

Required Information

WCD Notice of Closure Forms

This reference tool includes the required information for each of the following five documents:

- [1503](#) Insurer Notice of Closure Summary
- [1644](#) Notice of Closure
- [1644r](#) Rescinding Notice of Closure
- [2807a](#) Insurer Notice of Closure Worksheet (Dates of injury on or after Jan. 1, 2005)
- UNOA Updated Notice of Acceptance at Closure

| Form No. | Field name or description | Legal authority and notes |
|----------|--|---|
| 1503 | Self-insured employer/insurer name, address, phone number, and service company, if any | OAR 436-060-0011(3) |
| 1503 | Worker name | OAR 436-030-0015(1)(a) |
| 1503 | Worker address | OAR 436-030-0015(1)(a) |
| 1503 | Insurer's claim number | OAR 436-030-0015(1)(a) |
| 1503 | Is the claim being closed after reopening for an accepted new medical condition? Yes/No | OAR 436-060-0011(8)(b) |
| 1503 | Time loss: Total weeks and/or workdays of temporary total disability (TTD) paid since date of injury (DOI) | ORS 656.268(5)(c) |
| 1503 | Time loss: Total weeks and/or workdays of temporary partial disability (TPD) paid since date of injury | ORS 656.268(5)(c) |
| 1503 | Return to work type (check one) | OAR 436-110-0240(4) |
| 1503 | Release to work type (check one) | OAR 436-110-0240(4) |
| 1503 | Employer type (check one) | OAR 436-110-0240(4) |
| 1503 | Employment status (check one) | OAR 436-110-0240(4) |
| 1644 | Self-insured employer/insurer name, address, phone number, and service company, if any | OAR 436-060-0011(3) |
| 1644 | The NOC must inform the parties, in boldfaced type, of the proper manner in which to proceed if they are dissatisfied with the terms of the NOC. | ORS 656.268(5)(c)(A) Printed on WCD published 1644 |
| 1644 | The NOC must inform the worker of the amount of any further compensation, including permanent disability compensation to be awarded. | ORS 656.268(5)(c)(B)(i) Added to body of NOC |
| 1644 | The NOC must inform the worker of the duration of temporary total or temporary partial disability compensation. | ORS 656.268(5)(c)(B)(ii) Added to body of NOC |

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| 1644 | The NOC must inform the worker of the right of the worker or beneficiaries to request reconsideration by the director within 60 days of the date of the NOC. | ORS 656.268(5)(c)(B)(iii) OAR 436-030-0020(6)(j) Printed on WCD published 1644 |
| 1644 | The NOC must inform certain beneficiaries of the right to request reconsideration by the director within one year of the date the NOC was mailed to the estate of the worker. | ORS 656.268(5)(c)(B)(iv) OAR 436-030-0020(6)(j) Printed on WCD published 1644 |
| 1644 | The NOC must inform the worker of the right of the insurer or self-insured employer to request reconsideration by the director under this section within seven days of the date of the NOC. | ORS 656.268(5)(c)(B)(v) Printed on WCD published 1644 |
| 1644 | The NOC must inform the worker of the aggravation rights. | ORS 656.268(5)(c)(B)(vi) Added to body of NOC |
| 1644 | The NOC must inform any beneficiaries of death benefits to which they may be entitled. | ORS 656.268(5)(c)(C) Added to body of NOC |
| 1644 | Worker name | OAR 436-030-0020(6)(a) |
| 1644 | Worker address | OAR 436-030-0020(6)(a) |
| 1644 | Insurer's claim number | OAR 436-030-0020(6)(a) |
| 1644 | The dollar value of permanent disability | OAR 436-030-0020(6)(b) Added to body of NOC |
| 1644 | The parts of the body awarded disability, coded to the table of body part codes | OAR 436-030-0020(6)(c) Added to body of NOC |
| 1644 | The percentage of loss of the specific body part(s), including either the number of degrees that loss represents as appropriate for injuries occurring before Jan. 1, 2005, or the percentage of the whole person the worker's loss represents as appropriate for injuries occurring on or after Jan. 1, 2005 | OAR 436-030-0020(6)(d) Added to body of NOC |
| 1644 | If there is no permanent disability award for this NOC, a statement to that effect. | OAR 436-030-0020(6)(e) Added to body of NOC |
| 1644 | The duration of temporary total and temporary partial disability compensation | OAR 436-030-0020(6)(f) Added to body of NOC |
| 1644 | Date of closure (mailing date) | OAR 436-030-0020(6)(g) |
| 1644 | You became medically stationary on (date) <i>Or</i> Date your claim qualified for closure for reasons other than becoming medically stationary | OAR 436-030-0020(6)(h) |
| 1644 | Your aggravation rights end (date) | ORS 656.268(5)(c)(vi) OAR 436-030-0020(6)(i) |
| 1644 | Statement that the worker has the right to consult with the Ombuds for Oregon Workers | OAR 436-030-0020(6)(k) Added to body of NOC |
| 1644 | For claims with dates of injury before Jan. 1, 2005, the rate in dollars per degree at which permanent disability, if any, will be paid based on date of injury as identified in Bulletin 111 | OAR 436-030-0020(6)(l) Added to body of NOC |

