



Oregon

Theodore R. Kulongoski, Governor

Workers' Compensation Board

2601 25th St SE Ste 150

Salem, OR 97302-1280

(503) 378-3308

1-877-311-8061

www.wcb.oregon.gov

Please find attached a camera-ready copy of the Workers' Compensation Board's Claim Disposition Agreement (CDA) postcard on 8-1/2" x 11" paper, showing the Board's prescribed format, as well as a completed postcard.

The size of the postcard is **4" x 6"** on 100 to 110 lb. card stock. You may use any color paper (**except red** because postmarks do not show up on red postcards), and you may add any internal information you need to the postcard as long as the Board's prescribed format and size are followed.

Before the Workers' Compensation Board of The State of Oregon

In the Matter of the Compensation) CDA No: _____
) (for office use only)
) of
) Claim No: _____
) _____ ,) Announcement of CDA Approval Order
(Name)

On _____, the Board or the Administrative Law Judge (ALJ) who mediated the agreement approved the parties' claim disposition agreement (original/amended). Payments shall be made in accordance with the agreement.

The decision is final and is not subject to review. ORS 656.236(2).

Workers' Compensation Board/ALJ

by _____
CDA Unit/WCB Staff

WORKERS COMPENSATION BOARD
2601 25TH ST SE STE 150
SALEM OR 97302-1280

To:

(Name)

(Mailing Address)

(Mailing Address)

(City, State, Zip)