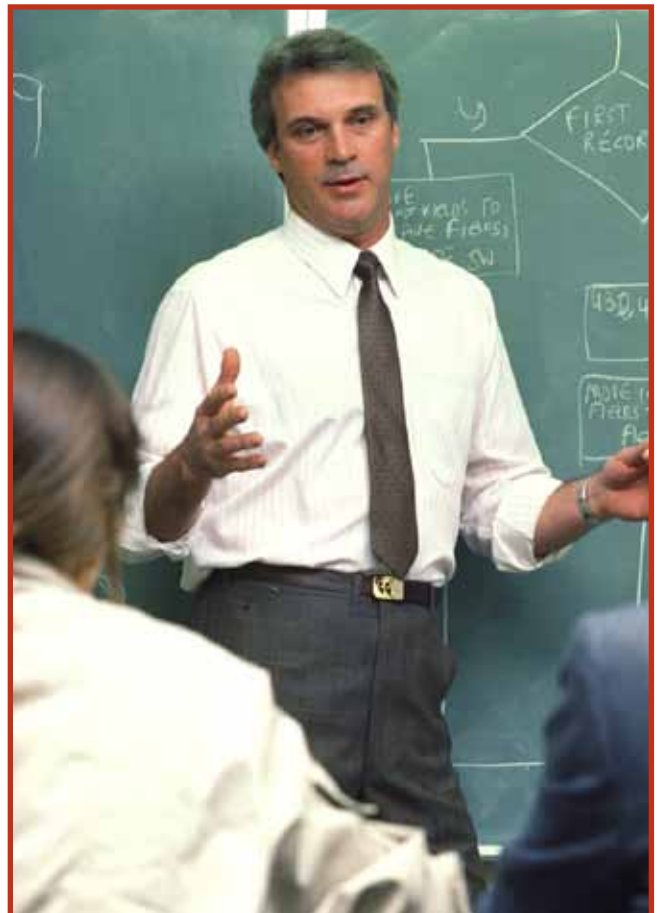




Washington State Department of
Labor & Industries
Workers' Compensation Services

Option 2: What You Need to Know

Vocational Rehabilitation Services



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Copies of forms are included. Additional forms can be ordered by phone, printed from our Web site, or by visiting any of the L&I service locations.

- *Option 2 Vocational Benefits Training Enrollment Application & Verification (F280-024-000).*
Submit this form at the beginning of every new term or class to apply for access to your Option 2 training funds.
- *Statement for Retraining and Job Modification Services (F245-030-000).*
Submit this form if you paid directly for authorized expenses and need to have L&I reimburse you.



I selected Option 2, what happens now?

Labor and Industries (L&I) received your *Retraining Plan Selection Form* showing that you selected Option 2 and chose not to participate in your approved training plan. Here is what happens next:

- Your time-loss benefits end.
- Your claim will be closed. (You have the right to apply to reopen your claim if your condition worsens later and the need for medical treatment is documented.)
- You can seek training at a school or training program if you want. The time period and amount of funds you can use for training is listed on your Option 2 *Notice of Decision*.
- You will receive a vocational award equal to six months of time-loss benefits. Any overpayments or Division of Child Support* liens you owe will be deducted from your total award. That award will be paid every two weeks until the award balance is paid or your eligibility ends.

Can I receive my award in one lump-sum payment?

You may request a lump-sum payment, or *cash-out*, of your remaining award balance by mailing a letter to L&I.

- You can request a cash-out at any time.
- L&I may approve or deny your request.
- If approved, L&I will send your payment once 60 days or more have passed from the mailing date on your Vocational Award *Payment Order*.

Mail your request to:

Department of Labor & Industries
Insurance Services
PO Box 44291
Olympia, WA 98504-4291

What costs do the training funds pay for?

You can choose training that is different from the plan you submitted to L&I for approval. You can seek training through any licensed, accredited or L&I approved program and course.

You can use your training funds on the following expenses:

- Tuition or training fees for approved programs or courses.
- Books, fees, supplies, equipment, and tools required for the program or course.
- Licensed childcare or dependent care while attending approved programs or courses.