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| 1644 | For claims with dates of injury on or after Jan. 1, 2005, the state's average weekly wage applicable to the worker's date of injury | OAR 436-030-0020(6)(m) Added to body of NOC |
| 1644 | The worker's return-to-work status | OAR 436-030-0020(6)(n) Added to body of NOC |
| 1644 | A general statement that the insurer has the authority to recover an overpayment | OAR 436-030-0020(6)(o) Printed on WCD published 1644 |
| 1644 | A statement that the worker has the right to be represented by an attorney | OAR 436-030-0020(6)(p) Printed on WCD published 1644 |
| 1644 | A statement that the worker has the right to request a vocational eligibility evaluation under ORS 656.340 | OAR 436-030-0020(6)(q) Printed on WCD published 1644 |
| 1644 | A copy of the NOC must be mailed to the worker, employer, the director, and the worker's attorney, if the worker is represented. Each copy must clearly identify the intended recipient. | OAR 436-030-0020(8)(c) |
| 1644 | Beginning and ending dates of each authorized period of temporary total disability and temporary partial disability must be noted on the NOC, as well as the statements "Less time worked" and "Temporary disability was determined in accordance with the law." | 436-030-0036(1) Added to body of NOC |
| 1644r | The mailing date of the NOC being rescinded or corrected must be identified within the body of the Correcting or Rescinding NOC. | OAR 436-030-0023(3) Added to body of NOC |
| 1644r | A Rescinding NOC must advise the worker that the claim remains open and no aggravation rights end date has been established, if it is rescinding the first closure of the claim. | OAR 436-030-0023(6)(a) Added to body of NOC |
| 1644r | The Rescinding NOC must explain the reason for the action being taken. | OAR 436-030-0023(6)(c) Added to body of NOC |
| 1644 | When an NOC granting only time loss has been issued, if the insurer determines the worker's medically stationary status is unchanged and the worker is entitled to an award of permanent partial disability (PPD), the insurer must use Form 1644 to rescind and reissue the closure. The NOC must bear the heading: "Rescind and Reissue." | OAR 436-030-0023(7)(b) Added to the heading of the NOC |
| 1644 | When an NOC granting only time loss has been issued, if the insurer determines the worker's medically stationary status is unchanged and the worker is entitled to an award of permanent partial disability, the insurer must use Form 1644 to rescind and reissue the closure. The NOC must explain the reason the action is being taken. | OAR 436-030-0023(7)(c) Added to body of NOC |
| 1644 | When an NOC granting only time loss has been issued, if the insurer determines the worker's medically stationary status is unchanged and the worker is entitled to an award of permanent partial disability, the insurer must use Form 1644 to rescind and reissue the closure. The NOC must identify the permanent disability award being granted consistent with OAR 436-030 and 436-035. | OAR 436-030-0023(7)(d) |

