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Work. Life. Oregon.

2026
Workers' Compensation
Insurance Seminar

What's a Return-to-Work program?

The how and why behind a successful post injury process

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Return-to-Work (RTW) overview

Successful RTW program

Offering modified work

- Prorating Time loss

Tips for employers

Employer at Injury Program (EAIP) overview

Purpose of EAIP

Benefits

SAIF and EAIP

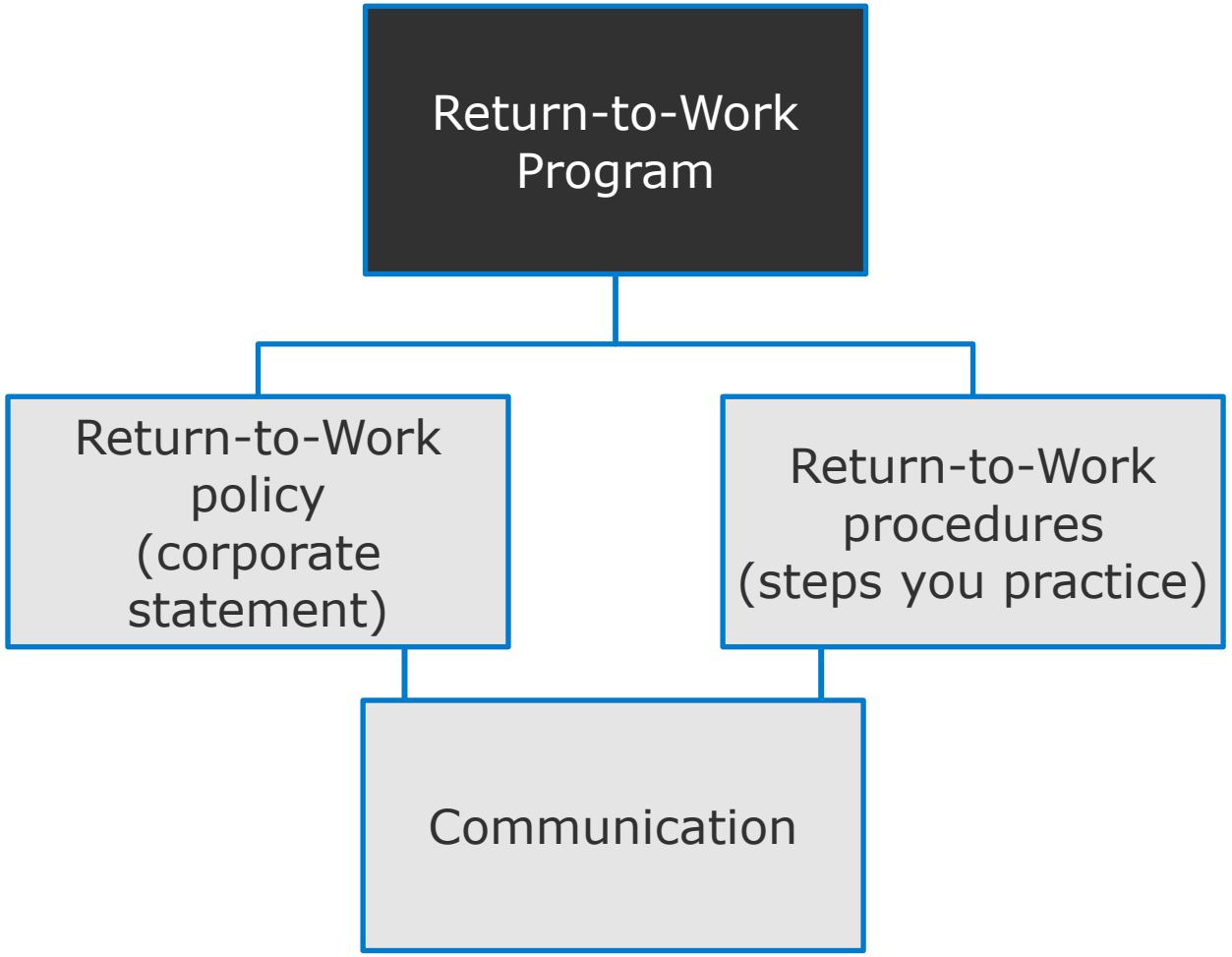
Practice makes perfect! Return to Work activity using EAIP

Return-to-Work

Why is it so important?

- Decreases costs
- Increases productivity
- Boosts morale
- Builds accountability
- Promotes faster healing

Elements of a successful RTW program



Develop a RTW policy

- Business culture regarding RTW
- Have a written policy
- Designate a coordinator
- Communicate and train

Develop RTW procedures

Create a Return-to-Work post injury packet

Return-to-Work packet

801 form

Return-To-Work status form

Incident/accident report

Employee/Supervisor responsibility checklist

Other items:

- Letter to doctor
- Modified work log

Release-to-Work form

This form should be given to the employee to take to each doctor appointment.

It should be returned to the employer within 24 hours.

Return form to:

RETURN-TO-WORK STATUS

Worker's name: _____ Claim number (if known): _____

Next scheduled appointment date: _____

Is the worker expected to materially improve from medical treatment or the passage of time? ☐ **Yes** ☐ **No**

WORK STATUS *(Select one option)*

☐ **OPTION 1 – Released to Regular Work** Status from (date): _____

Released to the ***hours routinely worked and tasks routinely performed in the job held at the time of injury.***

☐ **OPTION 2 – Not Released to Work** Status from (date): _____ to: _____

The worker is ***not capable of performing any work activities***.

