

### Employer-at-Injury Program (EAIP) Purchase justification request form

EAIP team  
400 High St SE  
Salem, OR 97312

Phone: 800.285.8525 (ext 8652)  
Fax: 503.584.9805  
Email: EaipTeam@saif.com

**Attach copies of the following:**

- Copies of medical releases for the requested period not already submitted to the claim
- Itemized invoice and/or receipt showing proof of payment, proof of order date, and proof of delivery date for all purchases

**Worker information**

Worker name:	Date of injury:	Claim number:
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**Payee information**

Payee name:	Policy number:	
Mailing address:	City/State/Zip code:	
Phone number:	Contact name	Federal tax ID number and Legal name:

**Regular work vs. transitional work**

Regular job title (at time of injury):	Transitional job title and start date:
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Describe the regular job duties the worker could not perform due to work restrictions (attach regular job description if available):

Describe the transitional job duties the worker performed while restricted from full duty work (attach modified job description if available):

First day of transitional work	Shift schedule AM PM	Scheduled days worked	Rate of pay
Date:	To	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> Varies	\$

**Itemized list of purchases:** Justification should explain why the purchase was needed (EAIP specialist will determine eligibility)

Item: \_\_\_\_\_ Order date: \_\_\_\_\_ Delivery date: \_\_\_\_\_ Item cost: \_\_\_\_\_

Justification:

Item: \_\_\_\_\_ Order date: \_\_\_\_\_ Delivery date: \_\_\_\_\_ Item cost: \_\_\_\_\_

Justification:

**Total amount requested: \$ \_\_\_\_\_**

Employer signature \_\_\_\_\_ Date: \_\_\_\_\_

**Upon receipt of the completed request, SAIF will determine eligibility for reimbursement and calculate the appropriate amount. If you have any questions regarding the status of your request, you may contact us directly or by viewing the EAIP activity screen location in our secure site at saif.com > Log in.**

## Eligibility requirement for the EAIP

### 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 employing an eligible worker

### The worker:

- Must have an Oregon workers' compensation injury or occupational disease at the time of the EAIP.

## Qualifying medical releases

- There are two types of medical releases that qualify under the rules for this program:
  - A medical release that states the worker's specific current or projected restrictions; or
  - 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.

## Claim status

The claim must be deferred or accepted when the purchase is ordered.

## Purchase benefit categories

**Worksite modification** alters a worksite by renting, purchasing, modifying, or supplementing equipment to enable a worker to perform the transitional work within the worker's limitations or to prevent a worsening of the worker's conditions.

**Tools and equipment** – Items that are required for the worker to perform transitional work, including consumables

**Worksite modification and purchases of tools and equipment are limited to a combined maximum reimbursement of \$5,000.**

**Tuition, books, fees, and materials (\$1,000 maximum)** – A class or course of instruction required for the transitional work or skill building. **When skill building is the transitional work, an agreement in writing signed by the worker is required.**

**Clothing (\$400 maximum)** – Clothing that is required for the job and not normally provided by the employer; clothing becomes the worker's property.

Eligible requests for reimbursement must meet a minimum of \$100.00. Benefits may be combined to meet this requirement.

**The worker must work within the physical and hourly restrictions set by the doctor. It is the employer's responsibility to inform the worker about the need to comply with the work restrictions. The insurer and Workers' Compensation Division have the discretion to deny any reimbursement they determine is not *reasonable, practical, or feasible* or consider an abuse of the program.**

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 656-99