



DEPARTMENT OF CORRECTIONS
Employee Services



Title:	Injured Workers	DOC Policy: 20.5.17
Effective:	3/3/25	Supersedes: 6/12/06
Applicability:	All Department of Corrections Employees	
Directives Cross-Reference:		
ORS Ch. 656 Workers' Compensation		
ORS 659A.043 Reinstatement to Former Position		
ORS 659A.046 Reemployment in Other Available and Suitable Work		
ORS 659A.063 Continuation of Group Health Benefits		
DAS Policy 50.020.03 Reinstatement and Reemployment of Injured Workers		
Attachments:		
Attachment A Employee Medical Status Report (CD1422)		
Attachment B Job Description for Light Duty and Modified Duty Work		
Attachment C Modified Duty Return to Work Letter (on the job)		
Attachment D Modified Duty Return to Work Letter Interim Review (on the job)		
Attachment E Transitional Light Duty Return to Work Letter (off the job)		
Attachment F End of Temporary Modified Duty		
Attachment G Continuation of Benefits Employee Notice		

I. PURPOSE

The purpose of this policy is to establish a Department of Corrections program to return an employee with a compensable work-related injury or illness to an available and suitable position as soon as possible. This program will include provisions for an Early-Return-To-Work program when appropriate and available while the employee is recovering from an injury or illness.

II. DEFINITIONS

- A. Early-Return-to-Work (ERTW):** A program and process of returning an employee who was injured on the job to temporary modified duty as soon as possible after being released by their medical provider for modified duty work, provided that temporary modified work is available, suitable, or appropriate for the restrictions given.
- B. Light Duty or Modified Duty Work Assignments:** Light or modified duty work assignments designed to give an employee meaningful work while continuing to recover from an injury or illness. These are not permanent assignments or duties, but transitional light duty work assignments or temporary modified duty assignments designed to meet restrictions placed on the recovering employee by their medical provider. These work assignments will not include supervision of adults in custody.

III. POLICY

It is unlawful to discriminate against an employee (permanent or temporary) or potential employee with respect to hire, tenure, or any term or condition of employment because the individual has applied for Workers' Compensation benefits, invoked or utilized the procedures provided for in ORS Chapter 656 Workers' Compensation, or has given testimony under the provisions of those laws.

A. Early Return to Work:

1. The Department of Corrections shall endeavor to return an employee injured on the job to modified duty within three working days of an injury, illness, or medical provider's release.
2. The assigned Workers' Compensation Specialist, in consultation with the supervisor of the employee injured on the job, will process the State Accident Insurance Fund (SAIF) claim.
3. Modified duty is typically limited to 30 days, with 30-day extensions possible with approval from the medical provider. Generally Early Return to Work is limited to a total of 120 days. During these 30-day extension periods, employees shall provide an updated Attachment A Employee Medical Status Report (CD1422), or a medical status statement generated by the medical provider. Extensions over 120 days may be granted due to major changes in claim status that have occurred during the present modified duty work assignment (such as, surgery). Extensions of modified duty work are limited to 30-day increments or less and will not exceed a total of an additional 120 days due to a major change in claim status. An employee who is not fully released by a medical provider to return to unrestricted duty after completing 120 days of a modified duty assignment, barring possible extensions, will be placed on leave.
4. An employee who has filed a claim for Workers' Compensation benefits and is on modified duty work will receive the same salary or rate of pay at time of injury including any differentials during the modified duty work period, regardless of shift, location, etc. of the modified duty work assignment.

B. Workers' Compensation – Reinstatement and Reemployment

1. Reinstatement of an injured worker to their position at time of injury will be in accordance with ORS 659A.043.
2. Reemployment of an injured worker who is disabled from returning to their former position will be in accordance with ORS 659A.046.