☐ **OPTION 3 – Released to Modified Work** Status from (date): _____ to: _____

Released to work, ***subject to the following work restrictions (note only those that are applicable):***

Total work hours: ____hours/day

Lift/carry/push/pull restrictions

	One-time	*≤1/3 of workday*	*1/3-2/3 of workday*	*≥2/3 of workday*	*Duration*
Lift:	____pounds	____pounds	____pounds	____pounds	____hrs./day ____hrs./one time
Carry:	____pounds	____pounds	____pounds	____pounds	____hrs./day ____hrs./one time
Push:	____pounds	____pounds	____pounds	____pounds	____hrs./day ____hrs./one time
Pull:	____pounds	____pounds	____pounds	____pounds	____hrs./day ____hrs./one time

Activity restrictions

Stand:	____hrs./day	____hrs./one time	***Twist:***	____hrs./day	____hrs./one time	***Crawl:***	____hrs./day	____hrs./one time
Walk:	____hrs./day	____hrs./one time	***Climb:***	____hrs./day	____hrs./one time	***Crouch:***	____hrs./day	____hrs./one time
Sit:	____hrs./day	____hrs./one time	***Bend:***	____hrs./day	____hrs./one time	***Balance:***	____hrs./day	____hrs./one time
Drive:	____hrs./day	____hrs./one time	***Above-shoulder-reach:***	____hrs./day	____hrs./one time	***Below-shoulder-reach:***	____hrs./day	____hrs./one time
Kneel:	____hrs./day	____hrs./one time						

Hand use restrictions

Fine actions:	____hrs./day L hand	____hrs./day R hand
Keyboarding:	____hrs./day L hand	____hrs./day R hand
Grasp:	____hrs./day L hand	____hrs./day R hand

Foot use restrictions

Raise:	____hrs./day L foot	____hrs./day R foot
Push:	____hrs./day L foot	____hrs./day R foot

Notes / other restrictions: _____

Medical provider's signature: _____ Date: _____

Print medical provider's name: _____ Phone no.: _____

440-3245 (2/16/DCBS/WCD/WEB)

Letter to physician

Attach to the Return-to-Work Status form and/or the 801.

(Your Business Header Here)

Dear physician:

Thank you for your treatment today of our injured worker and valued team member. For your information, (employer name), has a regular return-to-work program where we provide modified work for our employees whenever appropriate for their rehabilitation and our business needs.

Please review the attached forms(s) and:

a. Complete the *Release to Return to Work Form* outlining our worker's current physical capabilities, follow-up date, and date of anticipated release to regular work.

If a *Modified Job Description* is attached:

b. Please review and sign the bottom portion of the job description(s) ensuring to check the "yes" or "no" boxes.

If our worker is not released to any work at this time, please provide us an anticipated return-to-work date: ___/___/___

**Please note that we may have sedentary and or part-time work available if required and we are willing to consider any necessary restrictions that would allow our employee to return to our work team.*

Thank you for caring for our injured employee. Please call our company's workers' compensation representative/human resources, or the claims adjuster at SAIF for any questions.

Sincerely,

(Employer contact name/contact information)

SAIF: 800.285.8525

Local occupational medical clinic(s):

1. Insert Name
Insert Address
Insert Phone

2. Insert Name
Insert Address
Insert Phone

(Reminder: Employers cannot dictate who injured employees seek treatment with.)

Employee responsibilities

Don’t assume the employee knows what to do.

Create and provide the injured worker with a responsibility checklist.

Employee responsibilities

1. Complete the “Employee accident report” and if you are seeking medical attention for your workplace injury also complete the 801 form (Report of Job Injury or Illness) as soon as possible.

2. At your initial visit, provide the included letter and forms (see Injury packet contents) to your medical provider. It is *your responsibility* to have the medical provider complete a return-to-work form.

3. **Immediately report back to work** after seeing the medical provider to present the work release information. This should be done *no later than* 24 hours following your medical appointment.

4. Follow your medical provider’s instructions. Be sure to request an updated work release form at *every* visit. You are required to provide the updated work release within 24 hours following any appointment with your attending physician. **If your medical provider fails to give you a work release, please contact us or your claims adjuster at SAIF Corporation immediately.*

5. **Regardless of your work release/status, you are required to contact us weekly** to provide an update and check on modified work availability. **Failure to adhere to this policy may result in disciplinary action.*

6. If you have any questions, ask your supervisor/Human Resources or workers’ compensation coordinator. You may also contact your insurance claims adjuster at SAIF Corporation.

7. Return all calls from your insurance adjuster immediately so your claim can be processed correctly. Ask questions and make sure you understand your rights and responsibilities.

8. You are responsible for your recovery. We will do what we can to assist, and we will follow your doctor’s written recommendations about work restrictions, but this is *your* responsibility as well. Do not hesitate to speak up if you have any questions or concerns. Our goal is the same as yours: to get you fully recovered as quickly as possible so you can feel better and get back to your normal activities – both on and off the job!

Supervisor responsibilities

Don’t assume the supervisors know what to do either.

Create a responsibility checklist.

Employer responsibilities

Accident reporting

- The supervisor will conduct an accident analysis on all accidents, regardless of whether an injury occurs.
- When an accident occurs which results in injury requiring **professional medical treatment,** Personnel will forward a completed workers’ compensation **801** form to the insurance carrier within five (5) calendar days of knowledge of the injury or illness.
- Other information will be forwarded as soon as developed, including:
  - Name of worker’s attending physician
  - Completed **Release to Return-to-Work Form** from attending physician and medical documentation, if appropriate
  - Accident/Investigation Report
  - Return to work plan; including hours and wages offered
- The supervisor will notify the insurance carrier of any changes in the worker’s medical or work status as soon as possible.

Medical treatment and temporary/transitional duty physical condition

- A **Release to Return-to-Work** form will be provided to the worker to take to the attending physician for completion and/or approval.
- At the time of first medical treatment the **Release to Return-to-Work** form must be completed and returned to Personnel. If one is not, Personnel will request worker solicit one from the attending physician.
- The completed **Release to Return-to-Work** form will be reviewed by Personnel and an appropriate modified work plan will be considered or offered.

Supervisor

- The supervisor will monitor the worker’s performance to ensure the worker does not exceed the worker’s physician release.
- The supervisor will monitor the worker’s recovery progress through regular contact to assess when and how often duties may be changed. The supervisor will assess the company’s ability to adjust work assignments upon receipt of changes in physical capacities.