What costs don't the training funds pay for?

Here are examples of expenses not paid:

- Transportation.
- Lodging.
- On-the-job training.
- Expenses related to starting your own business.
- Any program or course not approved by L&I.
- Unlicensed childcare or dependent care.
- Licensed childcare or dependent care while you are not attending training.

How do I make sure my school is licensed, accredited, and L&I-approved?

The school or training program you attend must have an L&I provider number before approval is given for you to attend training. Ask your school or training program, or contact L&I, to find out if the school or training program has an L&I provider number.

If the school or training program wants to become an approved L&I provider, or they have questions about this process, they can contact L&I.

* Washington State Department of Social and Health Services, Division of Child Support

How do I access my training funds?

Once you have chosen a school or training program, you must apply for access to your training funds.

Apply for access to my training funds

Prior to the start of each term, complete the form, *Option 2 Vocational Benefits Training Enrollment Application & Verification* (F280-024-000). You must fill out Part A and sign it. Next, have your school or training program complete Part B of the form.

Mail your form to:

Department of Labor & Industries
Insurance Services
PO Box 44291
Olympia, WA 98504-4291

Before you mail the form, make sure all fields are filled in, you have signed Part A, and your school or training program representative has signed Part B. Once L&I receives this form, we will send you a letter telling you if your training expenses have been authorized.

This form tells L&I what information to look for when bills are submitted for payment. The more information you provide, the more quickly L&I can process your payment. Incomplete forms may be returned for more information, delaying the approval or payment process.

Direct billing

Give the school or training program your claim number and ask them to bill L&I for your tuition and related expenses.

Reimbursements

If you pay for your expenses up-front, you can submit your receipts within one (1) year from the date of service and L&I will refund you for authorized expenses.

Fill out the form, *Option 2 Worker Reimbursement* (F280-031-000). To be reimbursed for your expenses, you must include a copy of your receipt(s).

For licensed childcare or dependent care: Provide the name of person(s) cared for, dates of service, and the provider's name, address, phone number, EIN or Social Security number, and L&I provider number.

Before mailing, make sure that:

- You have signed the form.
- You have carefully reviewed your list of expenses to be reimbursed.
- All attachments have your claim number listed in the upper right corner.
- All attachments are legible and clear.
- You have kept a copy of your form and attachments for your records.

Mail your form to:

Department of Labor & Industries
Claims Section
PO Box 44269
Olympia, WA 98504-4269

What if I don't receive my reimbursement?

Call the Option 2 Helpline if you do not receive payment or notification within ninety (90) days. If you submit a second request for payment, it should be identical to the original bill. Please indicate "Rebill" on the form.

What if I have questions or need to change the reimbursement amount?

Call the Option 2 Helpline if you have questions or need help understanding the bill process. Requests for adjustment to reimbursements must be submitted in writing within ninety (90) days from the date of your payment to be considered.

How do I check my training fund balance?

You can check the balance of your training funds on our Web site or by submitting a written request.

How can I contact L&I?

You can contact L&I online, by telephone, by mail, or in person at L&I service locations around the state.

Online

Claim Specific
General

Claim and Account Center at: www.ClaimInfo.wa.gov
www.Lni.wa.gov

Telephone

Option 2 Helpline 1-360-902-9135
Provider Hotline..... 1-800-848-0811
General 1-800-547-8367

Mail

Department of Labor & Industries
Insurance Services
PO Box 44291
Olympia, WA 98504-4291

