

## Workers' Compensation Multi-Language 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 before the deadline. For language assistance regarding this document, you may call the State of Oregon, Ombudsman for Injured Workers, 800-927-1271.

### *List is tentative:*

*Spanish*  
*Vietnamese*  
*Chinese*  
*Russian*  
*Korean*  
*Japanese*  
*Arabic*  
*Ukrainian*  
*Tagalog*  
*Romanian*  
*German*  
*French*  
*Hindi*

**EXHIBIT** A



## Procedural Rules, Rulemaking, Hearings, and Attorney Fees Oregon Administrative Rules Chapter 436, Division 001

### *Draft Proposed*

#### 436-001-0600 Multi-Language Help Page

(1) An insurer, self-insured employer, service company, or managed care organization that sends a document to a worker that is required by OAR chapter 436 must simultaneously send Form 5377, "Workers' Compensation Multi-language Help Page," if the document includes:

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

(2) Form 5377 is published under Bulletin 379.

(3) Bulletin 379 lists the notices described by subsections (1)(a) through (c).

(4) Failure to send Form 5377 with a document as required by this rule does not affect the validity of the document, but may subject the insurer, self-insured employer, service company, or managed care organization to civil penalties under ORS 656.745.

Statutory authority: ORS 656.726(4); 656.260

Statutes implemented: ORS 656.726(4); 656.260

Hist: Adopted xx/xx/xx as WCD Admin. Order 18-XXX, eff. xx/xx/xx

EXHIBIT B



# Oregon

Kate Brown, Governor

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*Draft*  
**BULLETIN NO. 379**  
\_\_\_\_\_, 2018

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

**SUBJECT:** Multi-language help page, Form 5377

**EFFECTIVE:** TBD

**This bulletin publishes Form 5377, "Workers' Compensation Multi-language 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.

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- **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

**EXHIBIT** C-2