Offering modified work

Is the employee motivated to return to work?

YES – an informal offer may suffice

NO – requires a formal job offer process

Other considerations

- Termination
- Quit

Informal job offer

Obtain restrictions from physician

- Specific physical capacities (Ensure they use the Return-To-Work form)

Identify suitable light duty tasks

Communicate with manager or supervisor

Verbally offer work to employee

Require updated work release post every appointment (Provide copies of the Return-To-Work form)

Track hours worked/missed and modified work tasks on a modified work log

Provide RTW update to SAIF

Modified work log

Allows the worker to document hours worked/missed/reason for missing

Assists in accuracy of time loss payments

Worker name: **Claim no.:**

Date	Modified work performed	Within restrictions?
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*
____/____/____	Hours worked ______ *If you missed any time from work today, please note the reason:*	☐Yes ☐No*

Worker signature: ______________________________ Date: ____/____/____

Supervisor signature: ______________________________ Date: ____/____/____

*If you feel the work you are performing is **not** within the restrictions provided by your attending physician, **immediately** contact your supervisor or the Human Resources Department to discuss this.

TURN THIS FORM IN TO YOUR SUPERVISOR AT THE END OF EACH WORKWEEK.

Formal (Bona Fide) Job Offer or "BJO"

- Develop modified job description (MJD)
- Obtain physician's approval of the MJD (may take a few weeks)
- Complete the job offer letter (per statute requirements)
- Present all documents to the employee:
  - Either in person
  - By mail (regular and certified)
  - Text
  - Email

Contact the Return-to-Work Consultant to ensure compliance

Find examples and templates at **saif.com/RTW**

Terminated worker process

Procedure used to demonstrate appropriate modified work remains available to an injured worker who has been terminated for **violation of workplace policy**

Sequential Terminated worker process:

1. Contact your RTWC
2. RTW policy
3. Documentation for termination
4. Approved MJD
5. Terminated worker memo

RTW policy

Available at **saif.com/RTWprograms**

Sample return-to-work policy

This is a sample policy provided by SAIF as a service to its policyholders. Not all provisions may be applicable to your business. Before adopting any of this return-to-work policy, you should obtain legal counsel and advice.

(Company Name)

RETURN-TO-WORK: SAMPLE POLICY

Note: This document is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973, or other applicable laws.

To preserve the ability to meet company needs under changing conditions, this company reserves the right to revoke, change, or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

Objectives

(Company Name) has developed a return-to-work policy. Its purpose is to return workers to employment at the earliest date following any injury or illness. We desire to speed recovery from injury or illness and reduce insurance costs. This policy applies to all workers and will be followed whenever appropriate.

(Company Name) defines "transitional" work as temporary modified work assignments within the worker's physical abilities, knowledge, and skills.

Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

For any business reason, at any time, we may elect to change the working shift of any employee based on the business needs of this company.
[This is optional language that may be included depending upon your business need.]

The physical requirements of transitional/temporary work will be provided to the attending physician. Transitional/temporary positions are then developed with consideration of the worker's physical abilities, the business needs of (Company Name), and the availability of transitional work.

In case of an on-the-job accident

If you have a work-related injury and are missing time from work, contact our Human Resources or Personnel Department or SAIF Corporation for details regarding time loss.

Transitional temporary work assignment

(Company Name) will determine appropriate work hours, shifts, duration, and locations of all work assignments. (Company Name) reserves the right to determine the availability, appropriateness, and continuation of all transitional assignments and job offers.