C. Statewide Injured Workers List (entry level positions)

1. The department's Safety Unit will notify the department's Employee Services Recruitment Unit of employees with a compensable claim who cannot be reinstated or reemployed within the Department of Corrections. A recruiter will consult with the Senior HR Business Partner to evaluate the injured employee's experience, knowledge, skills, and abilities and place on the on the Statewide Injured Workers List for all suitable classifications and salary ranges for which the injured worker meets the minimum qualifications as outlined in Department of Administrative Services Policy 50.020.03(2)(b).
2. The department's Employee Services Recruitment Unit will remove the injured worker's name from the Statewide Injured Workers List when notified the worker is no longer eligible for placement or retention on this list in accordance with (3) below.
3. An injured worker shall be ineligible for placement or retention on the Statewide Injured Worker List when the employee has:
 - a. Refused appropriate modified duty;
 - b. Declined interviews;
 - c. Declined offers of suitable employment;
 - d. Retired;
 - e. Terminated for cause;
 - f. Lost reemployment or reinstatement rights for any reason defined under ORS 659A.043 or ORS 659A.046;
 - g. Otherwise separated from state service;
 - h. Failed to notify the agency of injury of changes in address, telephone number, return to work status, or medical status; or
 - i. Been on the list more than three years from the date of injury.

D. Continuation of Benefits

1. The department shall continue group health benefits for the injured worker and covered dependents in accordance with ORS 659A.063.
2. Collections due to overpayment of benefits will be enacted in accordance with applicable collective bargaining agreements, Department of Corrections policy, State of Oregon payroll rules or policy, or any other applicable administrative rules or statutes. (Listing order does not construe order of process).

E. Filling a Vacancy

When filling a vacant classification, the Department of Corrections Employee Services Recruitment Unit will:

1. Check the Statewide Injured Worker List of qualified injured workers of the appropriate class;
2. Work with the Senior HR Business Partner and Hiring Manager to offer the position to the qualified injured worker who has been on the Statewide Injured Worker List the longest, if qualified for the position; and
3. Notify the Senior HR Business Partner if the injured worker fails to respond or accept the position so appropriate follow-up may occur. The Recruitment Unit will add a comment in Workday to document the Statewide Injured Worker List with the disposition code that indicates the employee's failure to respond or refusal of the job.

F. Employees:

1. Employees have the legal right not to file a claim for Workers' Compensation benefits if they so choose. Refusal to sign or file a claim form for an on-the-job injury will be documented by the assigned Workers' Compensation Specialist and the employee's supervisor.

Note: The Department of Corrections encourages all employees who suspect they were injured on-the-job to file a claim for Workers' Compensation benefits.

2. Report all accidents, incidents, near-misses, and work-related injuries and illness to the supervisor immediately or no later than the end of the work shift whether or not medical care is received or anticipated. If the immediate supervisor is not available, the report will be made to the next level supervisor or Workers' Compensation Specialist.
3. If involved in an accident, incident, near-miss, or work-related injury or illness, complete a Workday Incident Report to document the accident, incident, near-miss, or work-related injury or illness that may have occurred during the work shift.
4. Complete a SAIF Corporation 801 Report of Job Injury or Illness form to file a claim for Workers' Compensation benefits for an on-the-job injury or illness (available in U:\General Information\Forms\Safety Forms or via the Workday Safety module) if:
 - a. The employee has received or intends to receive medical attention; and
 - b. The employee intends to file a claim for Workers' Compensation benefits (See section (IV)(C) Policy Clarification below).
5. A SAIF Corporation 801 Report of Job Injury or Illness form must be completed immediately or within 24 hours of the time the employee

knows they will be seeking medical treatment for an on-the-job injury or illness.

