Workers' Compensation Division
Department of Consumer and Business Services

Preferred Worker Wage Subsidy Agreement

See OAR 436-110-0335; 436-110-0336; 436-110-0337 for more information. If you have questions or need more help, contact the Preferred Worker Program by phone 503-947-7588 or 800-445-3948 (toll-free); fax 503-947-7581.

Employer

New employer ☐ Employer at injury ☐

Legal name: _____

Doing business as: _____

Complete address: _____
(street/P.O. Box, city, state, ZIP) _____

Phone: _____

Email: _____

Contact person(s): _____

Federal tax ID no.: _____

Date worker started job: _____

Worker's job title: _____

Worker

Name: _____

Complete address: _____
(street/P.O. Box, city, state, ZIP) _____

Phone: _____

Email: _____

WCD no.: _____
(see front of preferred worker card)

Estimate of wage subsidy amount (Note: This is only an estimate. Reimbursement to the employer will be based on gross wages actually paid during this agreement period.):

a) **Estimated gross wages** to be paid the worker in 183 calendar days. When estimating wages, include expected raises, holiday pay, paid leave, overtime, etc. ..... **$** _____

b) Line (a) divided by 2 equals the estimated total reimbursement ..... **$** _____

c) Date you prefer the wage subsidy to start: _____

By our signatures, we agree with the conditions on page 2 of this form.

Worker signature* **Not required if request is initiated by employer at injury*	**Date**	**Employer signature**	**Date**

This agreement is not valid until signed by an authorized representative of the Workers' Compensation Division.

WCD USE ONLY

Wage subsidy effective dates: Start date: _____ **End date:** _____

Program approval _____ **Date** _____

Data entry

CONDITIONS OF THIS AGREEMENT

***The employer will*:**

1) Maintain Oregon workers' compensation insurance coverage as long as the employer is a subject employer as defined by ORS 656.023.

2) Employ the worker according to the same business practices, policies, and agreements affecting all other employees.

3) Get the worker's signature on requests not initiated by the employer at injury.

4) Submit a completed *Wage Subsidy Reimbursement Request* to the Workers' Compensation Division (WCD) to obtain reimbursement. **All requests must be submitted within one year of the agreement end date or reimbursement will not be made.**

5) Repay all costs WCD incurred under this agreement, including all legal costs and attorney fees, if WCD finds the employer falsely obtained re-employment assistance or if WCD subsequently prevails in any legal action against the employer arising out of this agreement.

6) **If you are the employer at injury, submit a job offer letter signed by the worker with this request.** (To see an example of the Preferred Worker Job Offer Letter, Form 4903, go to http://wcd.oregon.gov/forms/Pages/forms.aspx.)

***The Workers' Compensation Division will*:**

1) Reimburse the employer 50 percent of the gross wages paid the worker for 183 days. If the worker has an exceptional disability as defined in OAR 436-110-0005, the wage subsidy duration is 365 days with a reimbursement rate of 75 percent.

2) Reserve the right to visit the worksite and to inspect and copy employer records to verify employment of the worker and otherwise determine compliance with this agreement.

3) End this agreement at any time by written notice to the employer and the worker.

After signing this agreement:

Fax to 503-947-7581 or
Mail to Preferred Worker Program, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405