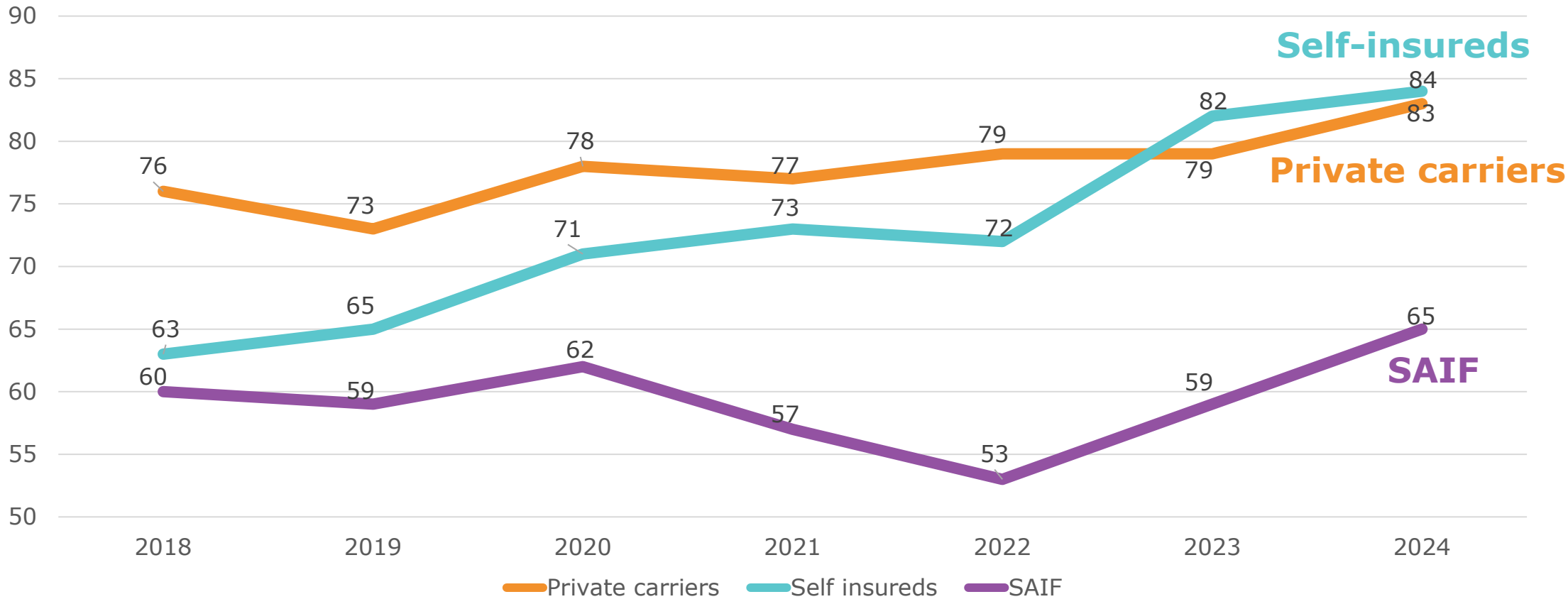
Communication

It is the responsibility of the worker and/or supervisor to immediately notify Personnel of any changes concerning a transitional/temporary work assignment. Personnel will then communicate with the insurance carrier and attending physician as applicable.

Best practices for employers

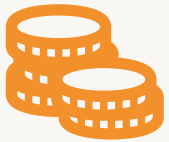
- Don’t have modified work? Consult your Return-to-work specialist.
- Communicate:
  - Internally with injured worker and other staff
  - Externally with insurance carrier
- Manage progression of restrictions
- Offer the average weekly wage if possible
- Adhere to work restrictions – *do not exceed!* *(especially if they have a work hours restriction)*
- Utilize Employer at Injury Program (EAIP)

Average time loss days paid



Employer-at-Injury Program (EAIP)

Provides financial incentive for employers to bring injured workers back to work

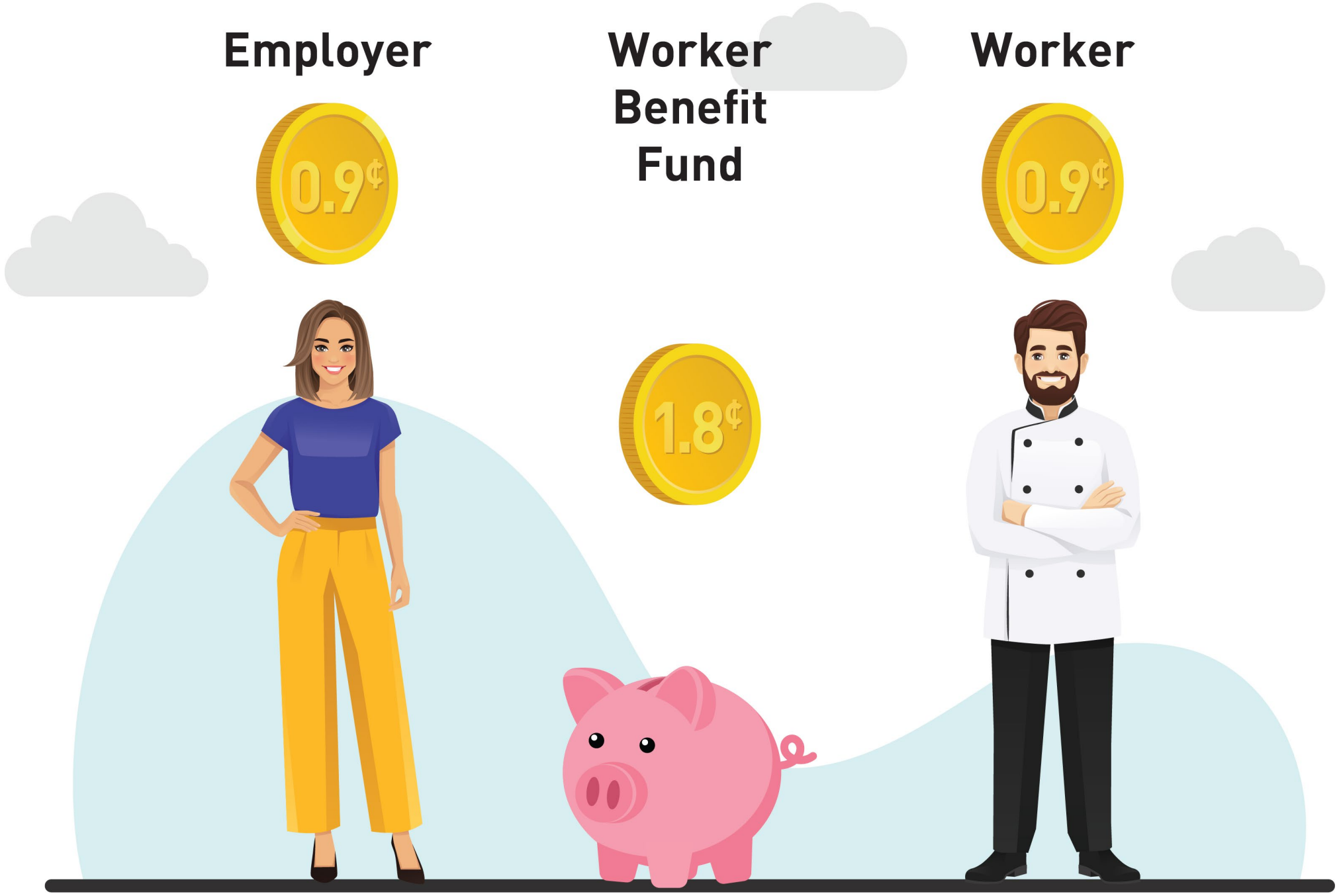


Does not affect premium or claim costs

WBF

Funded by the Worker's Benefit Fund

Voluntarily activated by the employer at injury


Employer
Worker Benefit Fund
Worker
0.9¢
1.8¢
0.9¢

EAIP benefits

Worksite modifications

Tools and equipment

Tuition, books, and fees

Clothing (property of the injured worker)

Wage subsidy

Disclaimer

EAIP Specialists are non-attorney spokespersons. These examples are purely hypothetical and for illustrative purposes.

