Workers' Compensation Division
Department of Consumer and Business Services

Worker Request for Reconsideration

There can be only one reconsideration proceeding by the Workers' Compensation Division (WCD) for any claim closure. All parties can raise issues and provide evidence within the statutory time limits. When permanent disability is raised, WCD will automatically review the compensable injury for temporary rating standards. For help filling out this form, contact the Appellate Review Unit, 503-947-7816, or the Ombuds Office for Oregon Workers, 503-378-3351 or 800-927-1271 (toll-free). Complete and send a signed copy of this form, along with any information you want reviewed, to: Appellate Review Unit, Workers' Compensation Division, 350 Winter St. NE, P.O. Box 14480, Salem, Oregon 97309-0405, or fax to 503-947-7794 (fax limit of 20 pages). If you have an attorney, include a current signed retainer agreement. A beneficiary may use this form to request reconsideration. Please include name and contact information (including attorney, if any) with request. Attach additional sheets if needed.

Claim identification

Worker's name: _____ WCD no.: _____ Date of injury: _____

Address: _____ Worker's date of birth: _____

_____ Insurer claim no.: _____

Phone no.: _____ Insurer name: _____

Email: _____ Email: _____

Worker's attorney (if any): _____ Insurer's attorney (if known): _____

Address: _____ Address: _____

_____ _____

Phone no.: _____ Phone no.: _____

Email: _____ Email: _____

Reconsideration of closure (Check all boxes that apply. See back of this form for definitions.)

I request reconsideration of the Notice(s) of Closure (NOC) dated: _____

☐ I have special language needs. Please identify your language need: _____

☐ I asked for a lump-sum (full) payment of my permanent disability award and waived my right to request reconsideration of the Notice of Closure. Please explain why you are requesting reconsideration:

☐ I will be scheduling a worker deposition.

☐ I initiated this request by phone.

Issues (Check *all* issues you want reviewed. If you do not check a box, your right to dispute that issue ends.)

☐ 1. The insurer closed my claim too soon or closed it improperly (Example: not medically stationary).

☐ 2. I disagree with the medically stationary or statutory closure date on the NOC. Correct date: _____

☐ 3. I disagree with the temporary disability dates shown on the NOC. Correct dates: _____

☐ 4. I disagree with the impairment findings used for claim closure and the rating of permanent disability (impairment and work disability). I want to be examined by a medical arbiter. I want a panel exam: Yes ☐ No ☐

☐ 5. I disagree with the rating of permanent disability (impairment and work disability) and understand that by marking this box I will ***not*** be scheduled for a medical arbiter exam.

☐ 6. I have other issue(s) with the NOC (Examples: I disagree with the rating of permanent disability, limited solely to specific elements of impairment and/or work disability as specified below, I believe I am permanently and totally disabled, etc.). Please explain:

Notice to all parties: **A request for reconsideration automatically includes review of the appropriateness of the closure under ORS 656.268 (e.g., medically stationary, sufficient information to close).**

Notice to the worker: **The insurer also may request reconsideration of its Notice of Closure and must do so within seven days of the mailing date of the Notice of Closure. Reconsideration includes a review of the whole record and may result in no change, a decrease, or an increase in your benefits. Mail, fax, phone, or hand-deliver your request within 60 days of the Notice of Closure. You must send a copy of your request and any information you want reviewed to the insurer at the same time you send it to the Workers' Compensation Division. See OAR 436-030-0145(1) for the timeframes for a beneficiary to request reconsideration.**

_____ _____

Signature of worker, beneficiary, requester, or designee Date

CC:

Completion instructions, definitions, and other information (*Notes required information)

Claim identification

***Worker's name, address, and phone number**
This information is important to make sure all parties receive or can provide appropriate and timely information. The parties must provide updated information to each other and the division whenever something changes.

WCD number
The Workers' Compensation Division assigns this number when the 801 form is filed with the division. (This is a different number than the insurer claim number.) This number may appear on the front of the Notice of Closure.

***Insurer claim number**
The insurance company assigns this number to the claim. It is a different number than the WCD number the division assigns to the claim.

Insurer attorney's (if known) name, address, and phone number
You can obtain this information from the insurance company or from the front of the Notice of Closure.

Email
Provide email addresses where messages are read and responded to regularly and promptly.

Reconsideration of closure

***Notice of Closure (NOC) date**
This is the "mailing date" in the upper right-hand corner of the NOC. The insurer may also have sent you a Correcting NOC, a Rescinding and Reissuing NOC, or both. Put the "mailing date" of all NOCs you want to appeal on the same line.

Special language needs
Describe any special language needs you may have, including sign language.

Lump-sum payment
The Notice of Closure cannot be reviewed at reconsideration if:
- The Notice of Closure was issued on or after Jan. 1, 2026,
- Your PPD award is more than $6,000,
- You requested a lump-sum payment from the insurer,
- You waived your right to reconsideration of the Notice of Closure, and
- The lump-sum payment is required under ORS 656.230.

Deposition
This is testimony under oath (not in a court) generally in a question-and-answer format. All parties can ask questions. The deposition is typed by a stenographer. You must schedule the deposition and notify the insurer. The insurer pays the costs. See ORS 656.268(6)(a)(A) and OAR 436-030-0115(6).

Issues

Premature or improper closure
You think your claim was closed too soon, you are not medically stationary, or your claim was not closed in accordance with the law. For example, there was not enough information to determine your disability.

Medically stationary date
This is the date your doctor says that your condition(s) will not improve with further medical treatment or the passage of time. It may not mean you are back to normal, but no further treatment is likely to help.

Statutory closure date
According to Oregon law, the claim can be closed whether your condition is medically stationary or not, when any of the following occur:
- The compensable injury is no longer the major cause of your need for treatment and there is enough information to determine the extent of disability
- You do not seek medical treatment for 30 days – for reasons within your control – without the attending physician's approval
- A mandatory closing examination is scheduled and you miss it for reasons within your control

Temporary disability dates
These are the periods of time your attending physician has told your insurer that you are either unable to work (temporary total disability) or able to do only modified work (temporary partial disability).

Medical arbiter exam
This exam is performed by a physician who has not seen you for this claim. The physician is chosen by the division to help settle disputes about permanent disability.

Impairment findings and rating
These are issues specific to permanent partial disability (PPD).

Panel exam
Check the yes box if you want a panel of doctors to perform a medical arbiter exam.

Other issues
Use this space if you are raising other issues related to the closure, such as specific elements of work disability or permanent total disability (PTD) status.

Temporary rating standard
This is a claim-specific standard researched by the Appellate Review Unit. It is included in the reconsideration order to rate permanent disability not otherwise addressed in OAR 436-035, Disability Rating Standards.

Copies (cc)

List the parties to whom you are sending copies of the form and other information.

Other important information

You disagree with the information or medical evidence used at claim closure. What can you do?
You can do one or more of the following:
- Explain why the information is incorrect
- Send clarifying information from the attending physician
- Send medical evidence that should have been included at the time of closure

This is your last chance to add information to the record for review or future appeals.

You disagree with something you did not raise in your request for reconsideration. What can you do?
You **cannot** raise any issue about the NOC in future appeals if you **did not** raise it at reconsideration.