

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

EAIP Team
400 High St SE
Salem, OR 97312
800.285.8525 (ext 8652)
Fax: 503.584.9805
Email: EaipTeam@saif.com

Attach copies of the following:

1. Payroll records:

- Copy of each pay stub, pay register or payroll report showing gross wages by pay period (e.g. weekly, biweekly, semi-monthly, etc.)
- Copy of timecards or timesheets showing daily hours worked.

2. Copies of medical releases for the requested period not already submitted to the claim

Worker information

Worker name:	Date of injury:	Claim number:
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Employer information

Payee name:	Policy number:
Mailing address for reimbursement:	City/State/Zip code:
	Email address:
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:
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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	

Request is for the transitional work period from: thru:

- Is the worker still employed with your business? Yes If no please provide effective date: _____

I certify to SAIF that the wages subject to reimbursement have been paid to the worker. Workers' compensation insurance is currently maintained and has been maintained throughout the EAIP.

Employer's 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. A medical release that states the worker's specific current or projected 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

- Wage subsidy is 45 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 for the transitional work period.
- Eligible requests for reimbursement must meet a minimum of \$100.00. Benefits may be combined to meet this requirement.
- EAIP ends when the first one of the following occurs: *employment separation, lapse in workers compensation coverage, claim closure or denial, sanctions, insurer ends the EAIP, two years after the original date of acceptance of non-disabling claim, or when benefits under the Preferred Worker Program begin.*
- The employer must request reimbursement from SAIF within one year from the date the program ends.
- When skills building is the transitional work, an agreement in writing signed by the worker is required.

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

- Exceeding hour or physical restrictions
- No valid medical release (see qualifying medical releases above)
- A medical release must cover any period of time that benefits are requested.
- Any money paid that is not clearly explained can NOT be reimbursed.

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."