

BEFORE THE WORKERS' COMPENSATION BOARD OF
THE STATE OF OREGON

In the Matter of the Compensation)	CDA No.	
)	WCB Case No.	
)	Claim No.	
of)	DOI	
)	WCD File No.	
)	Insurer/Employer	
)		
)	CLAIM DISPOSITION AGREEMENT	

<u>TYPE OF RELEASE</u>		<u>ISSUE/BENEFIT RELEASED</u>
<u>Full</u>	<u>Partial</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Disability
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Disability
<input type="checkbox"/>	<input type="checkbox"/>	Vocational Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Survivor's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Other: All rights under ORS Chapter 656 other than those related to medical services under ORS 656.245 and eligibility for preferred worker status.

AMOUNT OF DISPOSITION

\$ _____ Total Due Attorney
(Subject to WCB approval)

\$ _____ Total Due Claimant

METHOD OF PAYMENT (check one)

Lump Sum
 Structured Settlement
 Both of the Above

WAIVER OF "30-DAY" PERIOD

YES
 NO

1. Claimant's name and address: _____
2. Employer's name and address: _____
3. Carrier's name and address: _____
4. Claimant's attorney's name and address _____
5. Employer's/Insurer's attorney's name and address: _____
6. The accepted conditions subject to this claim disposition agreement are: _____
7. This claim was first closed on: _____
8. The total amount (percent) of permanent disability benefits awarded on the claim is:

9. The worker has / has not ever been able to return to the work force following the industrial injury or occupational disease.
10. The worker's age is _____ and highest educational level is _____.
The extent of vocational training (or, if the worker is deceased, the age, highest education level, and the extent of vocational training of the worker's beneficiary(ies)) is/are

11. The following is a list of occupations that the worker has performed (or, if the worker is deceased, a list of occupations that each of the deceased worker's beneficiaries has performed): _____
12. Pursuant to ORS 656.236, in consideration of the payment of \$ _____ by the insurer/employer, claimant releases the right to the following workers' compensation benefits: _____ and all other rights under ORS Chapter 656 other than those related to medical services under ORS 656.245. The insurer's/employer's obligation to provide these benefits is also released.
13. Out of the above consideration, claimant's attorney shall receive an attorney fee in the amount of \$ _____ (which the parties confirm is consistent with OAR 438-015-0052).
 - a. If the attorney fee exceeds the Board's rule (OAR 438-015-0052), the extraordinary circumstances that justify this fee are _____.
 - b. If the agreement is to be paid in installments beyond one year, the cost of the annuity or the present value of the agreement is \$ _____.

14. Claimant retains the right to medical service-related benefits for the compensable injury (including medical services allowed under ORS 656.245, ORS 656.273 and ORS 656.278, as well as penalties/attorney fees related to such medical service claims) and eligibility for preferred worker status.
15. Claimant was given a written informational enclosure, separate from the agreement, in the form prescribed by the Board pursuant to OAR 438-009-0022.
16. [The following notice must either be included in the claim disposition agreement or incorporated by reference into the agreement].

"NOTICE TO CLAIMANT: UNLESS YOU ARE REPRESENTED BY AN ATTORNEY AND YOUR CLAIM DISPOSITION AGREEMENT INCLUDES A PROVISION WHICH WAIVES THE 30-DAY "COOLING OFF" PERIOD, YOU WILL RECEIVE A NOTICE FROM THE WORKERS' COMPENSATION BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT TELLING YOU THE DATE THIS AGREEMENT WAS RECEIVED BY THEM FOR APPROVAL. YOU HAVE 30 DAYS FROM THE DATE THE BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT RECEIVES THE AGREEMENT TO REJECT THE AGREEMENT, BY TELLING THE BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT IN WRITING. DURING THE 30 DAYS ALL OTHER PROCEEDINGS AND PAYMENT OBLIGATIONS OF THE INSURER/SELF-INSURED EMPLOYER, EXCEPT FOR MEDICAL SERVICES, ARE STAYED ON YOUR CLAIM. IF YOU DO NOT HAVE AN ATTORNEY, YOU MAY DISCUSS THIS AGREEMENT WITH THE BOARD IN PERSON WITHOUT FEE OR CHARGE. TO CONTACT THE BOARD, WRITE OR CALL: WORKERS' COMPENSATION BOARD, 2601 25TH STREET SE, SUITE 150, SALEM, OREGON 97302-1280, TELEPHONE: (503) 378-3308, TOLL-FREE AT 1-877-311-8061, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

"YOU MAY ALSO DISCUSS THIS AGREEMENT WITH THE OMBUDSMAN FOR INJURED WORKERS, WITHOUT FEE OR CHARGE. TO CONTACT THE OMBUDSMAN, WRITE OR CALL: OMBUDSMAN FOR INJURED WORKERS, LABOR & INDUSTRIES BUILDING, 350 WINTER STREET NE, SALEM, OR 97310, TELEPHONE: TOLL-FREE AT 1-800-927-1271, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

"YOU MAY ALSO CALL THE WORKERS' COMPENSATION DIVISION'S INJURED WORKER HOTLINE, TOLL-FREE, AT 1-800-452-0288."

17. Payment of the disposition shall be made no later than the 14th day after notice of the Board's approval has been mailed or distributed to the parties or their representatives under OAR 438-009-0030(5) and (6) by means of an order, posting on WCB's website, electronic distribution through WCB's website portal, or postcard. *See* OAR 438-009-0028; OAR 438-009-0030(7).

18. On Board approval of this agreement, the following requests for hearing/review pending before the Hearings Division, Board, or Court shall be dismissed: WCB Case No(s).

19. Claimant acknowledges having reviewed the description of benefits, as described in this agreement and the informational enclosure prescribed in OAR 438-009-0022, and has had an opportunity to ask questions of an attorney or the insurer/employer to further understand the consequences of signing this agreement.

20. [This item applies if the parties are waiving "cooling off" period.] Claimant is represented by an attorney and all parties agree to waive the "30 day" waiting period under ORS 656.236(1)(a)(C) for Board approval of the agreement.

IT IS SO STIPULATED AND AGREED.

_____ Claimant	_____ Date
_____ Claimant's Attorney	_____ Date
_____ Insurer/Employer	_____ Date
_____ Insurer's/Employer's Attorney	_____ Date

THIS AGREEMENT IS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRESCRIBED BY THE BOARD. SEE ORS 656.236(1). ACCORDINGLY, THIS CLAIM DISPOSITION AGREEMENT IS APPROVED. AN ATTORNEY FEE PAYABLE TO CLAIMANT'S ATTORNEY ACCORDING TO THE TERMS OF THIS AGREEMENT IS ALSO APPROVED.

IT IS SO ORDERED.

DATED THIS _____ DAY OF _____, 20____.

Board Member or Administrative Law Judge Who Mediated the Agreement

Board Member

NOTICE TO ALL PARTIES: THIS ORDER IS FINAL AND IS NOT SUBJECT TO REVIEW. ORS 656.236(2).