

Exhibit A

438-005-0055(1)

Notice of Claim Denial and Hearing Rights

(1) Except for a denial issued under ORS 656.262(15), in addition to the requirements of 656.262 and OAR 436-001-0060 (Bulletin No. 379), the notice of denial shall specify the factual and legal reasons for denial; and shall contain a notice, in prominent or bold-face type, as follows:

IF YOU DISAGREE with this DENIAL, you must file an APPEAL WITHIN 60 DAYS after the mailing date of the DENIAL by doing one of the following:

- (1) **MAILING** a letter to the Workers' Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1280;
- (2) Sending an EMAIL to: request.wcb@wcb.oregon.gov;
- (3) Sending a FAX to: 503-373-1600; or
- (4) **PHYSICAL DELIVERY** of a letter to a Workers' Compensation Board Office in Salem, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1280, or Portland, 16760 SW Upper Boones Ferry Road, Suite 220, Portland, OR 97224-7696.

Your letter, email, or fax, should include: (1) you want a hearing; (2) your address; (3) the date of the denial; (4) the claim number; and (5) the date of your injury or exposure, if you know the date. If the Workers' Compensation Board receives your appeal more than 60 days after the mailing date of this denial, you may have to prove you filed the appeal within 60 days.

IF YOU DO NOT APPEAL WITHIN 60 DAYS of the mailing date of this denial, **YOU WILL LOSE ANY RIGHT** you may have to compensation. The only exception is if you can show good cause for delay beyond the 60 days. After 180 days, all of your rights will be lost.

By law, your appeal cannot affect your employment.

You may request an examination by a physician selected by the Workers' Compensation Division at no cost to you if: (1) you timely request a hearing on a denial of compensability; (2) the denial is based on one or more medical reports of insurer or self-insured employer requested medical examinations; and (3) your attending physician does not agree with or did not comment on the report(s).

You may be **REPRESENTED BY AN ATTORNEY** of your choice at **NO COST TO YOU** for attorney fees.

If you have questions you may contact:

(1) The Ombuds Office for Oregon Workers toll free at 1-800-927-1271, <https://www.oregon.gov/dcbs/OOW>.

(2) The Workers' Compensation Board toll free at 877-311-8061, <https://www.oregon.gov/wcb>.

(3) The Workers' Compensation Division toll free at 1-800-452-0288, <https://wcd.oregon.gov>.

(2) If an insurer or self-insured employer intends to deny a claim under ORS 656.262(15) because of a worker's failure to cooperate in the investigation of the claim, in addition to the requirements of ORS 656.262, the notice of denial shall specify the factual and legal reasons for denial, and shall contain a notice, in prominent or bold-face type, as follows:

IF YOU DISAGREE with this DENIAL, you must file an APPEAL WITHIN 60 DAYS after the mailing date of the DENIAL by doing one of the following:

(1) MAILING a letter to the Workers' Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1280;

(2) Sending an E-MAIL to: request.wcb@wcb.oregon.gov;

(3) Sending a FAX to: 503-373-1600; or

(4) PHYSICAL DELIVERY of a letter to a Workers' Compensation Board Office in Salem, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1280, or Portland, 16760 SW Upper Boones Ferry Road, Suite 220, Portland, OR 97224-7696.

Your letter, email, or fax should include: (1) that you want an EXPEDITED hearing; (2) your address; (3) the date of the denial; (4) the claim number; and (5) the date of your injury or exposure, if you know the date.

If the Workers' Compensation Board receives your appeal more than 60 days after the mailing date of this denial, you may have to prove you filed the appeal within 60 days.

IF YOU DO NOT APPEAL WITHIN 60 DAYS of the mailing date of this denial, YOU WILL LOSE ANY RIGHT you may have to compensation. The only exception is if you can show good cause for delay beyond the 60 days. After 180 days, all of your rights will be lost.

You will receive an EXPEDITED hearing within 30 days.

By law, your appeal cannot affect your employment.

You may be REPRESENTED BY AN ATTORNEY of your choice at NO COST TO YOU for attorney fees.

If you have questions you may contact:

- (1) The Ombuds Office for Oregon Workers toll free at 1-800-927-1271, <https://www.oregon.gov/dcbs/OOW>.
- (2) The Workers' Compensation Board toll free at 877-311-8061, <https://www.oregon.gov/wcb>.
- (3) The Workers' Compensation Division toll free at 1-800-452-0288, <https://wcd.oregon.gov>.

