

ORS 656.262(15)

OAR 436-060-0135 Suspension Checklist

Chapter 436, Division 060, Claims Administration, effective July 1, 2024

**INJURED WORKER/REPRESENTATIVE
RESPONSIBLE TO ASSIST IN INVESTIGATION;
SUSPENSION OF COMPENSATION AND NOTICE TO WORKER**

Claimant _____ Claim Number _____

Claim status: _____ Deferred (This suspension only applies to **deferred claims.**)

_____ New Claim _____ Aggravation _____ New Condition _____ Omitted Condition

Employer's date of knowledge: _____

Date new condition/omitted condition claim received: _____

INSURER'S NOTICE

1. _____ Worker notified in writing of scheduled interview, deposition, or other investigation requirements **0135(2)(a)**
2. _____ If represented, worker's attorney simultaneously copied with letter sent to worker **0135(2)(a)(A)**
3. _____ On insurer stationery if party other than insurer is investigating the claim **0135(2)(a)(B)**
4. _____ Date, time, and place of the interview or deposition, if scheduled **0135(2)(a)(A)(i)**
5. _____ Worker informed that the investigation requirements are related to the claim **0135(2)(a)(A)(iii)**
6. _____ Worker given at least 14 days to cooperate **0135(2)(a)(C)**
7. _____ The warning paragraph in bold and formatted as follows **0135(2)(a)(A)(iv)(II)**

The law requires you to cooperate and assist in the investigation of your workers' compensation claim. This means you must take part and fully cooperate with:

- **Personal and telephone interviews, and**
- **Other formal or informal information gathering techniques.**

If you do not reasonably cooperate:

- **Your workers' compensation benefits may be suspended, and**
- **Your claim may be denied under ORS 656.262 and OAR 436-060.**

*The mandatory language in this checklist must be used no later than Oct. 1, 2024. See OAR 436-060-0135(2)(a)(A)(iv) for more information.

SUSPENSION REQUEST

1. _____ Suspension request sent after worker's 14 days to cooperate have expired ***0135(2)(b)***
2. _____ Copy of the suspension request, including all attachments, sent by registered, certified, or personal service to the worker ***0135(2)(b)(D)***
3. _____ If represented, a copy of the suspension request, including all attachments, simultaneously sent by registered, certified, or personal service to the worker's attorney ***0135(2)(b)(D)***
4. _____ A statement that the insurer requests suspension under ORS 656.262(15) and OAR 436-060-0135 ***0135(2)(b)(E)(i)***
5. _____ Document the specific actions of the worker or the worker's attorney prompting the request ***0135(2)(b)(E)(ii)***
6. _____ Any reasons given by the worker for failure to comply OR a statement that no reason has been provided ***0135(2)(b)(E)(iii)***
7. _____ Copy of notice to worker of scheduled interview, deposition, or other investigation requirements required in section (2)(a) ***0135(2)(b)(E)(iv)***
8. _____ All available written documentation of the worker's notice to file a claim, including, but not limited to, a copy of Form 801 and Form 827 ***0135(2)(b)(E)(v)***
9. _____ All other pertinent information, including, but not limited to, a copy of the claim for a new or omitted condition when that is what is being investigated ***0135(2)(b)(E)(vi)***