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| 1644 | When an NOC granting only time loss has been issued, if the insurer determines the worker’s medically stationary status is unchanged and the worker is entitled to an award of permanent partial disability, the insurer must use Form 1644 to rescind and reissue the closure. The NOC must set a new aggravation rights end date if the NOC being rescinded is the first closure of the claim. | OAR 436-030-0023(7)(f) |
| 2807a | A copy of the Notice of Closure Worksheet (Form 2807) must be provided with Form 1644. Form 2807 must be prepared as described by bulletin of the director. Bulletin 139 summarizes required forms and formats for claim closure. Form 2807 includes instructions for completion. | OAR 436-030-0015(1)(a) OAR 436-030-0020(7) |
| UNOA | Title: “Updated Notice of Acceptance at Closure” | OAR 436-030-0015 (1)(c)(A)(i) |
| UNOA | A list of all compensable conditions, even if a condition was denied, ordered accepted by litigation, and is under appeal. Any conditions under appeal and those that were the basis for this claim opening must be specifically identified. | OAR 436-030-0015 (1)(c)(A)(ii) OAR 436-030-0020(7)(d) ORS 656.262(7)(c) |
| UNOA | Language, in bold print: “Notice to Worker: This notice restates and includes all prior acceptances. The conditions that were the basis of this claim opening were the only conditions considered at the time of claim closure. The insurer or self-insured employer is not required to pay any disability compensation for any condition specifically identified as under appeal, unless and until the condition is found to be compensable after all litigation is complete. Appeal of any denied conditions or objections to this notice will not delay claim closure. Any condition found compensable after the Notice of Closure is issued will require the insurer to reopen the claim for processing of that condition. If you believe a condition has been incorrectly omitted from this notice, or this notice is otherwise deficient, you must communicate the specific objection to the insurer in writing.” | OAR 436-030-0015 (1)(c)(A)(iii) |
| UNOA | In the case of an instant fatality, the Updated Notice of Acceptance may be combined with the NOC if the closure is titled “Updated Notice of Acceptance and Closure” | OAR 436-030-0015 (1)(c)(B)(i) |
| UNOA | In the case of an instant fatality, the “Updated Notice of Acceptance” may be combined with the NOC if the closure includes a statement that beneficiaries may be entitled to death benefits under ORS 656.204 and 656.208, and the medically stationary date. | OAR 436-030-0015 (1)(c)(B)(ii) |

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| UNOA | <p>In the case of an instant fatality, the “Updated Notice of Acceptance” may be combined with the NOC if the following language is included in bold print:</p> <p>“Notice to Worker’s Beneficiary or Estate: This notice restates any prior acceptances. The insurer is required to determine the appropriate benefits to be paid to any beneficiaries and begin those payments within 30 days of the mailing date of this notice. If you disagree with the notice of acceptance, you may appeal the decision to the Workers’ Compensation Board, 2601 25th Street SE, Suite 150, Salem, OR 97302-1280 within 30 days of the mailing date. A beneficiary who was mailed this notice may request reconsideration of the notice by the Workers’ Compensation Division, Appellate Review Unit, 350 Winter Street NE, PO Box 14480 Salem, OR 97309-0405 within 60 days of the mailing date of this notice. Beneficiaries who were not mailed a copy of this notice may request reconsideration of this notice within one year of the date this notice was mailed to the estate of the worker. If you have questions about this notice, you may contact the Ombudsman for Injured Workers, the Workers’ Compensation Division, or consult with an attorney.”</p> | OAR 436-030-0015 (1)(c)(B)(iii) |
| UNOA | <p>If the “Initial Notice of Acceptance” is issued at the same time as the “Updated Notice of Acceptance at Closure,” both titles must appear near the top of the document.</p> | OAR 436-030-0015 (1)(c)(C) |
| UNOA | <p>When an omission or error requires correcting an “Updated Notice of Acceptance at Closure,” the document must be clearly titled “Corrected Updated Notice of Acceptance at Closure.”</p> | OAR 436-030-0015 (1)(c)(D) |