



# Workers' Compensation Division (WCD) Subscription Service

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DCBS Fiscal Services  
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## Subscriber

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## Subscription

Select option(s) to request new and revised workers' compensation rules and bulletins issued by WCD. The fee is for one full year, beginning Jan. 1.\*

|  |   |
|--|---|
| <input type="checkbox"/> <b>Option 1:</b> New and revised rules and bulletins, \$30**  | <b>Check types of regulations you want to receive (See reverse for specifics.):</b> |
| <input type="checkbox"/> Check if this is a subscription renewal.  | <input type="checkbox"/> Claims processing  |
|  | <input type="checkbox"/> Coverage and assessments                                   |
|  | <input type="checkbox"/> General interest/other                                     |
|  | <input type="checkbox"/> Medical  |
|  | <input type="checkbox"/> Vocational/re-employment assistance                        |
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\*Fees are not prorated. If you subscribe after Jan. 1 and want the rules and bulletins issued since Jan. 1, check here ☐.

\*\*Public libraries and public educational institutions are entitled to one free subscription under OAR 440-005-0025. If you qualify, enter \$0 for one of the options below, and check here ☐.

**Note: All WCD rules and bulletins are available free of charge on our Web site: [www.wcd.oregon.gov](http://www.wcd.oregon.gov).**

## Payment

| Order                        | How many | Fee  | Subtotals       |
|------------------------------|----------|------|-----------------|
| Option 1                     | _____ X  | \$30 | = <b>\$0.00</b> |
| Option 2                     | _____ X  | \$15 | = <b>\$0.00</b> |
| Complete WCD OAR Chapter 436 | _____ X  | \$14 | = <b>\$0.00</b> |
| Complete WCB OAR Chapter 438 | _____ X  | \$5  | = <b>\$0.00</b> |
| Complete active bulletins    | _____ X  | \$15 | = <b>\$0.00</b> |
| <b>Total</b>                 |          |      | <b>\$0.00</b>   |

If you have questions about prices for individual copies of rules or bulletins, call 503-947-7627.

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Visa              | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| _____ / _____                              |                                     | _____                             |
| Credit card number                         |                                     | Expiration date                   |
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**Do not send cash or fax credit card payments.  
If paying by check, make payable to DCBS Fiscal Services. Mail payment to address at top of page.**

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| <b>Workers' Compensation Division (WCD) rules, OAR Chapter 436, and bulletins listed by category</b> |                      |  |   |
|--|----------------------|--|---|
| <b>Category</b>  | <b>Rule division</b> | <b>Rule title<br/>(complete list)</b>              | <b>Related bulletins and forms (partial list only)<br/>For a complete active bulletin index, call 503-947-7627.</b>   |
| <b>Claims Processing</b>   | 436-030              | Claims Closure and Reconsideration                 | B. 139: Claim Closure - Forms 1503, 1644*, 2807, 2807a<br>B. 227: Request for Reconsideration -Form 2223a*, 2223b   |
|  | 436-035              | Disability Rating Standards                        | B. 239: Attending Physician's Closing Examination and Report  |
|  | 436-040              | Workers with Disabilities Program                  |   |
|  | 436-045              | Reopened Claims Program                            | B. 195: Reopening of "own motion" claims under ORS 656.278, closure of own motion claims, and reimbursement from the Reopened Claims Program – Forms 1966, 2066, 3501   |
|  | 436-055              | Certification of Claims Examiners                  |   |
|  | 436-060              | Claims Administration                              | B. 101: Forms to be used in processing initial claims of occupational injury or disease - Forms 801*, 3283**<br>B. 111 (annual): Computation of temporary disability, permanent disability, and fatal benefits as related to Oregon's average weekly wage<br>B. 232: Notice of Claim Acceptance – Form 3058*<br>B. 237: Insurer's Report - Form 1502  |
|  | 436-075              | Retroactive Program                                | B. 102: Reimbursement from the Retroactive Program – Form 3285<br>B. (new # annually): Retroactive Program benefits schedule  |
|  | 436-100              | Workers' Compensation Benefits Offset              |   |
|  | 436-140              | Construction Carve-Out Programs                    |   |
|  | 436-150              | Workers' Benefit Fund Claims Program               |   |
| <b>Coverage and Assessments</b>  | 436-050              | Employer/Insurer Coverage Responsibility           | B. 147: Self-Insured Surety Deposits – Forms 824, 1810, 3529, 3640a, 3640b<br>B. 162: Oregon Workers' Compensation proof of coverage (Guaranty Contract) – Forms 821, 3215, 3216, 3217<br>B. 209: Report of Losses Instructions and Reserving Guidelines – Forms 2808, 2809, 2810, 2937<br>B. (new # annually): Self-insured base rates and election of method used for determination of premium – Forms 900, 937 |
|  | 436-070              | Workers' Benefit Fund Assessment                   |   |
|  | 436-080              | Noncomplying Employers                             |   |
|  | 436-085              | Premium Assessment                                 | B. 144: Premium assessments - Form 910<br>B. (new # annually): Premium assessment rate  |
|  | 436-160              | Electronic Data Interchange                        |   |
|  | 436-170              | Independent Contractors                            |   |
| <b>General interest/other</b>  | 436-001              | Procedural Rules Governing Rulemaking and Hearings | B. 285: Workers' Compensation Division Request for Hearing – Form 2839  |
| <b>Medical</b>   | 436-009              | Oregon Medical Fee and Payment Rules               | B. 112 (annual): Reimbursement of injured workers' travel, food, and lodging costs – Form 3921*<br>B. 220: Medical data reporting<br>B. 290 (semiannual): Hospital Fee Schedule   |
|  | 436-010              | Medical Services                                   | B. 281: Requests for Release of Medical Records - Form 2476*<br>B. 292: Workers' compensation medical reporting forms - Form 827*, 3245   |
|  | 436-015              | Managed Care Organizations                         | B. 247: MCO Quarterly Reports<br>B. 248: MCO Geographical Service Areas   |
|  | 436-160              | Electronic Data Interchange                        |   |
| <b>Vocational/ Reemployment Assistance</b>   | 436-105              | Employer-at-Injury Program                         | B. 260: Employer at Injury Program - Form 2360  |
|  | 436-110              | Preferred Worker Program                           | B. 189: Preferred Worker Program  |
|  | 436-120              | Vocational Assistance to Injured Workers           | B. 124: Procedures and forms under vocational assistance rules - Forms 1081, 1083, 1084, 1592, 2800<br>B. 151: List of Authorized Vocational Rehabilitation Providers   |

\* Form is also available in Spanish upon request.

\*\* Form is also available in Spanish, Russian, and Vietnamese upon request.