

Notice of Closure Permanent Total Disability Reduction

Worker _____

① Date of closure (mailing date):

Worker name:

Date of injury:

Social Security no.:

Insurer's claim no.:

WCD file no.:

Employer:

This is to advise you that your workers' compensation claim is now closed. As your insurer, we have reviewed medical and other information about your *accepted conditions* and have determined the extent of your disability. This closure applies to the most recent open period of your claim. If you have questions about this, you can call us or any of the contacts listed on the back of this notice.

Time loss and disability are determined based on Oregon law.

② Date of PTD status determination:

③

Overpaid Workers' Compensation benefits may be deducted from any current or future Workers' Compensation benefits due a worker in accordance with ORS 656.268.

④ Your condition became medically stationary on:

⑤ Your aggravation rights end:

⑥ IMPORTANT NOTICE: You have the right to appeal this Notice of Closure by requesting a hearing. You must make your request within 60 days from the mailing date of this notice. (See the back of this notice for information on how to appeal.)

cc: Worker – regular mail Employer DCBS
 Worker – certified mail (return receipt requested) Insurer Other:

Important legal document. Keep in a safe place.
See "NOTICE TO WORKER" on the back of this form.

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NOTICE TO WORKER

THIS “NOTICE OF CLOSURE” IS A LEGAL DOCUMENT THAT CLOSURES 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 HEARING WITHIN 60 DAYS FROM THE MAILING DATE PRINTED IN BOX ④ ON THE FRONT OF THIS FORM. IF YOU DO NOT APPEAL WITHIN 60 DAYS, YOU WILL LOSE ALL RIGHTS TO APPEAL YOUR CLAIM CLOSURE. YOU MUST MAKE YOUR REQUEST IN WRITING AND MAIL OR DELIVER IT TO:

WORKERS’ COMPENSATION BOARD, HEARINGS DIVISION, 2601 25TH ST., SUITE 150, SALEM, OR 97302-1280

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

Frequently asked questions:

What are “scheduled,” “unscheduled,” and “whole person” 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.

Whole person disability is permanent impairment of the whole person as a result of the loss of use or function of any portion of the body. In addition to impairment, an additional value for work disability (impairment and factors of age, education, work history, and the current ability to work) may be considered when the worker has not returned to the job he or she was doing when he or she was injured.

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 happens to my monthly benefits?

Your monthly benefits stop as of the date of the notice of closure that determined you are no longer permanently and totally disabled. If you appeal this order, the insurer must make monthly payments until the reduction of your permanent total disability benefits is upheld.

What if I still need medical care?

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

More questions?

- If you have questions about either 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.
- You may contact a benefit consultant at the Workers’ Compensation Division, (503) 947-7585, or toll-free in Oregon, (800) 452-0288.
- **THE OMBUDSMAN FOR INJURED WORKERS CAN HELP YOU UNDERSTAND YOUR RIGHTS. YOU MAY CALL THE OMBUDSMAN AT (503) 378-3351, TOLL-FREE (800) 927-1271, TTY (503) 947-7189, TO GET HELP OR TO SET UP AN APPOINTMENT.**

There is no charge for assistance from the Ombudsman’s office or the Workers’ Compensation Division.