

BEFORE THE WORKERS' COMPENSATION BOARD OF
THE STATE OF OREGON

In the Matter of the Compensation)	CDA No.	
)	WCB Case No.	
)	Claim No.	
of)	DOI	
)	WCD File No.	
)	Insurer/Employer	
)		
)	CLAIM DISPOSITION AGREEMENT	

<u>TYPE OF RELEASE</u>		<u>ISSUE/BENEFIT RELEASED</u>
<u>Full</u>	<u>Partial</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Disability
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Disability
<input type="checkbox"/>	<input type="checkbox"/>	Vocational Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Survivor's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Penalties and Attorney Fees
<input type="checkbox"/>	<input type="checkbox"/>	

AMOUNT OF DISPOSITION

\$ _____ Total Due Attorney
(Subject to WCB approval)

\$ _____ Total Due Claimant

METHOD OF PAYMENT (check one)

- Lump Sum
- Structured Settlement
- Both of the Above

WAIVER OF "30-DAY" PERIOD

- YES
- NO

1. Claimant's name and address: _____
2. Employer's name and address: _____
3. Carrier's name and address: _____
4. Claimant's attorney's name and address _____
5. Employer's/Insurer's attorney's name and address: _____
6. The accepted conditions subject to this claim disposition agreement are: _____
7. This claim was first closed on: _____
8. The total amount (percent) of unscheduled/scheduled permanent disability benefits awarded on the claim is: _____
9. The worker has/has not ever been able to return to the work force following the industrial injury or occupational disease.
10. The worker's age is _____ and his/her highest educational level is _____. The extent of vocational training (or, if the worker is deceased, the age, highest education level, and the extent of vocational training of the worker's beneficiaries) is _____
11. The following is a list of occupations that the worker has performed (or, if the worker is deceased, a list of occupations that each of the deceased worker's beneficiaries has performed): _____
12. Pursuant to ORS 656.236, in consideration of the payment of \$ _____ by the insurer/employer, claimant releases his/her right to the following workers' compensation benefits (e.g., temporary disability, permanent disability, vocational rehabilitation and survivor's benefits): _____ The insurer's/employer's obligation to provide these benefits is also released. [Claimant does not release his/her right to attorney fees or penalties in relation to medical services disputes arising after the date of receipt of this agreement by the Board].
13. Out of the above consideration, claimant's attorney shall receive an attorney fee in the amount of \$ _____
 - a. If the attorney fee exceeds the Board's rule (OAR 438-015-0052), the extraordinary circumstances that justify this fee are _____ .
 - b. If the agreement is to be paid in installments, the cost of the annuity or the present value of the agreement is \$ _____ .

14. Claimant retains his/her right to medical services for the compensable injury.
15. Claimant was given a written notice, separate from the agreement, in the form prescribed by the Board pursuant to OAR 438-009-0022.
16. [The following notice must either be included in the claim disposition agreement or incorporated by reference into the agreement].

"NOTICE TO CLAIMANT: UNLESS YOU ARE REPRESENTED BY AN ATTORNEY AND YOUR CLAIM DISPOSITION AGREEMENT INCLUDES A PROVISION WHICH WAIVES THE 30-DAY "COOLING OFF" PERIOD, YOU WILL RECEIVE A NOTICE FROM THE WORKERS' COMPENSATION BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT TELLING YOU THE DATE THIS AGREEMENT WAS RECEIVED BY THEM FOR APPROVAL. YOU HAVE 30 DAYS FROM THE DATE THE BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT RECEIVES THE AGREEMENT TO REJECT THE AGREEMENT, BY TELLING THE BOARD OR THE ADMINISTRATIVE LAW JUDGE WHO MEDIATED THE AGREEMENT IN WRITING. DURING THE 30 DAYS ALL OTHER PROCEEDINGS AND PAYMENT OBLIGATIONS OF THE INSURER/SELF-INSURED EMPLOYER, EXCEPT FOR MEDICAL SERVICES, ARE STAYED ON YOUR CLAIM. IF YOU DO NOT HAVE AN ATTORNEY, YOU MAY DISCUSS THIS AGREEMENT WITH THE BOARD IN PERSON WITHOUT FEE OR CHARGE. TO CONTACT THE BOARD, WRITE OR CALL: WORKERS' COMPENSATION BOARD, 2601 25TH STREET SE, SUITE 150, SALEM, OREGON 97302-1280, TELEPHONE: (503) 378-3308, TOLL-FREE AT 1-877-311-8061, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

"YOU MAY ALSO DISCUSS THIS AGREEMENT WITH THE WORKERS' COMPENSATION OMBUDSMAN, WITHOUT FEE OR CHARGE. TO CONTACT THE OMBUDSMAN, WRITE OR CALL: WORKERS' COMPENSATION OMBUDSMAN, LABOR & INDUSTRIES BUILDING, 350 WINTER STREET NE, SALEM, OR 97310, TELEPHONE: (503) 378-3351, TOLL-FREE AT 1-800-927-1271, 8:00 TO 5:00, MONDAY THROUGH FRIDAY.

"YOU MAY ALSO CALL THE WORKERS' COMPENSATION DIVISION'S INJURED WORKER HOTLINE, TOLL-FREE IN OREGON, AT 1-800-452-0288."

17. Payment of the disposition shall be made no later than the 14th day after the Board mails notice of its approval of the agreement to the parties, unless otherwise stated in the agreement.
18. On Board approval of this agreement, the following requests for hearing/review shall be dismissed: WCB Case No. _____

19. Claimant acknowledges that he/she has reviewed the description of benefits, as described in this agreement and the informational enclosure prescribed in OAR 438-009-0022, and has had an opportunity to ask questions of his/her attorney or the insurer/employer to further understand the consequences of signing this agreement.
20. [If parties are waiving "cooling off" period] Claimant is represented by an attorney and all parties agree to waive the "30 day" waiting period under ORS 656.236(1)(a)(C) for Board approval of the agreement.

IT IS SO STIPULATED AND AGREED.

_____	_____
Claimant	Date
_____	_____
Claimant's Attorney	Date
_____	_____
Insurer/Employer	Date
_____	_____
Insurer's/Employer's Attorney	Date

THIS AGREEMENT IS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRESCRIBED BY THE BOARD. SEE ORS 656.236(1). ACCORDINGLY, THIS CLAIM DISPOSITION AGREEMENT IS APPROVED. AN ATTORNEY FEE PAYABLE TO CLAIMANT'S ATTORNEY ACCORDING TO THE TERMS OF THIS AGREEMENT IS ALSO APPROVED.

IT IS SO ORDERED.

DATED THIS _____ DAY OF _____, 20_____.

Board Member or Administrative Law Judge Who Mediated the Agreement

Board Member

NOTICE TO ALL PARTIES: THIS ORDER IS FINAL AND IS NOT SUBJECT TO REVIEW. ORS 656.236(2).