For Specific Requests, please encourage your client to contact their SAIF Return to Work Consultant and or aligned EAIP Specialist. (We want to help them)

Insurers in Oregon are required to administer EAIP Benefits to their policyholders under OAR 436-105 (All Insurers)

While there may be some similarities in how other insurers provide access to these benefits, there are some differences.

These are fictitious examples to help you understand important concepts in EAIP that differ from claim management requirements.

RTW… Return to What?

3 elements

RTW… Return to What? - 3 elements

1

What is the regular job?

2

What are the restrictions?

3

What is the modified work?

Let’s practice

RTWhat – What is the regular job?

Element #1 is met – a description of the job with specific duties and physical requirements

Hillory works at a casino shuffling cards.

Her regular job requires she use both hands to shuffle cards all day long. 8 hours per day. 5 days per week.

The cards weigh approximately 1 lb.

She might be required to lift and stack 25 lb. cartons of cards from shoulder level to floor level repeatedly throughout the day. This task also requires she use both hands.

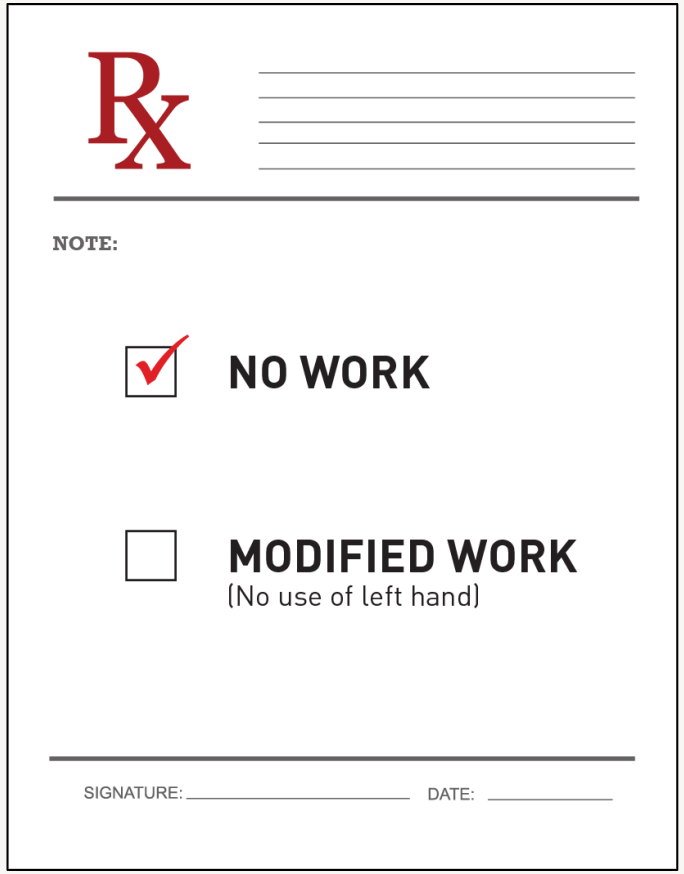
Ouch

On Friday, Hillory dropped a carton of cards onto her left hand.

She went to the doctor and was taken off all work.

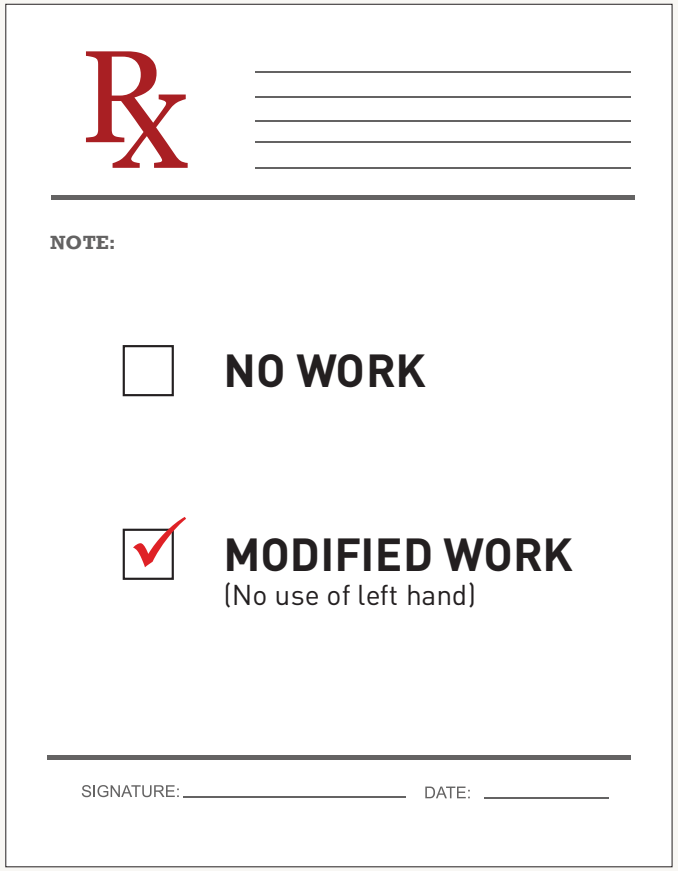
Because of the RTW policy

Hillory brings her Off Work slip to her employer on Monday morning.



RTW to the rescue

With the help of our Return-to-Work Consultant at SAIF, we were able to ask the doctor to provide a medically appropriate modified work release and an opportunity for Hillory to continue being productive and valued.



RTWhat – What are the restrictions?

Element #2 is met – Specific restrictions that prevent regular work from occurring.

If you don’t know what the restrictions mean, they probably aren’t specific enough.

Examples of Restrictions

Poorly written	Specifically written
Desk work	Seated work
Sedentary work	Department of Labor *Sedentary work* definition
As tolerated	15 times during a shift
No heavy lifting	Cannot lift over 50 lbs
Can work ½ time	No working over four hours

RTWhat – What is the modified work?

Hillory can’t shuffle cards and the employer has nothing else.

RTWhat – What is the modified work?

Element #3 is met – we have documentation of the duties and physical requirements to perform this task. What was done and when it was done.

