

SAIF Claims Adjuster Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

- 1. Who is defined as a subject employer under workers' compensation laws?**
 - A. An employer operating outside the state**
 - B. An employer who does not pay for workers' compensation**
 - C. An employer who is subject to ORS 656**
 - D. An employer with less than five employees**
- 2. What is the time frame for paying worker reimbursements?**
 - A. 10 days from request**
 - B. 30 days from request**
 - C. 60 days from request**
 - D. 14 days from request**
- 3. In which situation can a worker refuse modified work without risking loss of benefits?**
 - A. If the modified work is offered at a different company**
 - B. If the commute exceeds their physical capabilities**
 - C. If they are unsure of their ability to fulfill the job**
 - D. If the job is lower-paying than previous employment**
- 4. In addition to compensability, what other issue must an adjuster consider before making a decision on the claim?**
 - A. Time of injury**
 - B. Responsibility**
 - C. Claim type**
 - D. Policy coverage**
- 5. How many days does an adjuster have to issue a decision in an aggravation claim?**
 - A. 30 days from receipt of the request**
 - B. 45 days from receipt of the request**
 - C. 60 days from receipt of the request**
 - D. 90 days from receipt of the request**

- 6. What is a primary reason for the establishment of settlement values?**
- A. To maximize costs for the insurer**
 - B. To reduce uncertainty for the worker, employer, and SAIF**
 - C. To ensure payments are made only to employers**
 - D. To eliminate all claims from the system**
- 7. Which of the following is NOT a type of Third Party claim?**
- A. Motor vehicle accidents (MVAs)**
 - B. Subsequent intervening causes**
 - C. Fraudulent claims**
 - D. Premises liability**
- 8. What is the meaning of the acronym DEP?**
- A. Direct Employment Program**
 - B. Direct Employment Plan**
 - C. Disability Employment Plan**
 - D. Dynamic Employment Plan**
- 9. How is the three-day waiting period determined for a worker's compensation claim?**
- A. It begins with the first day the worker returns to work**
 - B. It starts on the last day the worker was employed**
 - C. It begins with the first day the worker loses time due to injury**
 - D. It is calculated based on work hours lost**
- 10. What does case law provide in the context of workers' compensation statutes?**
- A. Broader context for medical claims**
 - B. Interpretation and direction for applying the law**
 - C. Examples of compliance issues**
 - D. Regulations on claim reporting**

Answers

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1. C
2. B
3. B
4. B
5. C
6. B
7. C
8. B
9. C
10. B

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Explanations

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- 1. Who is defined as a subject employer under workers' compensation laws?**
- A. An employer operating outside the state**
 - B. An employer who does not pay for workers' compensation**
 - C. An employer who is subject to ORS 656**
 - D. An employer with less than five employees**

A subject employer under workers' compensation laws is defined as one that is subject to the specific provisions outlined in ORS 656. This statute governs the workers' compensation system in the state of Oregon, detailing the obligations and requirements for employers to provide coverage for their employees in the event of work-related injuries or illnesses. Being subject to ORS 656 means that the employer is required to adhere to state regulations around worker's compensation, including the obligation to secure insurance or self-insure for such claims. This ensures that employees receive the proper benefits for their injuries, which aligns with the fundamental purpose of workers' compensation laws to protect and support workers. The other options do not appropriately identify the criteria for being classified as a subject employer under the law. An employer operating outside the state may not fall under Oregon law, an employer who does not pay for workers' compensation could be non-compliant but does not provide a definition of subject employer, and an employer with fewer than five employees may also be exempt from certain obligations under specific circumstances, rather than being classified unequivocally as a subject employer. Thus, the emphasis is on the connection to ORS 656 as the defining criterion for subject employer status.

- 2. What is the time frame for paying worker reimbursements?**
- A. 10 days from request**
 - B. 30 days from request**
 - C. 60 days from request**
 - D. 14 days from request**

The correct answer is based on the established regulations regarding the time frame for paying worker reimbursements. Under most workers' compensation laws, there is a guideline that mandates reimbursements to injured workers for out-of-pocket medical expenses or other compensable costs to be made within a specific period once a request is submitted. In this context, a 30-day period is typically considered standard practice for processing these reimbursements. This allows the claims adjuster sufficient time to review the documentation and verify the legitimacy of the claim, ensuring that all necessary procedures are followed while balancing the need for timely compensation to the worker. It's important for claims adjusters to adhere to this timeline, as delayed payments can cause financial hardship for the injured workers and can also lead to potential disputes or complications in the claims process.

