Insert name, address, and phone number of insurer:

Correcting Notice of Closure

[1] Date of closure (mailing date):

Worker name:

Date of injury:

Insurer's claim no.:

WCD file no.:

Employer:

Worker _____

Due to an error, we are correcting the Notice of Closure (NOC) we recently issued. Your workers' compensation claim remains closed. If you have questions about this, you can call us or anyone listed on the back of this notice.

Temporary and permanent disability are determined based on Oregon law.

[2] Date of NOC being corrected:

[3]

We may deduct overpaid workers' compensation benefits from any current or future workers' compensation benefits you are due under ORS 656.268.

[4] You became medically stationary on:

or

[5] Date your claim qualified for closure for reasons other than becoming medically stationary:

[6] Your aggravation rights end:

[7] **IMPORTANT NOTICE: As the worker, you have the right to appeal this Notice of Closure by requesting reconsideration. *You must make your request within 60 days* from the mailing date of this notice *only* for those changes made by this notice. See the back of this notice for information on how to appeal. This correction becomes a part of the _____ Notice of Closure, which remains the same in all other respects. You should keep the notices together. Your aggravation rights remain unchanged unless corrected by this order.**

cc: ☐ Worker – regular mail ☐ Worker's attorney ☐ Employer ☐ DCBS
☐ Worker – certified mail (return receipt requested) ☐ Beneficiary ☐ Insurer

Important legal document. Keep in a safe place.

See "NOTICE TO WORKER" on the back of this form.

1644c

NOTICE TO WORKER

This "Correcting Notice of Closure" is a legal document that corrects the notice closing your claim. It tells you what the error was and gives you the correct information.

APPEAL RIGHTS: **If you disagree with this correcting notice of closure, you have the right to appeal this notice by asking for a reconsideration within 60 days from the mailing date printed in box 1 on the front of this form. If you do not appeal within 60 days, you will lose your right to appeal this notice. Form 2223a, "Worker Request for Reconsideration," is available from the Workers' Compensation Division in Salem or on the division's website: http://wcd.oregon.gov/forms/Pages/forms.aspx. To have the form mailed to you, call 503-947-7816 or write to the Workers' Compensation Division, Appellate Review Unit, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405. After completing the form, mail or deliver it to the Appellate Review Unit or fax it to 503-947-7794. You have the right to have an attorney represent you during the appeal process.**

You have the right to request a vocational eligibility evaluation by contacting us and requesting one. We may not be required to determine vocational eligibility if you have returned to regular work or have a regular work release. If you do request an eligibility evaluation, we will respond by 1) beginning your evaluation within five days and giving you our decision within 30 days, or 2) notifying you within 14 days why you are not entitled to an evaluation.

As the insurer, we can also appeal this notice if we disagree with the findings used to rate impairment. We must make our request for reconsideration within seven days of the mailing date in box 1 of this notice.

NOTICE TO BENEFICIARIES

If the insurer mailed you a copy of this notice at the time the worker's claim was closed, you have the right to request reconsideration of this notice within 60 days from the mailing date printed in box 1 on the front of this form.

If the insurer did not mail you a copy of this notice at the time the claim was closed, you have the right to request reconsideration of this notice within one year of the date the notice was mailed to the estate of the worker.

Follow the instructions above after "Appeal Rights" to make your request.

Frequently asked questions:

What are "scheduled," "unscheduled," and "whole-person" disability?

Scheduled disability is the loss of use or function of an arm, hand, leg, or foot, or the loss of visual or hearing ability. A "schedule" in the Oregon law lists these body parts with specific dollar amounts allowed for each part or for a percentage of loss of use for each part.

Unscheduled disability involves impairment of body parts or systems (such as the back, hip, or respiratory system). In addition to impairment, the calculation of unscheduled disability may include factors such as age, education, work history, and current ability to perform work.

Whole-person disability is permanent impairment of the whole person resulting from the loss of use or function of any portion of the body. In addition to impairment, we may award a value for work disability (impairment and factors of age, education, work history, and the current ability to work) when you do not return to the job you were doing when you were injured.

How do we pay permanent disability awards?

If an award is less than or equal to $6,000, we will pay the entire amount. If the award is more than $6,000, we may make monthly payments. Money may be deducted from your award if we overpaid you. Award payments will begin within 30 days of the mailing date on this notice. If you want the whole award paid to you at one time, you may ask us for a "lump-sum payment." NOTE: If you ask for a lump-sum payment of an award that is more than $6,000 and waive your right to request reconsideration, you cannot appeal the Notice of Closure (including the amount of the award).

What if you still need medical care?

We are responsible for future medical services with some limitations. We or your doctor can tell you which medical services are covered.

More questions?

- You may contact us if you have questions about this Correcting Notice of Closure or your rights and responsibilities.
- You may also contact a benefit consultant at the Workers' Compensation Division, 503-947-7585 or 800-452-0288 (toll-free).
- The Ombuds Office for Oregon Workers can help you understand your rights. You may call the Ombuds Office at 503-378-3351 or 800-927-1271 (toll-free) to get help or to set up an appointment.
  - ♦ There is no charge for help from the Ombuds Office or the Workers' Compensation Division.
- You should have received the brochure *Understanding Claim Closure and Your Rights* with the Notice of Closure. Another brochure, *What happens if I'm hurt on the job?*, will give you additional information. To get a copy of these brochures, call 503-947-7627 or go to the Workers' Compensation Division's website: https://wcd.oregon.gov/Pages/publications.aspx.