Using Employer-at-Injury Program benefits, the RTW consultant helps the employer identify a suitable modified job that is also meaningful.

SAIF pre-approves the purchase of a card shuffler that allows Hillory to shuffle cards all day long using only her right hand. She also is not stacking cartons of cards.

Exceeding restrictions?

Who’s problem is this?

Burden of proof belongs to the employer – have your employee keep a modified work log. (Preponderance of Evidence Standard)

Claims rules do not require compliance with medical restrictions, (other than complete off work releases). If both the worker and the employer are happy and things are resolving, this might be the win you are after.

If your client wants EAIP – exceeding restrictions = ineligibility.

Exceeding restrictions?

Preponderance of Evidence Standard

Any day during which the worker exceeds their injury-caused limitations will not be reimbursed.

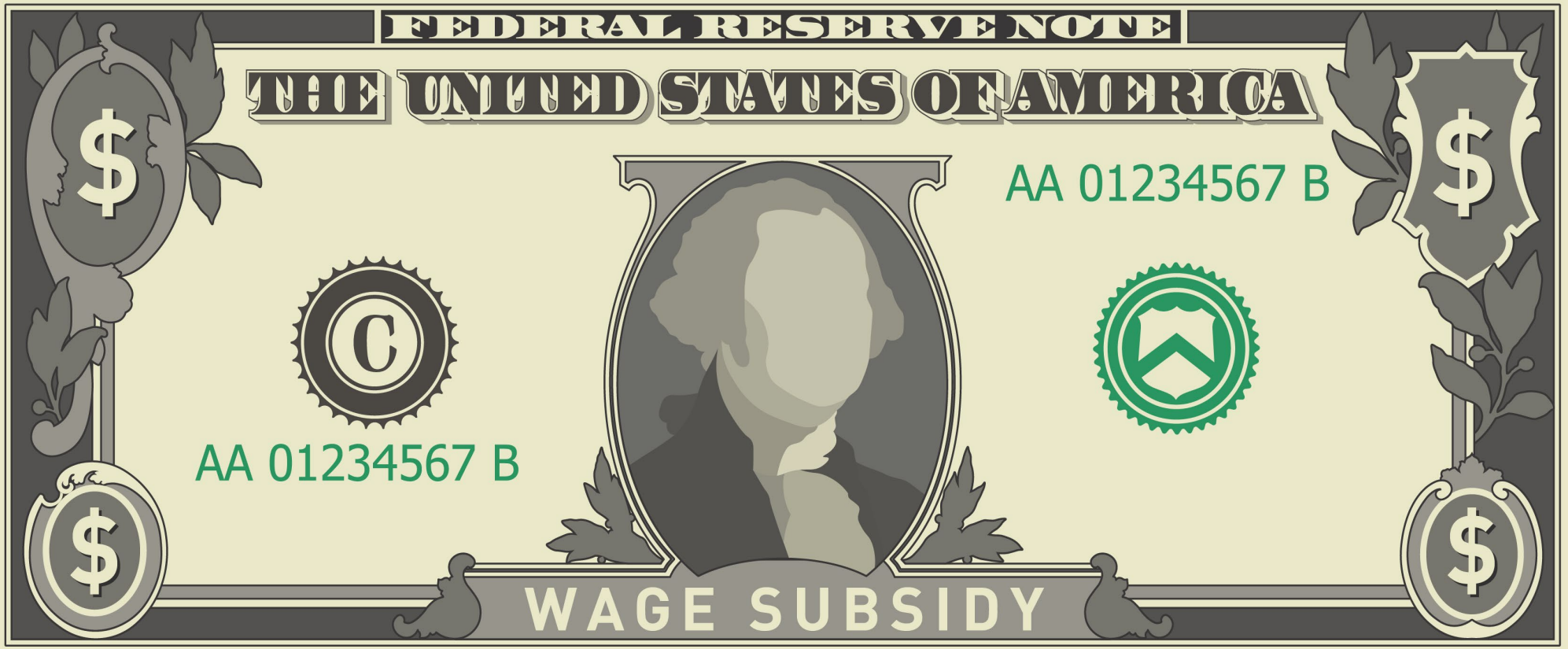
Employer states the worker stayed within restrictions

Worker tells everyone they regularly exceed restrictions

Equals?