6. If the employee has filed a SAIF 827 Worker's and Health Care Provider's Report for Worker's Compensation Claims form at their medical provider office, the employee will also complete a SAIF 801 Report of Job Injury or Illness form and immediately forward to the assigned Workers' Compensation Specialist.
7. All SAIF claims will be submitted to SAIF five days from the date the employer learns of the claim. The employee is responsible for completing a SAIF 801 Report of Job Injury or Illness form and forwarding it to the assigned Workers' Compensation Specialist or designee (if the Workers' Compensation Specialist is unavailable) for submission to SAIF within this time limit.
8. Within 24 hours of medical treatment, provide the assigned Workers' Compensation Specialist or designee with an Attachment A Employee Medical Status Report (CD1422), or a medical status statement generated by the medical provider. These medical status report(s) will contain only specific and objective information such as employee capabilities, limitations, and prognosis so that the assigned Workers' Compensation Specialist in consultation with the supervisor may determine if there is any light duty or modified duty work available.
9. When off work due to an on-the-job injury, contact the assigned Workers' Compensation Specialist or designee every week to report medical condition. Weekly check-ins are normally limited to a four-week period of time loss. Employees who are off work for extended periods (four weeks or longer) shall contact the assigned Workers' Compensation Specialist or designee whenever there is a change in medical condition that affects the return-to-work status. Employees shall also provide medical provider updates (such as employee capabilities, limitations, and prognosis) after claims-related doctor visits so the assigned Workers' Compensation Specialist in consultation with the supervisor may determine an appropriate light duty or modified duty work assignment when the employee is released to such work.
10. Provide the assigned Workers' Compensation Specialist and supervisor with a current phone number even if unlisted and a current address.
11. Cooperate with the assigned Workers' Compensation Specialist, their supervisor, Senior Human Resources Business Partner, and SAIF Corporation in efforts to identify available and suitable light duty or modified duty work assignments, and report for duty to such assignments.

12. Be subject to initiation of employment disciplinary processes through failure to cooperate in this program as outlined in this policy.

G. Supervisors

1. Investigate all accidents, incidents, near-misses, and work-related injuries and illness with the aid of the affected employee or the assigned Workers' Compensation Specialist.
2. Complete a Report Safety Incident via the Workday Safety module.
3. Forward the SAIF 801 Report of Job Injury or Illness form to the assigned Workers' Compensation Specialist for completion (if delivered to the supervisor).
4. Review the Early Return to Work process with the employee.
5. Immediately contact the assigned Workers' Compensation Specialist to initiate the Early Return to Work program when the medical provider releases the on-the-job injured or ill employee to modified work.

H. Assigned Workers' Compensation Specialist

1. Review the SAIF 801 Report of Job Injury or Illness form, forwarding it to SAIF Corporation within five days of learning of a claim.
2. Initiate the Early Return to Work process.
3. Work with the injured worker's supervisor to locate and provide light duty or modified duty work assignment when available and appropriate.
4. Maintain and provide copies of all approved:
 - a. Physician-signed job descriptions (Attachment B Job Description for Light Duty and Modified Duty Work);
 - b. Letters (such as, Attachment C Modified Duty Return to Work Letter (on the job), Attachment D Modified Duty Return to Work Letter Interim Review (on the job), Attachment E Transitional Light Duty Return to Work Letter (off the job) and Attachment F End of Temporary Modified Duty); and
 - c. Notices (Attachment G Continuation of Benefits Employee Notice).
5. Notify the FMLA/OFLA (Family and Medical Leave Act/Oregon Family Leave Act) coordinator when a claim results in time-loss.

6. Be the liaison between the medical provider and the department.
7. Be the liaison between SAIF Corporation and the department.
8. Utilize the Workers' Compensation division's Employee-At-Injury-Program (EAIP) in all applicable situations.
9. Review the Workday Incident Report with the supervisor to prevent re-occurrences and to correct hazardous conditions.

IV. POLICY CLARIFICATION

A. Early-Return-To Work and Off-the-Job Injuries:

1. Injuries or illnesses which occur off duty are not entitled to modified duty or other benefits under the Workers' Compensation Law.
2. Employees seeking a light duty work assignment for an off-the-job injury or illness will provide an Attachment A Employee Medical Status Report (CD1422) to their institution assigned Senior HR Business Partner. This release shall not be construed as a general release of medical information but as an authorization the employee and medical provider can provide only information necessary to return.
3. If a light duty work assignment is available, the assigned Senior HR Business Partner will work with the assigned Workers' Compensation Specialist to initiate the Early Return to Work process.
4. If a light duty work assignment is not available, the employee may seek other options available to them (for example, FMLA, OFLA, Paid Leave Oregon, leave provisions within a collective bargaining agreement, sick leave, vacation leave).
5. An employee who was injured on-the-job has a higher priority for placement in modified duty work assignments and could displace an off-the-job injured employee if there is not sufficient work for both.
6. The position classification for an off-the-job injured employee working in a light duty assignment shall not exceed the current position held by that employee.
7. The base compensation of the employee shall not change; however, any work out of class or differential compensation may be rescinded if those associated duties are not being performed while on the light duty work assignment.