In person

Aberdeen

415 W. Wishkah, Suite 1B

Kelso

711 Vine St.

Spokane

901 N. Monroe Street, Suite 100

Bellevue

616 120th Avenue NE, Suite C201

Kennewick

4310 W. 24th Avenue

Tacoma

950 Broadway, Suite 200

Bellingham

1720 Ellis Street, Suite 200

Moses Lake

3001 W. Broadway Avenue

Tukwila

12806 Gateway Drive

Bremerton

500 Pacific Avenue, Suite 400

Mount Vernon

525 E. College Way, Suite H

Tumwater

7273 Linderson Way SW

Colville

298 South Main, Suite 203

Port Angeles

1605 East Front Street, Suite C

Vancouver

312 SE Stonemill Drive, Suite 120

East Wenatchee

519 Grant Road

Pullman

1250 Bishop Blvd SE, Suite G

Yakima

15 W. Yakima Ave, Suite 100

Everett

729 100th Street SE

Seattle

315 th Ave South, Suite 200

Department of Labor and Industries
 PO Box 44291
 Olympia, WA 98504-4291
Option 2 Helpline: (360) 902-9135
Fax: (360) 902-4567
Web: www.lni.wa.gov



OPTION 2 VOCATIONAL BENEFITS TRAINING ENROLLMENT APPLICATION & VERIFICATION

This form must be completed at the start of each term.

Part A – Completed by Worker

Worker's Name	Phone Number	Claim Number
Mailing Address		Check if Address Change <input type="checkbox"/>
City	State	ZIP+4
Tell us about your training or vocational goals:		
Check the vocational costs you plan to use: <input type="checkbox"/> Tuition/Training Fees <input type="checkbox"/> Books <input type="checkbox"/> Licensed Child or Dependent Care <input type="checkbox"/> Equipment/Tools <input type="checkbox"/> Supplies <input type="checkbox"/> Exam/License Fees <input type="checkbox"/> Other – Please explain:		
You can not use your benefits for transportation, lodging, relocation, job modification or pre-job accommodations.		
I am applying to use vocational rehabilitation benefits to attend a licensed, accredited, or department approved school or training program. I authorize release of claim information regarding these benefits to the school, training program and providers of the above vocational costs.		
Signature of Worker		Date

Part B – Completed by Registration Official at School or Training Program

The above named student is enrolled or plans to enroll in the following school or training program:

Name of School or Training Program		
Address		
City	State	ZIP+4
Is this school or training program licensed, accredited or a Labor and Industries approved provider? <input type="checkbox"/> Yes <input type="checkbox"/> No - Please explain:		
For more information about licensed, accredited or L&I approved school or training programs go to www.lni.wa.gov .		
Training/Term Begin Date	Training/Term End Date	Enrolled with _____ credits or hours
Comments:		Total cost:
School Seal	Contact Person for Billing	
	Phone Number	
Print Name	Title	
Signature	Date	L&I Provider Number

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STATEMENT FOR RETRAINING AND JOB MODIFICATION SERVICES

DO NOT
 WRITE IN
 SPACE

Instructions for completing form on
 the reverse side

Worker's name		Claim No.
Worker's home address (not PO Box)		Date of injury
City	Apt #	Social Security No. (for ID only)
State	ZIP + 4	Reimburse Injured Worker <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate Vocational Rehabilitation Counselors name and telephone number

REFUND CERTIFICATION
 These expenses are related to my worker's compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the back of this form.

VRC ID	REFERRAL ID
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INJURED WORKER'S SIGNATURE:

X

Itemization of Service and Charges

FROM DATE OF SERVICE	P O S	* T O S	PROCEDURE CODE	DESCRIBE SERVICES, OR SUPPLIES FURNISHED	CHARGES \$ ¢	UNIT	TO DATE OF SERVICE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Submission of this bill certifies the material furnished, service provided, expense incurred, or other item of indebtedness as charged in the foregoing bill is a true and correct charge against the state of Washington; that the claim is just and due; that no part of the same has been paid.

PROVIDER SIGNATURE:

Bill date:

X

/ /

Provider name	Provider number	Total Charge
Address		Phone Number
City	State ZIP+4	Your Client's Account Number
Federal tax ID number	<input type="checkbox"/> EIN <input type="checkbox"/> SSN	

L&I must receive this statement within 12 months of the date of service or claim allowance.

* Place of Service (POS), Type of Service (TOS) and Procedure codes on back

Other formats for persons with disabilities are available on request. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.