3. In which situation can a worker refuse modified work without risking loss of benefits?

- A. If the modified work is offered at a different company**
- B. If the commute exceeds their physical capabilities**
- C. If they are unsure of their ability to fulfill the job**
- D. If the job is lower-paying than previous employment**

The situation in which a worker can refuse modified work without risking loss of benefits occurs when the commute exceeds their physical capabilities. This is significant because if the modified job requires travel that the worker is unable to handle due to their physical limitations or medical restrictions, accepting the position could exacerbate their condition or hinder their recovery. In workers' compensation scenarios, the safety and health of the worker are prioritized, and if commuting poses a risk to their recovery, they are justified in refusing such work without jeopardizing their benefits. This consideration ensures that the worker's well-being is taken into account and aligns with the principles of providing support during their recovery process. Other options, while they may reflect legitimate concerns about modified work, do not offer the same level of protection regarding benefits. For example, refusing a position because the job is offered at a different company, due to uncertainty about fulfilling the job, or because the job offers lower pay does not inherently justify refusing work without potential consequences regarding benefits.

4. In addition to compensability, what other issue must an adjuster consider before making a decision on the claim?

- A. Time of injury**
- B. Responsibility**
- C. Claim type**
- D. Policy coverage**

When evaluating a workers' compensation claim, the adjuster must consider not only compensability—which determines whether the injury is work-related and covered under the policy—but also the issue of responsibility. This involves assessing who is liable for the incident that caused the injury. Responsibility is crucial because it dictates if the employer's insurance will cover the claim effectively, especially in cases where third-party involvement or negligence may influence the outcome of the claim. Understanding responsibility helps adjusters effectively manage claims, as it can impact the handling process and the potential for recourse against liable parties. If responsibility is established—either as solely resting with the employer or shared with another entity—it can significantly alter how the claim should be approached and resolved. The other issues presented do have relevance but do not fundamentally impact the liability aspect of the claim as directly as responsibility does. For instance, the time of injury is important for determining the timeline of events and ensuring claim timelines are adhered to, while the claim type is significant for categorizing the claim but does not affect who is liable. Similarly, policy coverage is essential for ensuring the claim fits within the insurance parameters but does not directly influence the responsibility aspect upon which an adjuster must focus for a comprehensive decision-making process.

5. How many days does an adjuster have to issue a decision in an aggravation claim?

- A. 30 days from receipt of the request**
- B. 45 days from receipt of the request**
- C. 60 days from receipt of the request**
- D. 90 days from receipt of the request**

In the context of handling aggravation claims, an adjuster is required to issue a decision within a specific timeframe to ensure timely and fair processing of claims. The correct duration for an adjuster to issue a decision is 60 days from the receipt of the request. This 60-day period is designed to balance the need for a thorough review of the claim with the obligation to keep the claimant informed and to minimize delays in receiving benefits. This timeframe reflects a standard practice within the industry to allow sufficient time for the adjuster to gather necessary information, review the claim adequately, and make an informed decision. The 60-day limit is essential in maintaining efficiency in the claims process and ensuring that claimants do not face unnecessary waits for the resolution of their claims. It also helps promote accountability and adherence to regulatory standards in the management of workers' compensation claims.

6. What is a primary reason for the establishment of settlement values?

- A. To maximize costs for the insurer**
- B. To reduce uncertainty for the worker, employer, and SAIF**
- C. To ensure payments are made only to employers**
- D. To eliminate all claims from the system**

The establishment of settlement values serves the primary purpose of reducing uncertainty for all parties involved in a workers' compensation claim, including the worker, employer, and the SAIF (State Accident Insurance Fund). By setting clear and agreed-upon settlement values, it becomes easier for the claimant to understand the financial implications of their case and for the employer to anticipate and manage costs associated with claims. This approach provides a structured framework, allowing workers to have clarity regarding the compensation they can expect, which helps in planning for their recovery or return to work. For employers and SAIF, having established settlement values streamlines the claims process and facilitates quicker resolutions, thereby minimizing prolonged disputes or litigation. In contrast, other options do not represent the core reason for establishing settlement values. Maximizing costs for the insurer does not align with the goal of equitable resolutions. Ensuring payments are made only to employers is not relevant to claimants, and the notion of eliminating all claims from the system runs contrary to the purpose of workers' compensation, which is designed to provide support and protection to injured workers.

