

Option 2 Vocational Checklist for Self-Insured Employers

The Option Selection Form is sent to the worker along with a plan approval letter. The Option Selection Form should be returned to the self-insured employer or their claims representative within 15 days of receipt by the worker, choosing Option 1 or 2.

- If the Option Selection Form isn't received by the self-insured employer or their claims representative within 15 days, Option 1 is selected by default.
- When Option 2 is selected, submit an SIVRF with the following information:
 - Date time-loss compensation will stop.
 - Total amount of money paid to the vocational counselor during only plan development.
 - Total amount of the vocational benefit award (equivalent to 180 days of time-loss compensation payable in 13 biweekly payments).
 - Vocational benefit award payment schedule.
- The worker has 5 years to utilize the retraining benefit as indicated in the Option 2 Order and Notice.
- If the worker wishes to enroll in a training program, the worker must mail or fax an Option 2 [Vocational Benefits Training Enrollment Application and Verification Form](#) to the employer/TPA managing the claim.
 - The form was sent to the worker when the Option 2 order was issued.
 - Training program selected must be [licensed, accredited, or approved](#).
 - There are sections on the form which must be completed by the worker and the training provider.
- The self-insured employer or their claims representative is responsible for compliance with the Option 2 requirements.