


**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 accelerate impairment income benefits

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/dwc/dwc46s.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031

Part 1: Injured employee information

1. Name (first, middle, last)	2. Social Security number XXX-XX-
3. Date of injury (mm/dd/yyyy)	4. Phone number
5. Address (street or PO box, city, state, ZIP code)	

Part 2: Insurance carrier information

6. Insurance carrier's name	7. Adjuster's name
8. Adjuster's phone number	9. Adjuster's fax number (optional)

Part 3: Information about your request

10. Amount of request (The payment can't be more than your weekly pre-injury gross wages based on 85% of your average weekly wage.) \$
11. Explain why you need this increase.

Part 4: Certify with your signature

12. I certify that the above information is correct. I have read and understand that if my request to accelerate benefits is approved, the number of future weekly benefit payments will decrease (see the FAQ below on this form to learn how an acceleration will affect your future income benefits).	
Signature _____	Date _____
Employee's Name: DWC Claim Number:	For DWC Use Only

FAQ

Request to increase impairment income benefits

Who can file the DWC Form-046?

The injured employee can file this form if they have a hardship.

What important information do I need to know?

An acceleration of impairment income benefits will increase the weekly amount of benefits and reduce the number of weeks you get them. If this request is approved and your impairment rating is 15% or more, the date you are entitled to receive supplemental income benefits (SIBs) will not change. There may be a period between when your impairment income benefit payments end, and your SIBs payments begin.

What is average weekly wage?

The average amount of money your employer said you get each week from your job.

Where do I send this form?

Send this form to the Texas Department of Insurance, Division of Workers' Compensation (DWC) and the insurance carrier.

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

What will DWC do?

DWC will approve or deny your request. We will send our decision to you and the insurance carrier. If your request is approved:

- the insurance carrier will increase the amount of your benefit payments within seven days after they receive DWC's approval; but
- you will get fewer weeks of impairment income benefits.

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.