The Department of Corrections has neither the duty nor legal authority to create a position for returning an injured employee back to work.

V. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: signature on file
Julie Vaughn, Rules Coordinator

Approved: signature on file
Michael Reese, Director



Employee Medical Status Report

Fax completed form to: (503) 362-2078

The Oregon Department of Corrections provides a transitional work program for short-term, medically restricted employees who have experienced injury or illness on or off the job. This modified work program is designed to provide transitional work, as approved by the treating physician and as appropriate for the employee's temporary physical limitations or restrictions. The employee is expected to adhere to the treating physician's restrictions. The supervisor monitors for compliance with the transitional work program.

1. **Employee Name:** _____ **Date of Injury or Illness:** _____

2. **Return to Work Status:**

PLEASE CHECK APPROPRIATE STATUS (ONE ONLY):

_____ May return to regular job (complete item 6 ONLY) Date: _____
_____ May return to transitional or modified duty (complete items 3 – 6) Date: _____
_____ May not return to any work (complete items 5 – 6) Estimated return date: _____

3. **Physical Capabilities to Perform Temporary Modified Work**

Complete this section ONLY if transitional or modified duty is indicated.

Capabilities	YES	NO	Duration and Limitations
Can the patient walk?			
Can the patient climb stairs (up and down)?			
Can the patient sit?			
Can the patient stand?			
Can the patient use arms, wrists, and hands for fine manipulation and repetitive movements?			
Can the patient type or use a keyboard?			
Can the patient lift, carry, push, and pull up to 20 pounds?			

4. **Are the patient's work hours restricted?** ☐ Yes ☐ No

If "Yes," what is the maximum hours patient can work per day? _____

PLEASE NOTE: Modified duty work is based upon the physical restrictions noted. This typically limits the employee's contact with adults in custody or adults on supervision. This may consist of walking past adults in custody or adults on supervision but would not include direct supervision of adults in custody or adults on supervision or assignments to a response team.

5. **Date of Next Appointment:** _____

6. **Physician's Signature:** _____ **Date:** _____

Physician's Name (Printed): _____

Address: _____

Phone: _____



**Oregon Department of Corrections
Job Description for Modified Duty or Light Duty**

Employee Name:
Address:
City, State, Zip

SAIF Claim No.:
Date of Injury:

Employer:	Contact Person:
Address:	Phone No.:
FAX No.:	

Job Title of Worker:
Location of Light Duty or Modified Duty Work:

Job Duties:

Endurance	Never: 0 hours (per day)	Occas.: 1-3 hours (per day)	Freq: 3-6 hours (per day)	Cont.: 6-8 hours (per day)	Total hours in workday
Sitting					
Standing					
Walking					

Lift	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
1-10 lbs.				
11-20 lbs.				
21-50 lbs.				
51-75 lbs.				
76-100 lbs.				

Carry	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
1-10 lbs.				
11-20 lbs.				
21-50 lbs.				
51-75 lbs.				
76-100 lbs.				

Push	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
1-10 lbs.				
11-20 lbs.				
21-50 lbs.				
51-75 lbs.				
76-100 lbs.				

Pull	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
1-10 lbs.				
11-20 lbs.				
21-50 lbs.				
51-75 lbs.				
76-100 lbs.				

	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
Bend				
Twist				
Crouch				
Kneel				
Walk-Level surface				
Walk-Uneven Surface				
Climb Stairs				
Climb Ladder				
Reach Above Shoulder				
Repetitive Use Arms				
Repetitive Use Wrist				
Repetitive Use Hands				
(a) Grasping				
(b) Squeezing				
Operate Foot Control				
Keyboarding				
Other:				

Environmental	Never 0 hours	Occas. 1-3 hours	Freq. 3-6 hours	Cont. 6-8 hours
Inside				
Outside				
Heat				
Cold				
Dusty				
Noisy				
Other:				

Additional Comments:

Employer's Representative Signature:	Date:
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FOR PHYSICIAN TO COMPLETE (Please answer both questions):

1. Is the commute to this job within the physical capacities of the worker? ☐ Yes ☐ No
By commute, we mean can worker tolerate either 1) driving a car, or 2) being a passenger in a car, or 3) utilizing public transportation (to and from home to work location.)