7. Which of the following is NOT a type of Third Party claim?

- A. Motor vehicle accidents (MVAs)**
- B. Subsequent intervening causes**
- C. Fraudulent claims**
- D. Premises liability**

A third-party claim typically arises when someone other than the policyholder files a claim against an insurance policy, usually after being harmed or suffering damages due to the policyholder's actions or negligence. Motor vehicle accidents, premises liability, and subsequent intervening causes all involve scenarios where third parties seek compensation for damages caused by another party's negligence or wrongdoing. For instance, in motor vehicle accidents, an injured party can file a claim against the driver who was at fault. Similarly, premises liability covers scenarios where individuals are injured on someone else's property due to unsafe conditions. Fraudulent claims, however, do not fit this definition. These claims involve individuals attempting to deceive the insurer by filing false reports to receive payouts for non-existent injuries or damages. As such, they represent a type of dishonest behavior rather than a legitimate claim from a third party seeking compensation for real damages. Therefore, it is classified differently than the legitimate third-party claims related to negligence or direct harm.

8. What is the meaning of the acronym DEP?

- A. Direct Employment Program**
- B. Direct Employment Plan**
- C. Disability Employment Plan**
- D. Dynamic Employment Plan**

The acronym DEP stands for "Direct Employment Plan." This term is commonly used in the context of employment services and programs designed to support individuals seeking direct employment opportunities. A Direct Employment Plan typically involves initiatives that help job seekers acquire the necessary skills, provide access to job listings, or connect them with potential employers directly. In this context, the term "Plan" indicates that it refers to a structured approach aimed at facilitating the employment process. Such plans are often developed to improve employment outcomes, especially for specific populations, ensuring that individuals have tailored support to navigate their job searches effectively. This contrasts with other options that may refer to similar but distinct concepts regarding employment or disability without the specificity or recognition commonly associated with a "Direct Employment Plan."

9. How is the three-day waiting period determined for a worker's compensation claim?
- A. It begins with the first day the worker returns to work
 - B. It starts on the last day the worker was employed
 - C. It begins with the first day the worker loses time due to injury**
 - D. It is calculated based on work hours lost

The three-day waiting period for a worker's compensation claim is determined by the first day the worker loses time due to injury. This means that the waiting period officially starts from the moment the employee is unable to perform their job because of a work-related injury. This framework is designed to reflect the immediate impact of the injury on the worker's ability to earn a wage. When assessing claims, this approach ensures that the waiting period accurately corresponds with the worker's loss of income directly related to their injury. In many jurisdictions, if the employee is unable to work for at least three days, they may become eligible for benefits covering the lost wages. This method is widely accepted because it provides a fair assessment of when the worker should start receiving compensation for their lost work days.

10. What does case law provide in the context of workers' compensation statutes?
- A. Broader context for medical claims
 - B. Interpretation and direction for applying the law**
 - C. Examples of compliance issues
 - D. Regulations on claim reporting

Case law is essential in the context of workers' compensation statutes as it offers interpretation and direction for applying the law. This means that courts' decisions on previous cases help define how statutes are understood and implemented. Through case law, legal precedents are established, which can guide claims adjusters and practitioners in navigating complex legal scenarios they may encounter in their work. While broader context for medical claims or examples of compliance issues may indeed stem from case law, the primary function of case law in the legal system revolves around interpreting statutes and setting guidelines for future cases. Regulations on claim reporting, on the other hand, are typically defined by statutory provisions rather than interpretations of those statutes through case law. Thus, understanding the case law's role helps claims adjusters better understand how to handle specific claims based on established judicial interpretation.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://saifclaimsadjuster.examzify.com>

We wish you the very best on your exam journey. You've got this!