Administrator" means the Administrator of the Workers' Compensation Division, Department of Consumer and Business Services or the Administrator's delegate.

(2) "Claim costs" means all benefits, including disability payments, medical services, vocational costs (except self-employment), claim disposition agreements in accordance with ORS 656.236, disputed claim settlements in accordance with ORS 656.289, administrative costs, as well as attorney fees awarded to the worker or the worker's beneficiaries.

(3) "Department" means the Department of Consumer and Business Services.

(4) "Director" means the director of the Department of Consumer and Business Services or the Director's delegate.

(5) "Division" means the Workers' Compensation Division of the Department of Consumer and Business Services.

(6) "Employer" means a subject Oregon employer within the meaning of the Workers' Compensation Law.

(7) "Employer-at-injury" means the organization in whose employ the worker sustained the injury or occupational disease, or made the claim for aggravation.

**(8) "Fund" means the Workers' Benefit Fund.**

(9) "Preferred worker" means a subject Oregon worker as described in ORS 656.005(26) and ORS 656.027 who, because of permanent disability resulting from a compensable injury or occupational disease, is unable to return to regular employment and meets the Preferred Worker Program eligibility criteria for assistance under these rules.

(10) "Regular employment" means the job the worker held at the time of injury or the job

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the worker held at the time of the claim reopening, or employment substantially similar in nature, duties, responsibilities, knowledge, skills and abilities.

(11) ["Reserve" means the Reemployment Assistance Reserve.

(12) "Premium" means premium which results from a calculation which takes payroll multiplied by applicable rates of the employer's individual insurer multiplied by the employer's experience rating modification less any discounts, assessments, surcharges or taxes.

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**436-110-0006 Administration Of Rules**

(1) Orders issued by the Division to enforce ORS 656.530 and ORS 656.622 or these rules are orders of the Director.

(2) The Division maintains the financial integrity of the Reserve and all reimbursement is subject to the availability of funds. If the funds are too low for all reimbursements, the director has final authority to determine how the funds will be disbursed.

(3) The Director may use funds from the Reserve for educational activities to provide information about and encourage reemployment of injured workers. A maximum of \$250,000 may be used in a fiscal year, July 1 to June 30. The Director must approve all expenditures. Educational activities include, but are not limited to:

(a) Advertisements and promotion of reemployment assistance programs and associated production costs;

(b) Public reemployment assistance program conferences and workshops; and,

(c) Cooperative agreements with State of Oregon agencies and community colleges to defray costs for assisting the Preferred Worker Program in providing assistance to preferred workers and employers of preferred workers.

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**436-110-0200 Assistance Available From The Reemployment Assistance [Reserve] Program**

(1) Assistance available from the [Reserve] **Program** includes the Employer-at-Injury

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Program and the Preferred Worker Program.

(2) The Employer-at-Injury Program is an employer-option and employer-activated program. Its purpose is to encourage the early return to work of an injured worker before claim closure. The Employer-at-Injury Program may be used only once per worker per claim opening. The insurer at injury administers the program and requests reimbursement for program costs from the [Reserve] **fund**. [Features of the program include allowing purchases] **Reimbursement is limited to:**

(a) **"Worksite modification"** [as defined in section (8) of this rule] **means altering a worksite by renting, purchasing, modifying or supplementing equipment, or changing the work process to enable a worker to work within the limitations imposed by a compensable injury that qualifies the worker for the Employer-at-Injury Program. "Worksite" means an existing worksite that any other worker could use to perform the job on an employer's or worker's premises, property and equipment used to conduct business under the employer's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job.** Maximum reimbursement is \$2,500;

**(A) The form of modification shall be provided based solely to overcome the temporary restrictions for the Oregon compensable injury giving rise to eligibility for the Employer-at-Injury Program;**

**(B) Modifications must be provided for and used by the worker during the Employer-at-Injury Program;**

**(C) Modifications will only be provided to allow the worker to perform the light-duty job within the temporary restrictions from the medical provider.**

(b) Wage subsidy as defined in section (6) of this rule, except wage subsidy benefits are restricted to the following conditions:

(A) A wage subsidy is limited to a maximum duration of three months and may not be interrupted or extended;

(B) A wage subsidy is limited to a monthly reimbursement rate of 50 percent; and,

(C) The wage must be either the wage at injury or the wage paid in the early-return-to-work position, whichever is lower.