2. Is the job appropriate for the restrictions given? ☐ Yes ☐ No Date of Release: _____

PHYSICIANS SIGNATURE: _____ DATE: _____

**Oregon Department of Corrections
Modified Duty Return to Work Letter
On-the-job Injury or Illness**



Date

Name

Address

SAIF Claim No:

Date of Injury:

Dear

Your medical provider has released you for modified work. We have located or designed a temporary modified duty position for you which meet your physician's restrictions. In accordance with DOC Policy 20.5.17, this short-term temporary work assignment is typically limited to a 30 calendar day period with extensions possible ending at a total of 120 calendar days. The availability of this position will be periodically re-evaluated.

The job is: See attached job description

You will be receiving the wages you were receiving at the time of your injury. SAIF Corporation may supplement your wages with workers' compensation benefits.

We ask that you report for work on:

Date: Time: Shift:

Hours per day/week: Report to: Phone:

Location:

(This Location is less than 50 miles from where you were injured or less than 50 miles from where you live.)

If you receive this letter after the start date of this job, the job will begin on the next working day after your receipt of this offer. Immediately upon receipt of this letter, please contact:

[Name] at [Phone No.]

While working in this modified duty assignment, it is an expectation that you will follow your physician's medical restrictions.

DRESS CODE: You are required to comply with the dress code as dictated by the modified duty location. Please contact your modified duty supervisor for specific details.

ABSENCE REPORTING: If you need to be absent from work while on modified duty, you must notify your modified duty supervisor, your supervisor from your normal, full-duty assignment AND myself. This will ensure appropriate notifications of your absence are made and your time is appropriately documented.

**FAILURE TO REPORT TO WORK COULD AFFECT TIME-LOSS COMPENSATION,
VOCATIONAL ELIGIBILITY AND COULD AFFECT YOUR REINSTATEMENT RIGHTS.**

Please see attached Oregon Administrative Rules concerning your rights and obligations under this offer of modified duty employment. These attached rules are fully incorporated into this job offer.

If you refuse this offer for any of the reasons listed in this notice, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97301-1282

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

[Name]

[Title]

[Phone No.]

I have read and understand the above information.

I accept this job as offered: Yes_____ No_____

Employee Signature

Date

OAR 436-060-0030(5) (to be attached temporary modified duty or transitional work letter)

c) The employer or insurer has confirmed the offer of employment in writing to the worker stating:

- (A) the beginning time, date and place;
- (B) the duration of the job, if known;
- (C) the wages;
- (D) an accurate description of the physical requirements of the job; and
- (E) that the attending physician had found the job to be within the worker's capabilities and the commute within the worker's physical capacity;
- (F) the worker's right to refuse the offer of employment without termination of temporary total disability if any of the following conditions apply:
 - (i) The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence, or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to logging, trucking, construction workers, and temporary employees;
 - (ii) Is not with the employer at injury;
 - (iii) Is not at a work site of the employer at injury;
 - (iv) Is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or
 - (v) Is not consistent with an existing shift change provision of an applicable union contract; and
- (G) The following notice, in prominent or bold face type:

"If you refuse this offer of work for any of the reasons listed in this notice, you should write to the insurer or employer and tell them you reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem Oregon 97302-1282."

**Oregon Department of Corrections
Modified Duty Return to Work Letter - Interim Review
On-the-job Injury or Illness**



Date

Name

SAIF Claim No:

Address

Date of Injury:

Dear

This letter is to confirm the extension of your temporary modified duty assignment. Your medical provider had released you for modified work and we have provided a temporary modified duty position for you which meets your medical provider's restrictions.

In Accordance with DOC Policy 20.5.17 this short-term temporary work assignment is typically reviewed at 30, 60 day and/or 120 day intervals.