Rinse and repeat

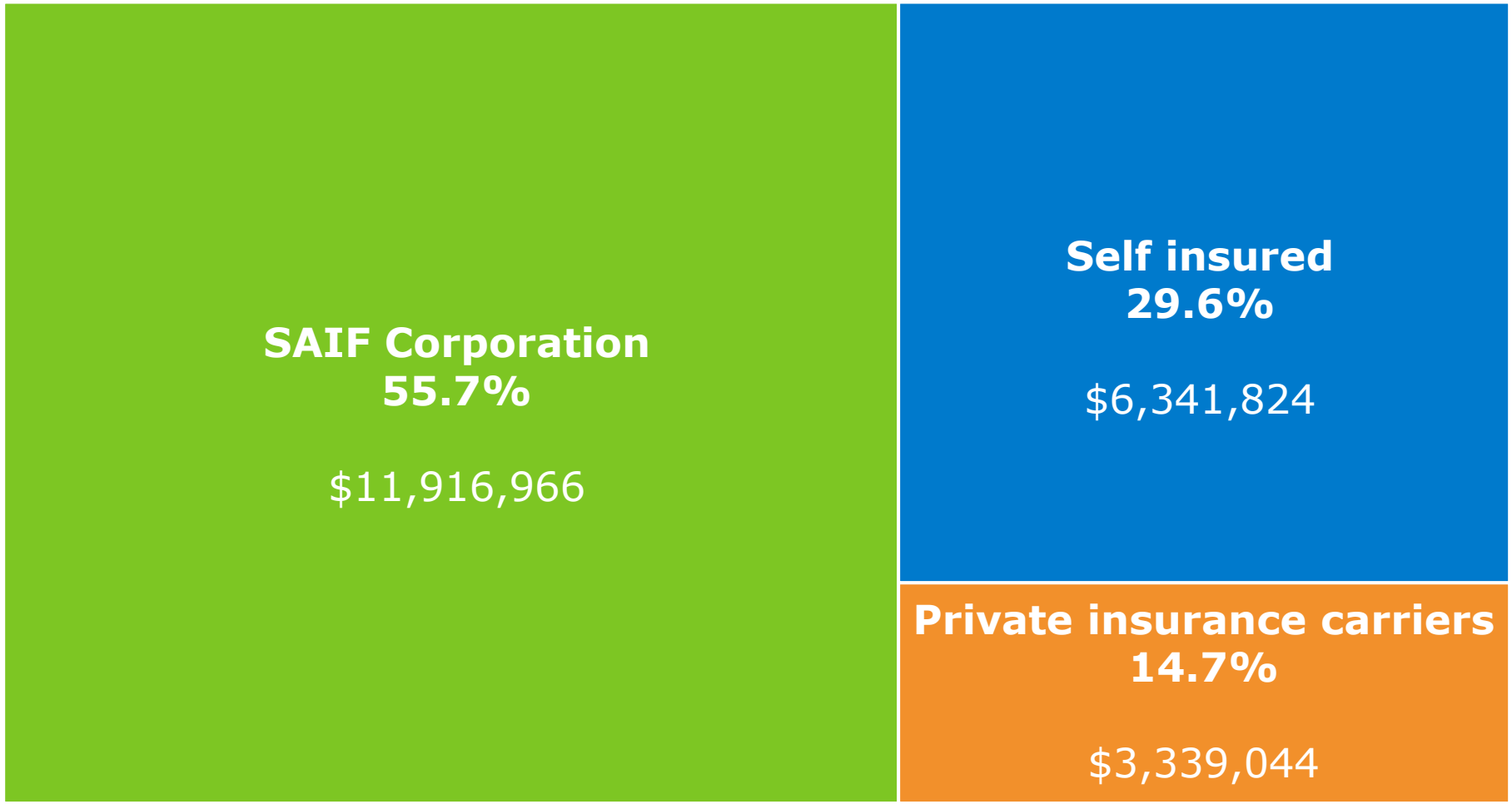
New medical restrictions = a need to reevaluate the modified work or BJO



Wage subsidy

2024 Wage subsidy EAIP

% Based on dollars accessed (per DCBS voucher)



Let's do some math!

Casino Card Shuffler - $120,000 salary per year

- Divided by 12 months = $10,000 per month
- Potential max wage subsidy of 66 days = about 3 months
- $10,000 x 3 months = $30,000
- 50% of $30,000 = max wage subsidy of $15,000

A typical Wage subsidy is usually __?___

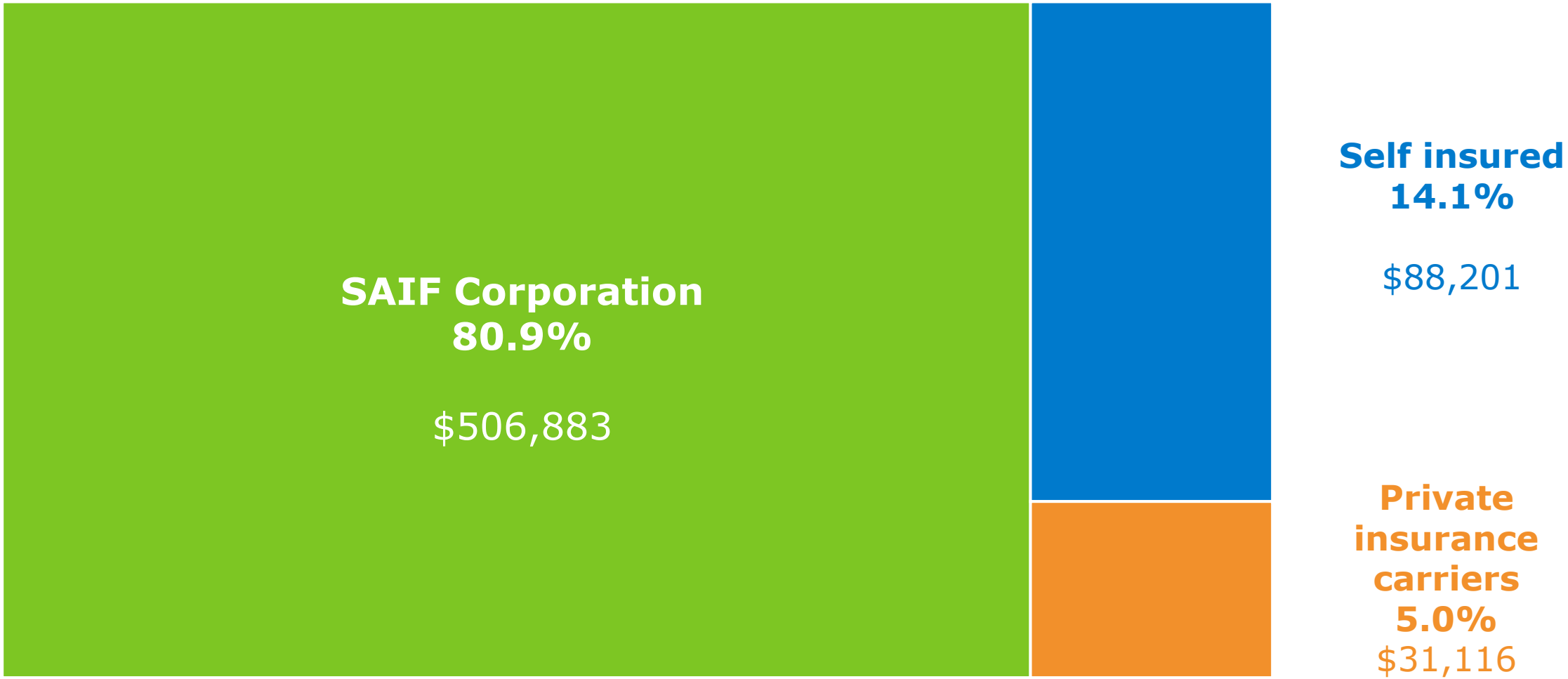
Wage Subsidy- Small Print

Consider using these funds to invest in equipment to make your jobsite safer and reduce future injury exposure.