(c) Tuition, books and fees for a class or course of instruction to update existing skills or to meet the requirements of the job. Maximum reimbursement is \$750;

(d) Tools and equipment required for the job limited to items mandatory for employment, such as starter sets. Purchases do not include items the employer normally provides, items the worker possesses or duplicate worksite modification items. Maximum reimbursement is \$1,000;

(e) Clothing required for the job, except clothing the employer normally provides and/or the worker already possesses. Maximum reimbursement is \$400; and,

(f) All Employer-at-Injury Program purchases, except clothing and worksite modifications unique to the worker as specified in subsection (8)(k)(A), become the employer's property upon the end of the program.

(3) The Preferred Worker Program is a worker-option and worker-activated program. Its

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purpose is to encourage the employment of the worker. The program consists of premium exemption, claim cost reimbursement, wage subsidy, obtained employment purchases and worksite modification. The worker may offer reemployment assistance to the employer. The employer receives the benefit of the employment assistance the worker and employer agree to use. Premium exemption and claim cost reimbursement may be used multiple times within the three-year period of eligibility. A preferred worker may use wage subsidy and obtained employment purchase assistance twice, except as otherwise provided in these rules, once with the initial employer and once with a subsequent employer. Worksite modification assistance may be used twice. If a preferred worker has a new injury or an aggravation and meets the Preferred Worker Program eligibility criteria, a new Preferred Worker Identification Card will be issued as specified in OAR 436-110-0320.

(4) "Premium exemption" releases the employer from paying workers' compensation insurance premiums or premium assessments for three years from the date of first use by the worker. If the worker has a new compensable injury, the employer does not have the claim costs charged to its experience rating. Premium exemption may not be extended. Premium exemption allows the following:

(a) While actively using premium exemption, the employer does not report, and the insurer cannot use, the worker's payroll for the calculation of insurance premiums or premium assessments. However, the employer is required to report and pay workers' compensation employer assessments and withhold employee contributions as required by OAR 436-085. The employer shall start paying insurance premiums and premium assessments when premium exemption ends;

(b) While premium exemption is active, the worker may provide a new eligible employer premium exemption for the remainder of the three-year premium exemption period.

(5) "Claim cost reimbursement" provides reimbursement to the insurer for claim costs when a preferred worker incurs a new compensable injury or occupational disease while employed under premium exemption. Specific limitations of requesting claim cost reimbursement include the following:

(a) Reimbursements will be made for the life of the claim;

(b) Reimbursements include disability benefits, medical benefits, vocational costs (except self-employment), claim disposition agreements in accordance with ORS 656.236, disputed claim settlements in accordance with ORS 656.289, as well as attorney fees awarded the worker or the administrative cost factor to be applied to claim costs shall be developed in the manner specified in OAR 436-050-0180; and,

(c) The claim shall not be used for ratemaking, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premium or premium assessment with the present or a future insurer. The insurer must be able to document that claim data will not affect the employer's rates or dividend.

(6) "Wage Subsidy" provides an employer with partial reimbursement of a worker's gross wages for a specified period. "Wages" means the money rate paid a worker for services performed including paid leave, overtime, commission, and reasonable value of board, rent,

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housing, lodging and similar advantage received from the employer, as determined by the Division in accordance with OAR 436-060. "Wages" do not include tips, bonuses, employee insurance or benefits programs, employee discounts or other forms of remuneration. Wage subsidy benefits are restricted by the following conditions:

(a) A wage subsidy is limited to a duration of six months and a monthly reimbursement rate of 50 percent, except for a worker with an exceptional disability. For a worker with an exceptional disability, the wage subsidy duration is limited to one year and a monthly reimbursement rate of 75 percent. For the purposes of these rules, "exceptional disability" means a disability equivalent to the complete loss, or loss of use, of two or more limbs including, but not limited to, a serious head injury resulting in a significant loss of memory, cognitive ability or motor function or massive injuries where the loss of limbs has not occurred. The Division shall determine whether a worker has an exceptional disability based upon the combined effects of all of the worker's Oregon compensable injuries awarding permanent disability;

