TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:

DWC claim #

Insurance carrier claim #

Request to change payment period or purchase an annuity

Este formulario está disponible en español en el sitio web de la División en www.tdi.texas.gov/forms/form20.html.
Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Claim information

1. Employee's name (first, middle, last)	**2. Social Security number** (last four digits) XXX-XX-
3. Date of injury (mm/dd/yyyy)	**4. Insurance carrier's name**
5. Adjuster's name (first, last)	**6. Adjuster's phone number**
7. Adjuster's fax number	**8. Adjuster's email**

Part 2: Death benefits

9. Check all boxes that apply:

☐ **Change of payment period from weekly to monthly** **10. Proposed benefit $**

☐ **Purchase of annuity**

11. Payor's name	**12. Payor's address** (street or PO box, city, state, ZIP code)
13. Beneficiary's name (first, middle, last)	**14. Beneficiary's address** (street or PO box, city, state, ZIP code)
15. Beneficiary's phone	**16. Beneficiary's email**

Part 3: Lifetime income benefits

17. The carrier will purchase an annuity to pay lifetime income benefits. (Check only one box.)

Payment period will be: ☐ weekly **or** ☐ monthly **18. Proposed benefit $**

19. Payor's name	**20. Payor's address** (street or PO box, city, state, ZIP code)

Employee's name: DWC claim number:		For DWC use only

Part 4: Schedule of benefits for purchase of annuity only

21. Recipient	**22. Effective date** (mm/dd/yyyy)
23. Date payments begin (mm/dd/yyyy)	**24. Payment period will be:** (Check only one box) ☐ weekly **or** ☐ monthly

25. On (mm/dd) **of each year, the weekly or monthly payment will increase by 3% for lifetime income benefits only.** (Date the increase is to occur)

Texas Labor Code Sections 408.061 and 408.161(c) and 28 Texas Administrative Code Section 131.4(d)(4)

Part 5: Certification

26. Certify with your signature.

I have read (or someone I chose has read to me) this agreement. I understand and voluntarily agree to the terms of this agreement as stated above.

Employee or beneficiary's signature	**Date**
Employee or beneficiary representative's signature (if any)	**Date**
Insurance carrier representative's signature	**Date**

Employee's name: DWC claim number:		For DWC use only

FAQ

Request to change payment period or purchase an annuity for death or lifetime income benefits

Where do I send this form?

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

What is the purpose of this form?

The insurance carrier files this form to request a purchase of annuity for death benefits or lifetime income benefits (LIBs), or to change the payment period for death benefits. The employee or beneficiary, their representative (if any), and the insurance carrier must sign and agree to the terms. For death benefits, a request to change the payment periods or purchase an annuity must be filed with DWC. The insurance carrier must file a form for each beneficiary for death benefits. The carrier's request for payment of LIBs by annuity must be filed with DWC. The agreement to change payment periods for LIBs must be in writing and is only required to be filed with DWC if DWC requests a copy.

What is required when requesting a purchase of annuity?

The schedule of benefits is required when the carrier purchases an annuity. The payor must initiate payments within 45 days from the date DWC approves the request.

What happens when the payment period changes from weekly to monthly?

The death benefits weekly amount must be multiplied by 4.34821 to get the monthly payment amount. The carrier must issue monthly death benefit payments on or before the seventh day of the month when the benefits are due.

Is there a pay increase for income benefits?

Yes, only employees who receive lifetime income benefits will receive a 3% annual increase.

What if the insurance carrier doesn't pay my income benefits on time?

The insurance carrier remains liable to pay benefits. If you have any questions, contact the insurance carrier.

When does the DWC Form-003, *Employer's Wage Statement* need to be submitted?

The carrier must include the applicable wage statement with this request when benefit payments are less than the maximum state average weekly wage. More information is at www.tdi.texas.gov//wc/employee/maxminbens.html.

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); and
- 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.