An employer can do what they want with these funds. They can be invested into safety or spent however the owner wants to spend them. There are no strings attached.

2024 Total purchases and worksite modifications EAIP

% Based on dollars accessed (per DCBS voucher)



Purchases - Tools and modifications

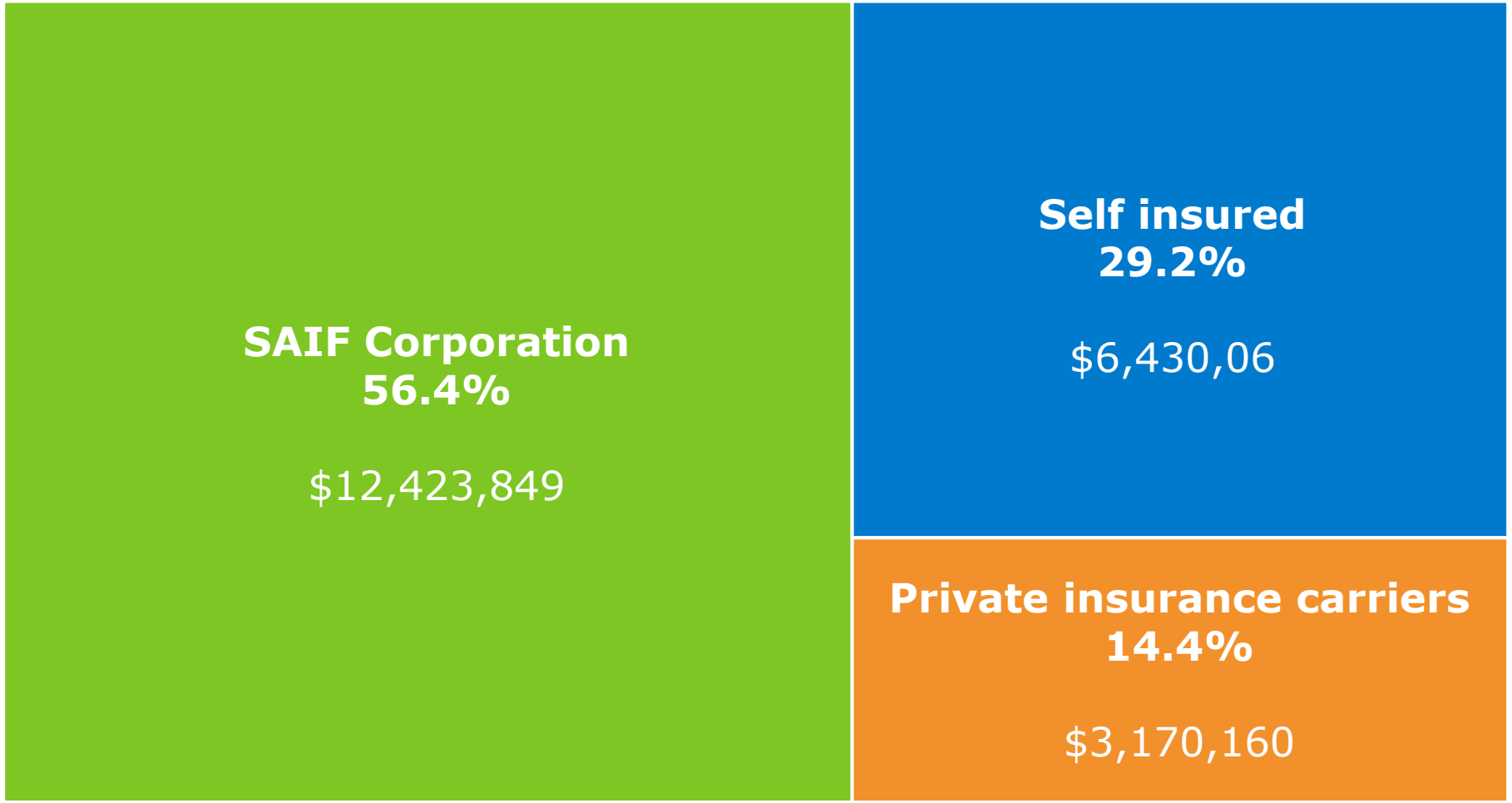
Purchases are complicated and require someone to get hurt. Can proactive investments be made before this happens?

The Workers' Compensation Division periodically audits these benefits and reserves the right to visit the worksite.

They can, and will, talk to employees to verify equipment purchased was actually used.

2024 Total benefits paid EAIP

% Based on dollars accessed (per DCBS voucher)



EAIP benefits (saif.com/EAIP)

Wage subsidy reimbursement

50% of wages paid during modified work; up to 66 (nonconsecutive) days within a 24-month period

Wage subsidy process

- Wage subsidy forms are sent via mail.
- Employers have one year from the end date of a claim to request wage subsidy reimbursement.
  - **Disabling:** End date is date employment separation, claim closure, or complete denial of the claim.
  - **Nondisabling:** End date is two years from the initial claim acceptance, unless employment separation or complete denial of the claim take place.

EAIP benefits (saif.com/EAIP)

Worksite modifications

- Tools and equipment up to $5,000

Tuition, books, and fees

- Up to $1,000
- Skills-building requires a written agreement from the injured worker.

Clothing (property of injured worker)

- Up to $400
- Required for modified work and not typically provided by employer

Questions?

Visit **saif.com** for online trainings, forms, and additional information.

saif.com/trainings

Workers’ comp basics: The life of a claim

saif.com/lifeofaclaim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