



Oklahoma Workers' Compensation Court

1915 North Stiles Avenue • Oklahoma City, OK 73105-4918
210 Kerr State Office Building, 440 South Houston, Suite 210 • Tulsa, OK 74127
(405) 522-8600 • OKC (918) 581-2714 • TU (800) 522-8210 • In-state Toll Free

NOTICE REGARDING FORMS AND COMPENSATION RATE CHANGES

To: Workers' Compensation Insurance Carriers, Self-Insured Employers, Group Self-Insurance Associations, CompSource Oklahoma, Third Party Administrators, Injured Workers, Attorneys, Other Interested Parties

Date: August 30, 2011

NOTICE OF COURT FORM CHANGES: Court form changes have been made in response to SB 878 (2011), a comprehensive workers' compensation measure which became effective August 26, 2011. These forms, as most recently updated, are available on the Court's web site at http://www.owcc.state.ok.us/court_forms.htm. Appropriate signatures are required on the forms, including the Form 2 (Employer's First Notice of Injury). **The forms are for immediate use.**

Note the Joint Petition, Form 1X Compromise Settlement and Form 26 Memorandum of Agreement are repealed. In their stead are three new Compromise Settlement forms:

- **Form CS-339-A:** This form may be used in place of the Joint Petition Settlement when all issues and matters in the claim are settled and the claim is resolved with full release. The form also may be used when some, but not all issues and matters in the claim are settled and determined. In that event, an appendix identifying all outstanding issues must be attached to the Form CS-339-A. The appendix must sufficiently identify the Workers' Compensation Court file it pertains to, be dated, and be signed by all parties under the penalty of perjury. The compromise settlement and appendix, if any, are subject to approval by the Workers' Compensation Court. If approved, a record of the settlement must be made before a court reporter.
- **Form CS-339-B:** This form is comparable to the former Form 14 Agreement Between Employer and Employee as to Fact With Relation to an Injury and Payment of Compensation. The compromise settlement is subject to approval by the Workers' Compensation Court. It may be reopened and reviewed as provided by law if a change in condition occurs. No record before a court reporter is required.
- **Form CS-337:** This compromise settlement form is for use in a death claim. The settlement may be of all issues and matters in the claim. If some, but not all, issues and matters in the claim are settled and determined, an appendix identifying all outstanding issues must be attached to the Form CS-337. The appendix must sufficiently identify the Workers' Compensation Court file it pertains to, be dated, and be signed by all parties under the penalty of perjury. The compromise settlement and appendix, if any, are subject to approval by the Workers' Compensation Court. If approved, a record of the settlement must be made before a court reporter.

NOTICE OF COMPENSATION RATE CHANGES: Due to an INCREASE in the State's Average Weekly Wage (SAWW) reported by the Oklahoma Employment Security Commission, the maximum compensation benefit rate for work-related injury and illness occurring during the period **beginning November 1, 2011 and ending October 31, 2012** has changed to **\$735** per week for Temporary Total Disability (TTD), Permanent Total Disability (PTD), and Death. 85 O.S., 332(A) (*temporary total disability*), 85 O.S., §336(A) (*permanent total disability*) and 85 O.S., §337(D) (*death*).

The maximum compensation benefit rate for work-related injury and illness occurring during the period **beginning August 27, 2010 and ending August 26, 2015**, remains at **\$323** for Permanent Partial Disability (PPD). "Permanent Partial Disability" shall be known as "Permanent Partial Impairment (PPI) effective August 26, 2011. 85 O.S., §333(F).

Look for revised benefit charts on the Court's web site at http://www.owcc.state.ok.us/charts_rules.htm, or contact the Court's Counselor (Ombudsman) Department for more information.