



Complete if known:

DWC claim #

Insurance carrier claim #

Request to adjust benefits for a seasonal employee

Section 1: Claim information

1. Employee's name (first, middle, last)		2. Date of injury (mm/dd/yyyy)	
3. Address (street or PO Box, city, state, ZIP code)		4. Phone number	
5. Insurance carrier name	6. Insurance carrier mailing address (street or PO Box, city, state, ZIP code)		
7. Adjuster's name		8. Adjuster's phone number	
9. Adjuster's fax number		10. Adjuster's email address	

Section 2: Information about this request (select one)

 A. Notice to injured employee of request to adjust benefit amount

11. The insurance carrier is requesting to adjust the injured employee's weekly temporary income benefits payment from \$ to \$ because of a seasonal change in wages.

12. Date insurance carrier sent this notice to the injured employee (mm/dd/yyyy)

Note: The injured employee should submit wage information to the insurance carrier within two weeks from the date they get this notice.

13. Proposed effective date of this change (mm/dd/yyyy)

 B. Request to adjust average weekly wage (AWW)

14. The insurance carrier is requesting to adjust the injured employee's seasonal AWW from \$ to \$.

15. Beginning date (mm/dd/yyyy)

16. Ending date (mm/dd/yyyy)

17. Date insurance carrier sent the injured employee this notice. (mm/dd/yyyy)

Note: The insurance carrier must allow two weeks from the date this notice is sent before requesting approval to adjust an injured employee's AWW.

Employee's Name:

[bar code]

For DWC Use Only

DWC Claim Number:

Section 3: Adjuster certification

I certify the information provided in this form is true and correct.

Signature _____ **Date** _____

Employee's Name:	[bar code]	For DWC Use Only
DWC Claim Number:		

FAQ

Request to adjust benefits for a seasonal employee

When must an insurance carrier file the DWC Form-055?

The insurance carrier must file this form to notify the seasonal employee and the Texas Department of Insurance, Division of Workers' Compensation (DWC) of its request to:

- Adjust benefit amount; or
- Adjust the amount of average weekly wage.

What is needed from the injured employee?

The injured employee must send wage information to the insurance carrier within two weeks from the date entered in box 12 of the request. Information may include copies of W2's, bank statements, affidavits from your employers, payroll check stubs, or other documents showing wages from previous years.

Note: An employee's temporary income benefits may be decreased if they fail to send this information to the insurance carrier.

Where should the insurance carrier send this form?

- **Fax:** 512-804-4378
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
Claims and Customer Services, Mail Code CCS
PO Box 12050
Austin, TX 78711-2050

What does DWC do?

We will approve or deny the request and send an order with our decision.

You can ask for a benefit review conference if you disagree with the order. At the conference, someone from DWC will listen to the injured employee and the insurance carrier and try to help you reach an agreement. An injured employee who is not represented by an attorney may also get help by contacting the Office of Injured Employee Counsel at 866-393-6432.

For more information, see Texas Labor Code Section 408.043 and 28 Texas Administrative Code Section 128.5, Average Weekly Wage Calculation for Seasonal Employees.

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- Be informed about the information DWC collects about you.
- Receive and review the information (Government Code Sections 552.021 and 552.023).
- Have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.