30 day review ☐

60 day review ☐

90 day review ☐ *

The job is:

You were asked to report for work on(any changes should be noted):

Date:

Time:

Shift:

Hours per day/week:

Duration of job (if known): _____

Report to:

Phone:

Location:

* (If 90 day review is checked:)

Your temporary modified duty work will end on _____. If your medical provider does not release you to full duty by this time, you will be placed on leave. However, you may request a review through your local Human Resource Manager to determine if you can perform the essential functions of your regular position, with or without reasonable accomodation.

While working in this temporary modified duty assignment it is an expectation that you will follow your physician's medical restrictions.

ABSENCE REPORTING: If you need to be absent from work while on modified duty, you must notify both your modified duty supervisor, your supervisor from your normal, full-duty work assignment AND myself. This will ensure appropriate notifications of your absence are made and your time is appropriately documented.

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

[Name]

[Title]

[Phone No.]

I have read and understand the above information.

Employee Signature

Date

Updated 3/2025

**Oregon Department of Corrections
Transitional Light Duty Return to Work Letter
Off-the-job Injury or Illness**



Name
Address

Dear

In accordance with DOC Policy 20.5.17 the Department of Corrections offers off-the-job injured employee's temporary modified duty work when it is appropriate, suitable and/or available. Your physician has released you for modified work and you have provided the Department with a conditional medical information release (Employee Medical Status Report, Page 2). We have located or designed a temporary modified duty position for you, which meets your restrictions. This transitional work assignment is typically limited to a 30-day period with extensions and normally ends at a total of 90 days. The availability of this position will be periodically re-evaluated.

PLEASE NOTE: An on-the-job injured employee has a higher priority for placement in transitional assignments or temporary modified work and could displace an off-the-job injured employee if there is not sufficient work for both.

The job is:

The rate of compensation (pay) for an off-the-job injured employee working in transitional work or modified duty shall be determined by the assigned Human Resources Manager in consultation with the employee's supervisor

We ask that you report for work on:

Date: Time: Shift:

Hours per day/week: Report to: Phone:

Location:

While working in this temporary modified duty assignment it is an expectation that you will follow your physician's medical restrictions.

DRESS CODE: You are required to comply with the dress code as dictated by the modified duty location. Please contact your modified duty supervisor for specific details.

ABSENCE REPORTING: If you need to be absent from work while on modified duty, you must notify, your modified duty supervisor, your supervisor from your normal, full-duty assignment AND myself. This will ensure appropriate notifications of your absence are made and your time is appropriately documented.

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

[Name]
[Title]
[Phone No.]

I have read and understand the above information.

Employee Signature

Date

Updated 3/2025



Oregon Department of Corrections

Date

Name

Address

Dear [Name of Employee]

On [Date] after review and consideration of information provided by your medical provider you were offered and began a temporary modified duty work assignment.

The assignment was [Name of Work Assignment]

You were informed by letter dated [Date] , that your limited duty assignment was for [] calendar day increments and it normally ends at 120 calendar days.

On **[Date]**, you will have been in this limited duty position for 90 calendar days, and your temporary, transitional modified duty position will end. If your medical provider does not release you back to full duty by this time, you will be placed on leave. However, you may request a review through your local Human Resource Manager to determine if you can perform the essential functions of your regular position, with or without reasonable accommodation. If your medical status changes and you receive a full unconditional release, please notify us immediately so that you may return to your regular work assignment.

If you have any questions, please feel free to contact me.

Sincerely,

Name

Title

Phone No.



DEPARTMENT OF CORRECTIONS
Employee Services – Payroll and Benefits

**** IMPORTANT ****

CONTINUATION OF BENEFITS EMPLOYEE NOTICE
YOU MUST RESPOND TO THIS NOTICE

Date of Claim: _____
Delivered By: _____
Via (mail, personally, or?): _____

MEMO

TO: _____ **DATE:** _____

FROM: Employee Services, Payroll and Benefits

SUBJECT: Continuation of Benefits

Oregon law (ORS 659A.060 - 069) requires the state as an employer to continue to pay the employer's contribution toward group health benefits when coverage under a state plan would otherwise end due to a workers' compensation injury or illness. Failure to continue health and dental benefits of injured or ill workers as provided under the above statute is an unlawful employment practice. This notice informs you of your obligations under the provisions of this law.

