



Preferred Worker Program Quarterly Claim Cost Reimbursement Request (Effective Dec. 1, 2007)

_____ Quarter _____

Self-Insured Employer **Insurance Company**

**To: Department of Consumer & Business Services
Workers' Compensation Division, Compliance Section
Benefits and Certification Unit
350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405**

I certify that:

- 1) The costs listed do not include incidental costs of claims administration. (Note: Incidental costs for claims administration on claim costs will be calculated and reimbursed by the Workers' Compensation Division in accordance with OAR 436-110-0330(1)(b) and (c).)
- 2) The claim costs reimbursed by the Preferred Worker Program are not and will not be included in the data that will affect employer rates and/or dividend eligibility.
- 3) The payments reported have been made in the amounts indicated and have not been previously requested. Reimbursement is requested in the amount of _____.

All costs must indicate the quarter and year of actual payment.

From: Insurance company _____
or self-insured _____
employer (and TPA _____
if applicable) name _____
and address: _____

Signed: _____ Date: _____
Name and title: _____ (Print or type)
Phone: _____ (Print or type)

City _____ State _____ ZIP _____

Preferred Worker no.*	Claim status		Insurer claim no.	Claimant name(s) (Alphabetical order, last, first)	Date of new injury	Date of hire for this job**	Qtr/Yr of payment	Claim costs			WCD use only
	Nondis. or Disabling							Disability benefits	Medical benefits	Total costs	
	N	D									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>									
Totals from Page 1:											
Totals from all additional pages:											
Totals:											

*Preferred Worker no. is the same as the WCD file number of the qualifying claim.

**Required on first request.