

NOTICE TO WORKER

THIS “NOTICE OF CLOSURE” IS A LEGAL DOCUMENT THAT CLOSSES YOUR CLAIM. IT TELLS YOU THE PERIODS OF TIME YOU QUALIFIED FOR TEMPORARY DISABILITY (TIME LOSS) AND HOW MUCH PERMANENT DISABILITY YOU HAVE, IF ANY. SEE BELOW TO LEARN HOW A PERMANENT DISABILITY AWARD IS PAID.

APPEAL RIGHTS: IF YOU DISAGREE WITH THIS NOTICE OF CLOSURE, YOU HAVE THE RIGHT TO APPEAL THE CLOSURE OF YOUR CLAIM BY ASKING FOR A “RECONSIDERATION” WITHIN 60 DAYS FROM THE MAILING DATE PRINTED IN BOX ① ON THE FRONT OF THIS FORM. IF YOU DO NOT APPEAL WITHIN 60 DAYS, YOU WILL LOSE ALL RIGHTS TO APPEAL YOUR CLAIM CLOSURE. FORM 2223A, “WORKER REQUEST FOR RECONSIDERATION” IS AVAILABLE FROM THE WORKERS’ COMPENSATION DIVISION IN SALEM. CALL (503) 947-7816 OR WRITE TO THE WORKERS’ COMPENSATION DIVISION, APPELLATE REVIEW UNIT, 350 WINTER ST NE, P.O. BOX 14480, SALEM, OR 97309-0405. THIS FORM MAY ALSO BE ACCESSED FROM THE DIVISION’S WEB SITE:

[HTTP://WCD.OREGON.GOV/POLICY/BULLETINS/FORMSBYNO.HTML](http://wcd.oregon.gov/policy/bulletins/formsbyno.html). AFTER COMPLETING THE FORM, MAIL IT OR DELIVER IT TO:

WORKERS’ COMPENSATION DIVISION, APPELLATE REVIEW UNIT, 350 WINTER ST. NE, P.O. BOX 14480, SALEM, OR 97309-0405

YOU HAVE THE RIGHT TO HAVE AN ATTORNEY REPRESENT YOU DURING THE APPEAL PROCESS.

Frequently asked questions:

What are “scheduled” and “unscheduled” disability?

Scheduled disability is the loss of use or function of an arm, hand, leg, or foot, or the loss of visual or hearing ability. These body parts are listed on a “schedule” in the Oregon law with specific dollar amounts allowed for each part or for a percentage of loss of use for each part.

Unscheduled disability involves impairment of body parts or systems (such as the back, hip, or respiratory system). In addition to impairment, the calculation of unscheduled disability may include factors such as age, education, work history, and current ability to perform work.

How is a permanent disability award paid?

If an award is less than \$6,000, the insurer will pay the entire sum, less any overpayment it recovers, within 30 days from the mailing date of this notice. If the award is greater than \$6,000, it will be paid in monthly payments after the insurer recovers any overpayment. These payments will begin within 30 days of the mailing date of this notice. If you want the whole award paid to you at one time, you may ask the insurer for a “lump sum payment.” NOTE: If you ask for and accept a lump sum payment of an award that is greater than \$6,000, you waive your right to request reconsideration of your permanent disability award.

What if I still need medical care?

The insurer is responsible for future medical services with some limitations. Your insurer or doctor can tell you which medical services will be covered.

440-1644 (2/06/DCBS/WCD/WEB)

More questions?

- If you have questions about this Notice of Closure or your rights and responsibilities, contact the insurer at the address or phone number printed on the front of this notice.
- **THE OMBUDSMAN FOR INJURED WORKERS CAN HELP YOU UNDERSTAND YOUR RIGHTS. YOU MAY CALL THE OMBUDSMAN, (503) 378-3351, OR TOLL-FREE (800) 927-1271, (TTY (503) 947-7189) TO GET HELP OR TO SET UP AN APPOINTMENT.**
- You may also contact a benefit consultant at the Workers’ Compensation Division, (503) 947-7585, or toll-free in Oregon, (800) 452-0288.
 - ◆ There is no charge for assistance from the Ombudsman’s office or the Workers’ Compensation Division.
- You should have received the brochure *Understanding Claim Closure and Your Rights* with this Notice of Closure. Another brochure, *What happens if I’m hurt on the job?*, will give you additional information. To order these brochures, call (503) 947-7627.