

Current required notice language

Notice to Worker: Your claim has been reclassified to nondisabling. Generally, this means your insurer concluded no disability payments are due and all of the following are true:

You were able to return to work at full wages on or before the fourth calendar day after leaving work or losing wages as a result of your injury.

You did not lose time or wages from work as a result of your injury on or after that fourth calendar day.

It appears you will not have any permanent disability as a result of your injury.

If you think there is a mistake in the classification of your claim as nondisabling, contact the insurer within one year of the date the insurer first accepted your claim and request reclassification.

If you request reclassification, the insurer must complete its review and send you its decision within 14 days of receiving your request. If you disagree with the insurer's decision, you have the right, within 60 days of the date of the insurer's notice, to request that the Workers' Compensation Division review your claim to determine if it was correctly classified. If the insurer does not respond to your request for reclassification within 14 days of receiving your request, you may ask the Workers' Compensation Division to review your claim as though the insurer refused to reclassify your claim. For assistance, you may call the Workers' Compensation Division at 503-947-7816, or the Ombuds Office for Oregon Workers at 503-378-3351 or 800-927-1271 (toll-free).

Proposed required notice language

Notice to worker:

We have changed your claim to nondisabling. Generally, this means no disability payments are due and all of the following are true:

- You were able to return to work with full wages by the fourth calendar day after leaving work or losing wages because of your injury.
- You did not lose time or wages from work because of your injury on or after that fourth calendar day.
- It appears you will not have any permanent disability because of your injury.

If you disagree that your claim is nondisabling, you may request that we change your claim to disabling.

- You must send us your request in writing within one year of the date we first accepted your claim.
- We must review and send you our decision within 14 days of receiving your request.

If you disagree with our decision, or we do not respond to your request, you have the right to appeal to the Workers' Compensation Division. To appeal:

- You must ask the division to review your claim within 60 days of the date we mailed you our decision.
- If we did not respond within 14 days of receiving your request, ask the division to review your claim as if we refused to change your claim.

For help, call:

- Workers' Compensation Division at 503-947-7816
- Ombuds Office for Oregon Workers at 503-378-3351 or 800-927-1271 (toll-free)