



Oregon

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BULLETIN NO. 101 (Rev.)

February 14, 2007

TO: Workers' compensation insurers and self-insured employers

SUBJECT: Forms to be used in processing initial claims of occupational injury or disease

This bulletin provides or describes forms that meet the requirements of ORS 656.265, OAR 436-060-0010, and OAR 436-060-0015:

- **Form 440-801, "Report of Job Injury or Illness"**
- **Form 440-3283, "A Guide for Workers Recently Hurt on the Job"**
- **Form 440-1138, "What happens if I'm hurt on the job?"**

Form 3283 has been revised. Forms 801 and 1138 have not been revised. This bulletin replaces Bulletin No. 101 (Rev.) dated August 4, 2004. Form 801 claim filing requirements are described in OAR 436-060-0010.

I. Printing and distribution of "Report of Job Injury or Illness," Form 801

- A. Employers must provide Form 801 to injured workers (or anyone acting on their behalf) upon request.
- B. On all reporting forms, print the name, address, and phone number of the insurer, self-insured employer, and service company, if any.

Note: Some of the information on the 801 (and the Federal Form 301) is subject to release by the employer to authorized employee representatives upon request. Information must be made available in such a way that confidentiality of the claimant is protected regardless of the form used.

II. The information page, "A Guide for Workers Recently Hurt on the Job," Form 3283

This form has been revised. Insurers must provide Form 3283 to their insureds for distribution to workers at the time workers complete Form 801. An insurer may also include its name and phone number in the heading, at the end of the 3283, or in the paragraph "What if I have questions about my claim?" To ensure distribution of Form 3283, the division recommends it be printed on the back of Form 801. Insurers may use up their supplies of 801 forms and incorporate the new Form 3283 when it is necessary to restock. For insurers and employers that rely on electronic forms for "on-demand" printing, electronic copies of Form 3283 (and all workers' compensation forms) are available at: <http://wcd.oregon.gov/policy/bulletins/forms.html>.

III. The pamphlet, "What happens if I am hurt on the job?," Form 1138

The insurer must provide the pamphlet (Form 1138) to every injured worker who has a disabling injury or disease claim with the first time-loss check or earliest written correspondence.

Distribution of Form 1138 for a nondisabling claim is not required unless requested by the worker. The division will furnish Form 1138 to insurers upon request, limited to a four-month supply. Contact the division at (503) 947-7627 to request copies of the pamphlet.

If you have questions about this bulletin, a Benefit Consultant may be reached at (503) 947-7585. To obtain high quality originals of Forms 801 or 3283, contact the Workers' Compensation Division at (503) 947-7627, or download forms at www.wcd.oregon.gov.

/s/ Jerry Managhan for

John L. Shilts, Administrator
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Attachments: Forms 440-801 (Rev. 8/04); 440-3283 (Rev. 1/07)

Distribution: WCD-ID, S0, S1, S, T, U, PT, LY