(b) A wage subsidy may be interrupted for reasonable cause and extended to complete the wage subsidy on a whole workday basis. Examples of reasonable cause include, but are not limited to, personal or family illness, death in the family or pregnancy of the worker, and,

(c) Wages subject to reimbursement must be within the prevailing wage range for that occupation and unsubsidized by any other source. The prevailing wage range is determined by first examining the wages paid by the employer for other workers doing the same job. If no other workers are doing the same job, a labor market survey of the local labor market may be conducted. If the labor market survey does not support the wage rate requested, the Occupational Program Planning System for the specific region of Oregon will be used. The Occupational Program Planning System is a document published annually by the State of Oregon, department of Human Resources, which lists wage ranges for common occupations in Oregon. If neither the labor market survey nor Occupational Program Planning System support the wage rate requested, the Division will determine the wage subject to reimbursement

(7) "Obtained Employment Purchases" are those items an employer requires of all workers performing the job for which the worker is employed or which are required for the worker to accept a job or continue employment. These purchases may be provided for a job outside the state of Oregon. All purchases become the worker's property upon employment in the job for which they are required. Obtained employment purchases are limited to:

(a) Tuition, books and fees for a class or course of instruction to update existing skills or to meet the requirements of an obtained job. Maximum reimbursement is \$750;

(b) Tools and equipment limited to those items mandatory for initial employment, such as starter sets. Purchases shall not include items the employer normally provides, items the worker possesses or duplicate worksite modification items. Maximum reimbursement is \$2,000;

(c) Clothing required for the job, not including clothing the employer normally provides and/or the worker already possesses. Maximum reimbursement is \$400;

(d) Moving expenses for a job more than 50 miles from the worker's primary residence. Moving expenses may be provided to move within 50 miles of the worker's primary residence or within the distance the worker commuted for work at claim opening, when the worker's

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permanent disability from the injury precludes the worker from commuting the required distance. A signed statement from the worker's medical service provider, as defined in OAR 436-010, shall be submitted to the Division as evidence of the worker's inability to commute the required distance. Reimbursement is limited to the cost of moving household goods weighing not more than 10,000 pounds and reasonable costs of meals and lodging for the worker and the worker's family. Reimbursement of moving expenses and mileage for one vehicle is limited to a single one-way trip;

(e) Rental allowance for the worker's primary residence limited to first and last month's rent and non-refundable security and utility fees, when the worker is required to move outside commuting distance to accept a job as specified in subsection (d) of this rule;

(f) Temporary lodging, meals and mileage to attend a class or course of instruction when overnight travel is required. The cost of meals, lodging, public transportation and use of a personal vehicle shall be reimbursed at the rate of reimbursement for State of Oregon Department of Consumer and Business Services classified employees covered under the collective bargaining agreement. These rates may be exceeded with prior Division approval where special transportation or lodging is needed. Lodging, meals and mileage are limited to a combined period of one month, and the total maximum reimbursement is \$2,500;

(g) Initiation fees, or back dues and one month's current dues, required by a labor union;

(h) Medical service provider review of a job analysis required to support a Worksite Modification Agreement. This category may be used more than twice with prior Division approval. Maximum reimbursement is \$150 for each job analysis review;

(i) Occupational certification, license and related testing costs, or membership fees required for the job. Maximum reimbursement is \$500; and,

(j) A physical capacities evaluation by the worker's medical service provider, when requested by the Division.

(8) "Worksite modification" means altering a worksite by purchasing, modifying or supplementing equipment, or changing the work process to enable a worker to work within the limitations imposed by compensable injuries or occupational diseases. "Worksite" means an employer's or worker's premises, property and equipment used to conduct business under the employer's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job. Requirements for the use of worksite modification assistance are as follows:

(a) The form of modification will be determined based on the worker's disabilities from Oregon compensable injuries. The Division shall make the final determination of what is needed to modify the job. The Division must approve a completed and signed Worksite Modification Agreement, filed by the worker and employer as specified in OAR 436-110-0400(6)(f), prior to any reimbursement or authorization for expenditure;

(b) Modifications may be provided up to three years from the date the worker returns to work;

(c) Modifications will only be provided to allow the worker to perform the job duties

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within the worker's mental and physical capabilities;

(d) Modifications may be provided to allow a worker to return to regular work;

