

Employer-at-Injury Program (EAIP) Purchase Justification Request Form

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

Name:	Date of injury:	Claim number:
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Payee information

Payee name:	Contact name:
Mailing address:	City/State/Zip code:
Phone number:	Federal tax identification number and legal name:

Regular work vs. transitional work

Regular job title:	Transitional job title and start date:
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Describe the regular job duties:

Describe the transitional job duties:

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: _____

Item: _____ Order date: _____ Delivery date: _____ Item cost: _____

Justification: _____

Total amount requested: \$ _____

Employer signature: _____ Date: _____

Upon receipt of the completed request, SAIF Corporation 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 located at saif.com.

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.

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.