If you are eligible for continuation of coverage under the law, you will receive the coverage that you had immediately prior to your on-the-job injury or illness. The law requires that your employer's contribution for coverage be maintained for up to 12 months from the date the Department of Corrections received notice that you have filed a workers' compensation claim pursuant to ORS Chapter 656 Workers' Compensation. However, the law also provides that your coverage will end when whichever of the following occurs first:

- ☐ Your attending physician has determined that you are medically stationary and a determination order or notice of closure has been entered;
- ☐ You return to work for any agency of the state after periods of continued coverage under this law and satisfy any probationary or minimum work requirements to be eligible for group health benefits;

- ☐ You take full or part-time employment with a private employer other than the State of Oregon that is comparable in terms of the number of hours per week you were employed with the state or you retire;
- ☐ Twelve months have elapsed since the date the state received notice that you filed a workers' compensation claim;
- ☐ Your claim is denied and you fail to appeal within 60 days or, if you appealed, the Workers' Compensation Board, a workers' compensation hearing referee, or a court decides that your claim is not compensable;
- ☐ You do not pay the required premium, or portion thereof, in a timely manner;
- ☐ You elect to discontinue this coverage and notify your Payroll officer of this election in writing;
- ☐ Your attending physician has released you to modified or regular work and you have been offered the work and you refuse to work; or,
- ☐ You are terminated from employment for reasons unrelated to the workers' compensation claim.

A. _____ If your employer's contribution does not cover the full cost of your group health premiums, you will be required to pay your portion to the premium to continue coverage. If you fail to make timely payment of any premium contribution owed, you will be noticed on the 30-day grace period allowed before cancellation of your coverage. Upon expiration of your coverage under state law, you may be eligible to continue coverage on a self-pay basis under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

B. _____ If your workers' compensation claim is denied, or if you appeal and do not prevail, the state may recover from you the amount of premiums paid under this law, plus interest. The state may recover the payments through a payroll deduction, not to exceed 10% of your gross pay.

If you chose not to receive continued coverage under ORS 659A.060 - 069, you may be eligible under Federal COBRA regulations to continue your group health coverage on a self-pay basis for up to 18 months. Premiums for coverage continued under the COBRA provisions are set at 102% of the active group rate for the first 18 months. If you are determined by Social Security to be disabled at the time you lost group health coverage, the continuation period may be extended to 29 months. If eligible for the extended coverage due to a disability, premiums 19 through 29 will be set at 150% of the active group rate. If you would like more information on COBRA contact your Payroll officer.

This law does not require continuation of any life or disability programs, opt-out bonuses, or benefit dollars taken as cash. If you would like more information on how to continue life or disability coverage, please contact your Payroll officer. You must self-pay Standard Long-Term Disability coverage throughout the elimination period to be eligible for benefits. To continue other benefit plans, such as credit union or automobile insurance, you must contact the company(s) directly.

REINSTATEMENT OF COVERAGE WHEN YOU RETURN TO ACTIVE WORK STATUS

Please Contact Your Payroll Officer Within 60 Days of Returning

PUBLIC EMPLOYEES BENEFIT BOARD (PEBB)

SPONSORED PLAN-FOR ALL STATE OF OREGON EMPLOYEES

Definition of Benefit Eligible Status-An employee must receive pay for at least 80 of the regular working hours in a month to be eligible for benefits for the following month.

- C. _____ All benefits in effect prior to qualifying for coverage under ORS 659A.060 - 069 will be automatically reinstated. During the first 60 days of your return to avoid retroactive adjustments and assure that coverage is reinstated promptly, please provide Payroll with any necessary and current information. Changes in elections are limited to open enrollment periods or within 60 days following a qualified family status change. If coverage under PEBB health, dental, or disability lapses for 90 days or more, you may be subject to preexisting condition limitations of exclusion. See your PEBB Eligibility Handbook for more information on qualified family status changes, preexisting condition limitations, and exclusions. Contact the Public Employees Benefit Board at 503-373-1102 for more information.

VERY IMPORTANT

Please initial paragraphs A-C and sign to indicate that you have received and read this document completely.

Signature

Date

**Please return to the Department of Corrections Employee Services Payroll and Benefits unit.
Failure to return a signed copy could affect your coverage.**