(e) Modifications after June 30, 1990, are limited to a maximum of \$25,000 in the claim which qualified the worker for assistance. A modification over \$25,000 may be provided for a worker with an exceptional disability as defined in (6)(a);

(f) Modifications over \$2,500 require prior Division approval;

(g) Modifications limited to a maximum of \$2,500 may be provided for on-the-job training under OAR 436-120, except when the employer at injury is the trainer. When the employer at injury is the trainer, a modification of up to \$25,000 may be provided. A modification will not be approved for any other type of training;

(h) Modifications must be practical and feasible as determined by the Division;

(i) When the Division determines the appropriate form of modification and the worker or employer requests a form of modification equally appropriate but with a greater cost, with prior Division approval, funds equal to the cost of the form of modification identified by the Division may be applied toward the cost of the modification desired by the worker or employer;

(j) A modification may include tools, equipment, fixtures or furnishings not customarily provided by an employer. It may include installation of equipment or machinery, or alteration of permanent structures, and engineering, architectural, ergonomic and similar consultative services to determine the feasibility of or to design worksite modifications. Consultative services require prior Division approval and are limited to a cost of up to \$3,500. The cost for consultative services applies toward the total cost of a worksite modification.

(k) Modification equipment shall become the employer's property upon successful completion of a Worksite Modification Agreement and employment of the worker, except when specified by the Division. Determination of equipment ownership shall be made prior to beginning an agreement. Exceptions to the modification becoming the employer's property include, but are not limited to:

(A) An item unique to the worker, such as a custom-designed tool to adapt the worker's prosthesis to a job-related task;

(B) An item that is mobile, portable, easily transferable, not affixed or attached to the employer's property or equipment, not integral to the employer's operations and of greater value to the worker in order to maintain employment; and,

(C) Items installed in the worker's personal property or premises.

(l) If, prior to the end of a Worksite Modification Agreement, the modification is damaged, in need of repair or lost, the employer or worker must repair or replace the modification without repayment from the Division. The employer or worker shall not dispose of the modification while the worker is employed or prior to the end of the agreement without Division approval. Failure to repair or replace the modification, or early disposal of the modification may result in the end of eligibility for reemployment assistance.

Stat. Auth: ORS656.236, ORS656.289, ORS656.307, ORS656.622, ORS656.726(3)

Stats. Implemented: ORS656.236(6), ORS656.289(5), ORS656.307(2), ORS656.622(1), (2), (3), (5), (10), ORS656.726(3)

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**436-110-0280 Eligibility For Reemployment Assistance**

(1) The general eligibility provisions and Employer-at-Injury Program eligibility provisions or Preferred Worker Program eligibility provisions must be fulfilled to receive reemployment assistance, except for worksite modification assistance as specified in subsection (3)(b) **of this rule**.

(2) The general eligibility provisions for an employer are:

(a) The employer has and maintains Oregon workers' compensation insurance coverage; and,

(b) The employer complies with the Oregon Workers' Compensation Law.

(3) The general eligibility provisions for a worker are:

(a) The worker has an accepted Oregon [disabling] compensable injury or occupational disease; and,

(b) The worker has not returned to, and (except for the Employer-at-Injury Program) medical evidence indicates the worker will not be able to return to, regular employment under the most recent **disabling** claim opening. Exceptions are a worker who is able to return to regular employment with substantial worksite modification may be eligible for the Preferred Worker Program as specified in section (5)(c) of this rule, or worksite modification assistance may be provided a worker who is not otherwise eligible for the Preferred Worker Program to allow the worker to return to regular [work] **employment**.

(4) The additional specific eligibility provisions for the Employer-at-Injury Program are:

(a) The employer is the employer at injury;

(b) The employer is reemploying an eligible worker as part of the employer's **early** return-to-work program while the worker's claim is open; and,

(c) The worker is [not] released for [regular] employment **with restrictions which prevent the worker from performing full duty regular employment**.