Statutory/Other Authority: ORS 656.726(5)

Statutes/Other Implemented: ORS 656.262(6) & 656.262(15)

History:

WCB 22-2022, amend filed 07/11/2022, effective 10/01/2022

WCB 1-2019, amend filed 04/02/2019, effective 06/01/2019

WCB 1-2012, f. 8-22-12, cert. ef. 11-1-12

WCB 1-2009, f. 10-7-09, cert. ef. 1-1-10

WCB 2-2007, f. 12-11-07, cert. ef. 1-1-08

WCB 3-2005, f. 11-15-05, cert. ef. 1-1-06

WCB 1-2004, f. 6-23-04 cert. ef. 9-1-04

WCB 2-2001, f. 11-14-01, cert. ef. 1-1-02

WCB 1-1999, f. 8-24-99, cert. ef. 11-1-99

WCB 2-1995, f. 11-13-95, cert. ef. 1-1-96

WCB 1-1994, f. 11-1-94, cert. ef. 1-1-95

WCB 11-1990, f. 12-13-90, cert. ef. 12-31-90

WCB 5-1987, f. 12-18-87, ef. 1-1-88

WCB 1-1984, f. 4-5-84, ef. 5-1-84

Exhibit B

438-015-0050(1)

Attorney Fees in Connection with Disputed Claim Settlements

- (1) When a denied and disputed claim is settled under the provisions of ORS 656.289(4) and OAR 438-009-0010, an attorney fee may be approved by the Administrative Law Judge or the Board in an amount up to 25 percent of the settlement proceeds. Under extraordinary circumstances, a fee may be authorized in excess of this calculation.**

- (2) When the settlement proceeds are to be paid in more than one payment payable within a period of more than one year from the date of approval, for purposes of approving an attorney fee under section (1) of this rule, settlement proceeds shall be calculated based on the “present value” of the total settlement proceeds. “Present value” may be represented by the actual present value of the total settlement proceeds or the purchase price of any annuity designed to fund payment of the total settlement proceeds. The parties shall provide the Board with a written statement of the “present value” of the total settlement proceeds.**

Statutory/Other Authority: ORS 656.388(4) & 656.726(5)

Statutes/Other Implemented: ORS 656.289(4) & 656.388

History:

WCB 2-2016, f. 10-13-16, cert. ef. 11-1-16

WCB 2-2012, f. 11-13-12, cert. ef. 1-1-13

WCB 1-1998, f. 11-20-98, cert. ef. 2-1-99

WCB 8-1991, f. 11-6-91, cert. ef. 11-7-91

WCB 6-1991(Temp), f. 8-29-91, cert. ef. 9-2-91

WCB 11-1990, f. 12-13-90, cert. ef. 12-31-90

Reverted to WCB 2-1989, f. 3-3-89, ef. 4-1-89

WCB 7-1990(Temp), f. 6-14-90, cert. ef. 7-1-90

WCB 2-1989, f. 3-3-89, ef. 4-1-89

WCB 5-1987, f. 12-18-87, ef. 1-1-88

Exhibit C

438-015-0052(1)

Attorney Fees in Connection with Claim Disposition Agreements

- (1) When a claim disposition agreement is approved under the provisions of ORS 656.236 and OAR 438-009-0020, an attorney fee may be approved by the Board or the Administrative Law Judge who mediated the settlement in an amount up to 25 percent of the settlement proceeds. Under extraordinary circumstances, a fee may be authorized in excess of this calculation.**

- (2) When the agreement proceeds are to be paid in more than one payment payable within a period of more than one year from the date of approval, for purposes of approving an attorney fee under section (1) of this rule, agreement proceeds shall be calculated based on the “present value” of the total proceeds. “Present value” may be represented by the actual present value of the total agreement proceeds or the purchase price of any annuity designed to fund payment of the total agreement proceeds. The parties shall provide the Board with a written statement of the “present value” of the total agreement proceeds.**

Statutory/Other Authority: ORS 656.388(4) & 656.726(5)

Statutes/Other Implemented: ORS 656.236(4) & 656.388

History:

WCB 2-2016, f. 10-13-16, cert. ef. 11-1-16

WCB 1-1998, f. 11-20-98, cert. ef. 2-1-99

WCB 8-1991, f. 11-6-91, cert. ef. 11-7-91

WCB 6-1991(Temp), f. 8-29-91, cert. ef. 9-2-91

WCB 11-1990, f. 12-13-90, cert. ef. 12-31-90

WCB 7-1990(Temp), f. 6-14-90, cert. ef. 7-1-90