



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 101 (Rev.) Dec. 2, 2015

TO: Workers' compensation insurers and self-insured employers
SUBJECT: Forms required for processing initial claims of occupational injury or disease

EFFECTIVE: Jan. 1, 2016

This bulletin provides or describes forms that meet the requirements of Oregon Revised Statute (ORS) 656.265, and Oregon Administrative Rules (OAR) 436-060-0010 and 436-060-0015:

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

The Workers' Compensation Division revised Form 801 to be consistent with changes to Oregon OSHA reporting requirements, effective Jan. 1, 2016. See OAR 437-001-0704. Insurers are encouraged to start using the new form Jan. 1, 2016. However, to allow time for insurers to update their systems, insurers have until April 1, 2016, to distribute the new forms to their insureds. If insurers are still using the old form as of Jan. 1, 2016, they should otherwise inform their insureds of the new Oregon OSHA reporting requirements. Form 801 claim filing requirements are described in OAR 436-060-0010. Requirements related to Forms 3283 and 1138 are in OAR 436-060-0015. This bulletin replaces Bulletin No. 101 dated Dec. 10, 2009.

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

- A. Insurers must provide copies of Form 801 to their insured employers. Employers must provide Form 801 to injured workers (or anyone acting on the worker's behalf) immediately 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 Form 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 injured worker is protected regardless of the form used.

"A Guide for Workers Recently Hurt on the Job," Form 3283

Insurers must provide Form 3283 to their insured employers. The employer must provide Form 3283 to the worker at the time a worker files a claim for workers' compensation benefits. An insurer may revise the form to include its name and phone number in the heading, at the end, or in the paragraph "What if I have questions about my claim?". Form 3283 may be printed on the back of Form 801. 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>.

“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, contact a Benefit Consultant at 800-452-0288. You may duplicate the forms, or download them from www.wcd.oregon.gov.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Attachments: Form 801 (Rev. 1/16)
Form 3283 (Rev. 1/10)

Distribution: WCD-LY, PD8903 (insurers), PD8913 (TPAs)