(5) The additional specific eligibility provisions for the Preferred Worker Program are:

(a) The worker has permanent disability as a result of an **accepted** Oregon [claim for an] **disabling compensable** injury or **occupational** disease by one of the following:

(A) Permanent disability awarded by a Notice of Closure, a Determination Order, Order on Reconsideration, Order of a Referee, Order on Review by the Board, a decision of the Court



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of Appeals or an approved stipulation; or,

(B) An open claim and the worker has available, immediate employment and documented medical evidence indicates permanent disability will likely be awarded at the time of claim closure; or,

(C) A claim closed by a Board's Own Motion or the insurer's own motion and medical documentation indicates permanent disability exists as a result of the injury or disease; or,

(D) A claim settled by a Claim Disposition Agreement according to ORS 656.236 and medical documentation indicates permanent disability exists as a result of the injury or disease;

(b) The worker has not refused an offer of appropriate employment with the employer at injury. For the purpose of this rule, "appropriate employment" means employment for which the worker has the knowledge, skills, abilities and physical capacity to perform the job; or,

(c) The worker is returning to regular employment with substantial worksite modification. The Division shall determine a substantial worksite modification based upon the worker's permanent limitations from compensable disabling Oregon injuries, the required job duties and the extent of the modifications necessary to accommodate the worker's disability.

(6) Reasons for ending reemployment assistance eligibility are:

(a) Misrepresentation or omission of information to obtain assistance;

(b) Failure to provide requested information or cooperate;

(c) Falsification or alteration of a preferred worker card;

(d) Conviction of fraud in obtaining workers' compensation benefits;

(e) The worker releases all claim rights through a Disputed Claim Settlement in accordance with ORS 656.289;

(f) The claim upon which eligibility was determined receives no award for permanent disability, except for a Claim Disposition Agreement in accordance with ORS 656.236, and the worker does not have a previous claim with an award for permanent disability;

(g) The worker returns to regular employment without substantial worksite modification and a documented demand from the Department has been made for the return of the preferred worker card from the worker;

(h) The claim upon which eligibility was determined is subsequently denied in accordance with ORS 656.262. However, approved reemployment assistance costs incurred prior to the denial will be reimbursed, and compensable injuries occurring prior to the denial during a period of premium exemption will qualify for claim costs reimbursement for the life of the claim; except as cited in OAR 436-110-0450;

(i) The worker or employer is sanctioned from receiving reemployment assistance in accordance with OAR 436-110-0500;

(j) The worker or employer fails to repair or replace a damaged or lost worksite modification as specified in OAR 436-110-0200(8)(1); or,

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(k) The employer does not maintain Oregon workers' compensation insurance coverage.

(7) Reasons to reinstate reemployment assistance eligibility are:

(a) Reemployment assistance was prematurely ended for reasons beyond the worker's control. Examples of reasons beyond a worker's control may include, but are not limited to, breach, default or omission on the part of the employer, the worker returned to work and the job ended prior to claim closure; or,

(b) Eligibility was ended in error; or,

(c) The employer has reinstated or obtained new workers' compensation insurance coverage.

Stat. Auth: ORS656.622, ORS656.726(3)  
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#### **436-110-0320 Preferred Worker Cards**

(1) The Division may issue two types of preferred worker cards to eligible workers. The cards identify the worker as being eligible to offer an employer Preferred Worker Program assistance to employ the worker. The first card issued is a Preferred Worker Identification Card. The worker and employer use this card to start premium exemption by completing the card and returning it to the Division. When premium exemption is started, a Preferred Worker Eligibility Card is issued to the worker. This card shows the three-year premium exemption period. Limitations on using the preferred worker card include:

(a) A worker can have only one current valid preferred worker card at a time;

(b) A preferred worker subsequently determined eligible for the program under another claim or claim opening shall discontinue use of a previously issued card when a new card is issued;

(c) A preferred worker card expires three years from the date of issue; and,

(d) A preferred worker card may be reissued upon loss of the original card during and for the three-year period after the original card was issued.

(2) A Preferred Worker Identification Card shall be requested as follows:

(a) At the time of insurer submission of return-to-work information as specified in OAR 436-110-0240(4);

(b) Prior to claim closure when the worker has available, immediate employment and meets the eligibility criteria specified in OAR 436-110-0280(5)(a)(B). Workers or their

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representatives may contact the Division directly to request an eligibility determination and a preferred worker card. If the Division receives a telephone request, the Division will issue a written confirmation of the request within 30 days. Upon determining eligibility, the Division will issue a preferred worker card to the worker. If the worker is determined to be ineligible, the Division will issue written notification explaining why the worker is not eligible; and,

(c) Upon claim closure by a Claim Disposition Agreement, a Board's Own Motion or insurer's own motion, the worker or their representative may contact the Division directly.

