

ORS 656.262(15)

OAR 436-060-0135 Suspension Checklist

Chapter 436, Division 060, Claims Administration, effective April 1, 2020

**INJURED WORKER/REPRESENTATIVE
RESPONSIBLE TO ASSIST IN INVESTIGATION;
SUSPENSION OF COMPENSATION AND NOTICE TO WORKER**

Claimant _____ Claim Number _____

Claim status: _____ Deferred (This suspension only applies to deferred claims.)

_____ New Claim _____ Aggravation _____ New Condition _____ Omitted Condition

Employer's date of knowledge: _____

Date new condition/omitted condition claim received: _____

INSURER'S NOTICE

1. _____ Worker notified in writing of scheduled interview, deposition, or other reasonable investigative requirements *0135(2)(a)*
2. _____ If represented, worker's attorney simultaneously copied with letter sent to worker *0135(2)(a)(A)*
3. _____ On insurer stationery if party other than insurer is investigating the claim *0135(2)(a)(B)*
4. _____ Date, time, and place of the interview or deposition, if scheduled *0135(2)(a)(A)(i)*
5. _____ Worker informed that the investigative requirements are related to the claim *0135(2)(a)(A)(iii)*
6. _____ Worker given at least 14 days to cooperate *0135(2)(a)(C)*
7. _____ The notice shall also contain the following mandatory, boldface/prominent warning paragraph *0135(2)(a)(A)(iv)*:

"The workers' compensation law requires injured workers to cooperate and assist the insurer or self-insured employer in the investigation of claims for compensation. Injured workers are required to submit to and fully cooperate with personal and telephonic interviews and other formal or informal information gathering techniques. If you do not reasonably cooperate with the investigation of this claim, payment of your compensation benefits may be suspended and your claim may be denied in accordance with ORS 656.262 and OAR 436-060."

SUSPENSION REQUEST

1. _____ Suspension request sent after worker's 14 days to cooperate have expired ***0135(2)(b)***
2. _____ Copy of the suspension request, including all attachments, sent by registered, certified, or personal service to the worker ***0135(2)(b)(D)***
3. _____ If represented, a copy of the suspension request, including all attachments, simultaneously sent by registered, certified, or personal service to the worker's attorney ***0135(2)(b)(D)***
4. _____ A statement that the insurer requests suspension under ORS 656.262(15) and OAR 436-060-0135 ***0135(2)(b)(E)(i)***
5. _____ Document the specific actions of the worker or the worker's attorney prompting the request ***0135(2)(b)(E)(ii)***
6. _____ Any reasons given by the worker for failure to comply OR a statement that no reason has been provided ***0135(2)(b)(E)(iii)***
7. _____ Copy of notice to worker required in section (2)(a) ***0135(2)(b)(E)(iv)***
8. _____ All other pertinent information (such as a copy of claim for new/omitted condition; correspondence from worker; Form 801, Form 827, etc) ***0135(2)(b)(E)(v)***