



# Oregon

Kate Brown, Governor

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Workers' Compensation Division  
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## BULLETIN NO. 379 \_\_\_\_\_, 2018

**TO:** Insurers, self-insured employers, service companies, managed care organizations, and other interested stakeholders

**SUBJECT:** Form 5377, "Workers' Compensation Multilingual Help Page"

**EFFECTIVE:** (Projected) April 1, 2019

**This bulletin publishes Form 5377, "Workers' Compensation Multilingual Help Page," required under OAR 436-001-0600 to be sent to the worker with any document that includes:**

- **Appeal rights;**
- **A deadline for action required to obtain or preserve a right or benefit, including dates of required medical examinations or vocational evaluations; or**
- **Notice of action required to prevent or reverse a suspension or reduction of benefits.**

Insurers, self-insured employers, service companies, and managed care organizations that issue documents to workers as required by OAR chapter 436 must include Form 5377 with the following notices:

- **436-009-0025(1)(a)** When insurer accepts a claim, notice that the insurer will reimburse claim-related services paid by the worker, and the worker has two years to request reimbursement.
- **436-009-0025(1)(d) & (e)** Written explanation to the worker for each type of out-of-pocket expense being paid or denied.
- **436-010-0270(4)** Notice of enrollment in a managed care organization (MCO).
- **436-010-0290(2)** Notice that palliative care is approved or disapproved.
- **436-015-0110(4)** Denial of service or response to dispute of a decision by an MCO – if the MCO provides a dispute resolution process for the issue.
- **436-015-0110(5)** Response to a complaint or dispute of a decision by an MCO – if the MCO does not provide a dispute resolution process for the issue.
- **436-015-0110(6)** Notice after an MCO has resolved a dispute under ORS 656.260(15).
- **436-015-0110(7)** Notice after an MCO fails to issue a decision within 60 days and the MCO's initial decision is automatically deemed affirmed.
- **436-030-0015(1)(b)(A) & (B)** Updated Notice of Acceptance at Closure.
- **436-030-0017(1) & (2)** Notice of Refusal to Close claim.
- **436-030-0020 & -0023** Notice of Closure, Forms 1644, 1644c (correcting), 1644r (rescinding).
- **436-030-0034(1)** Notice (warning) to non-medically stationary worker who fails to seek medical treatment for more than 30 days.
- **436-030-0034(3)** Notice that the worker must attend a mandatory closing medical exam.
- **436-030-0065(6)** Notice of Closure that reduces the permanent total disability.

- **436-060-0015(6)** Notice of wage used to calculate benefits at closure.
- **436-060-0018(3)** Notice of Refusal to Reclassify the claim to disabling.
- **436-060-0018(6)** Modified Notice of Acceptance explaining a change in classification of the claim from disabling to nondisabling.
- **436-060-0020(5)(b)** Notice of rescheduled medical appointment and that temporary disability payments will be suspended if the worker does not attend.
- **436-060-0020(5)(d)** Notice that temporary disability payments have been suspended because the worker failed to attend a rescheduled appointment.
- **436-060-0030(3)(c)** Written offer of modified employment by employer or insurer (condition for ending temporary total disability and starting temporary partial disability).
- **436-060-0035(4)(b)(A)** Request for verifiable documentation of the worker's wages from any secondary jobs.
- **436-060-0035(5)** Notice of ineligibility for supplemental disability.
- **436-060-0035(8)** Notice that supplemental disability payments have stopped (when the primary job is nondisabling).
- **436-060-0075(5)(c)** Notice to dependent that the information in the insurer's possession is not sufficient to determine the dependent's monthly benefit.
- **436-060-0095(3)** Notice to worker of scheduled independent medical exam.
- **436-060-0095(6)** Request to authorize suspension under ORS 656.325 and OAR 436-060-0095.
- **436-060-0105(2)** Notice to cease insanitary or injurious acts.
- **436-060-0105(4)** Request for suspension of benefits due to continuing insanitary or injurious acts.
- **436-060-0105(5)** Request to reduce benefits awarded under ORS 656.268 for unreasonably failing to follow medical advice, or failing to participate in a physical rehabilitation or vocational assistance program.
- **436-060-0135(2)(a)** Notice that an interview or deposition has been scheduled for the worker, or of other investigation requirements – required before compensation may be suspended for refusing or failing to cooperate in a claim investigation.
- **436-060-0137(3)** Notice of required vocational evaluation.
- **436-060-0137(5)** Request to suspend compensation when the worker refuses or fails to attend or obstructs a required vocational evaluation.
- **436-060-0140(8)** Notice of claim denial.
- **436-120-0012** All notices and warnings issued under OAR 436-120, except those notifying a worker of entitlement to training or deferral of vocational assistance eligibility.
- **Any other document or notice that meets the criteria specified in OAR 436-001-0600(1).**

If you have questions about this bulletin, contact a benefit consultant at 503-947-7585.

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Louis Savage, Administrator  
Workers' Compensation Division

Attachment: Form 5377  
Distribution: WCD-LY, email lists

## Workers' Compensation Multilingual Help Page

### *English*

**URGENT!** You have received an important document about your workers' compensation claim. If the document has a deadline, you may lose a right or benefit unless you take action by the deadline. For language assistance regarding this document, you may call the State of Oregon, Ombudsman for Injured Workers, 800-927-1271.

### *Spanish*

### *Russian*

### *Vietnamese*

### *Chinese*

### *Arabic*