(3) The Division will cancel and withdraw a preferred worker card if

(a) The preferred worker card was issued in error; or,

(b) Any reason for ending reemployment assistance eligibility as specified in OAR 436-110-0280(6) applies.

(4) The Division will notify the worker of the cancellation of a preferred worker card. The worker must surrender the card upon demand by the Division. Failure to surrender the card upon demand may result in sanctions against the worker as specified in OAR 436-110-0500.

Stat. Auth: ORS656.622, ORS656.726(3)

Stats. Implemented: ORS656.622(2)

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#### **436-110-0360 Procedure To Use The Employer-At-Injury Program**

(1) The employer at injury or employer at aggravation shall directly contact the original insurer at the time of injury to request Employer-at-Injury Program assistance. The insurer shall respond to the request for assistance and administer the Employer-at-Injury Program according to these rules.

(2) The insurer shall assist the employer to:

(a) Identify an early-return-to-work position;

(b) Obtain a temporary release for work from the worker's medical service provider;

[c] Issue a notice of available employment to the worker;] and,

[d] **(c)** Make Employer-at-Injury Program purchases as specified in OAR 436-110-0200(2).

(3) The insurer shall [have on file] **maintain at the authorized claims processing location(s), documentation from the worker's medical service provider that the worker is unable to perform full duty regular employment due to the injury,** signed and dated copies of the work release from the worker's medical service provider, a written copy of the employer's early-return-to-work [policy and procedures] **program, a copy of the worker's payroll records for the wage subsidy period, a copy of receipts for Employer-at-Injury Program purchases, justification for a worksite modification,** and [the notice of available employment issued to the worker] **documentation of the worker's early-return-to-work position. Payroll records shall state the dates, hours, wage rate and the worker's gross wages for the wage subsidy period.** [The notice of available employment] **Documentation of the worker's early-return-to-work position** shall include:

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- (a) The reemployment start date, time, wage and hours;
- (b) To whom and the location where the worker [is to] reported ed to work; and
- (c) A description of the job duties[; and,];
- [(d) A copy of the work release.]

(4) For worksite modification, the insurer shall obtain a temporary capacities and limitations statement from the worker's medical service provider, identify the injury-caused obstacles to employment and make purchases as specified in OAR 436-110-0400(7)(e). The insurer shall document the injury-caused obstacles to employment and how the modifications overcame those obstacles.

(5) Wages subject to reimbursement must have been paid the worker.

(6) The insurer shall [not] only make duplicate Employer-at-Injury Program purchases of items [not] currently in use by workers in the Employer-at-Injury Program, or assigned to the workers, [except] when geographical location of the worksite makes transfer of the item(s) impractical.

(7) The insurer may end the Employer-at-Injury Program at any time while the worker's claim is open. The insurer shall end the Employer-at-Injury Program when the worker's claim is closed, the worker is released for full duty regular employment or the worker has returned to other work which is not part of the employer's Early-Return-to-Work Program, whichever occurs first.

(8) The insurer shall request reimbursement within one year of the end of the program on an Employer-at-Injury Program Reimbursement Request form [with a copy of the notice of available employment and other required information attached]. Reimbursements may include wage subsidy, Employer-at-Injury Program purchases and worksite modification. For an Employer-at-Injury Program begun on or after January 1, 1996, administrative costs will be reimbursed. The administrative cost factor to be applied to each reimbursement request shall be computed by the division and published by bulletin. The insurer shall request reimbursement as follows:

(a) For a nondisabling claim, the insurer shall submit to the division a completed and signed Employer-at-Injury Program Reimbursement Request form with a copy of the Notice of Claim Acceptance and other required information attached; or,

(b) For a disabling claim, the insurer shall submit to the division a completed and signed Employer-at-Injury Program Reimbursement Request form and other required information attached.

(9) The insurer shall not use Employer-at-Injury Program costs subject to reimbursement for ratemaking, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premium or premium assessment with the present or a future insurer. The insurer must be able to document that Employer-at-Injury Program costs do not affect the employer's rates or dividend.

Stat. Auth: ORS656.622, ORS656.726(3)  
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