

## Employer-at-Injury Program (EAIP) Wage Subsidy Request Form

EAIP Team (HSB-2)  
400 High St SE  
Salem, OR 97312  
800.285.8525 (ext 8652)  
Fax: 503.584.9805

<b>Attach copies of the following:</b>			
<b>1. Payroll records:</b> <ul style="list-style-type: none"> <li>Proof of the total gross wages paid per pay period (i.e., copy of pay stub, pay register, etc.)</li> <li>Proof of daily hours worked (i.e., time cards, calendar records, etc.)</li> </ul>			
<b>2. Any copy(ies) of the work release(s) you've obtained for the requested period of transitional work</b>			
<b>Worker Information</b>			
Worker Name:	Date of Injury:		
Claim Number:	Social Security Number:		
<b>Employer Information</b>			
Payee Name:	Policy Number:		
Mailing Address for Reimbursement:	City/State/Zip Code:		
Phone Number: (     )		Email Address:	
Contact Name:	Federal Tax Identification Number and Legal Name:		
<b>Regular Work vs Transitional Work</b>			
Describe the regular job/duties that the worker could not perform:		Describe the transitional job/duties that the worker performed:	
First day of transitional work	Shift Schedule	Scheduled days worked	Rate of pay
Date:	to		
<b>Wage Subsidy Request</b>			
<b>Request is for the transitional work period from: _____ thru: _____</b>			
<ul style="list-style-type: none"> <li>Was Oregon workers' compensation insurance coverage maintained during and through program period? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Is the worker still employed with your business? Yes <input type="checkbox"/> If no <input type="checkbox"/> please provide effective date: _____</li> <li>Have you requested reimbursement for worksite modifications and/or purchase benefits in this claim opening? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>			
<p><b><i>I certify to SAIF Corporation that the wages subject to reimbursement have been paid to the worker. Workers' compensation insurance is currently maintained and has been maintained throughout the Employer-at-Injury Program.</i></b></p>			
_____ Employer's Signature		_____ Date	

Upon receipt of the completed subsidy request, SAIF Corporation will determine eligibility for reimbursement and calculate the appropriate subsidy amount. If you have any questions regarding the amount of your reimbursement please contact us within 14 days from the date of check. If eligible, payment will then be directed to the address listed on the front of the form.

## ***Eligibility requirement for the Employer-at-Injury Program***

The Employer:

- Must maintain Oregon workers' compensation insurance coverage.
- Must be the employer-at-injury. Employer-at-injury means the organization that employed the worker when the worker sustained the injury or occupational disease, or made the claim for aggravation, or requested an Own Motion opening.
- Must be re-employing an eligible worker while the worker's claim is open.

The Worker:

- Must have an accepted or deferred Oregon workers' compensable injury or occupational disease.

### ***Wage subsidy***

- There are two types of medical releases that qualify under the rules for this program:
  - A. A medical release that states the worker's specific restrictions; or
  - B. A statement by the medical service provider that indicates the worker is not released to regular employment accompanied by an approval of a job description, which includes the job duties and physical demands required for the transitional work.
- Medical releases such as: "light work," "light duty," or "modified work" without other specific written restrictions or clarification, are not considered acceptable cited restrictions to start the program. An employer or insurer may get clarification about a medical release from the medical service provider who issued the release anytime prior to submitting the reimbursement request.
- Wage subsidy is 50 percent of the total gross eligible wages and is limited to 66 work days within 24 months.
- The wage subsidy period may not start or end with any type of paid leave.
- If the worker had an appointment with their medical service provider on the first or last day of the wage subsidy period, an appointment time must be included for that day to be considered for reimbursement.
- Reimbursable wages means the gross wages paid to a worker during the transitional work period. **Any money paid that is not clearly explained can NOT be reimbursed.**
- Employer-at-Injury Program reimbursement requests must meet the minimum of \$100.
- The insurer may end the Employer-at-Injury Program at any time while the worker's claim is open. The insurer **must** end the EAIP when the worker or employer meets any of the end of eligibility criteria listed in OAR 436-105-0512. (*Claim closure, eligibility requirements are no longer met, date of claim denial, or sanctions preclude eligibility, whichever occurs first.*)
- The employer must request reimbursement from SAIF Corporation within one year from the date the program ends.

### ***Some of the reasons a wage subsidy reimbursement may be less:***

- Exceeding hour or physical restrictions
- No valid work release (see "two types of medical releases" above)
- A medical release must cover any period of time that benefits are requested

Per OAR 436-105-0560 "Any person who knowingly makes a false statement or misrepresentation to the director or an employee of the director for the purpose of obtaining any benefits or reimbursement from the Employer-at-Injury Program or who knowingly misrepresents the amount of payroll, or knowingly submits a false payroll report, is subject to penalties under ORS 656-990."