



Complete if known:

DWC claim #

Insurance carrier claim #

Request to reduce income benefits due to contribution

Part 1: Injured employee and insurance carrier information

1. Employee's name (first, middle, last)		2. Social Security number (last four digits) XXX-XX-	
3. Employee's address (street or PO box, city, state, ZIP code)			
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: Current injury information

9. DWC claim #	10. Date of injury (mm/dd/yyyy)	11. Impairment rating %	12. Body part or parts involved
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Part 3: Past injury or injuries information

13. DWC claim #	14. Date of injury (mm/dd/yyyy)	15. Impairment rating %	16. Body part or parts involved
		%	
		%	

Part 4: Information about your request

17. Reduce the employee's income benefits by _____ % for the effects of contribution from a past injury or injuries.	
18. Certify with your signature. I certify that the above information is correct and have attached all medical documentation. (You can learn more about medical documentation in the FAQ below on this form). Signature _____ Date _____	
Employee's Name: DWC Claim Number:	For DWC Use Only

FAQ

Request to reduce income benefits due to contribution

Who can file the DWC Form-033?

The insurance carrier can file the DWC Form-033 to request to reduce the amount of income benefits it pays to an injured employee if there was a past work-related injury to the same body part or parts.

What is needed?

The insurance carrier must include:

- a DWC Form-069, *Report of Medical Evaluation* documenting impairment related to the past and the current injuries; and
- a cumulative impact analysis of the impairment from past and current injuries and how the injuries work together.

Where do I send this form?

Send this form and documentation to the Texas Department of Insurance, Division of Workers' Compensation (DWC) by either fax or mail:

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

What will DWC do?

We will approve or deny your request and send you 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 408.084 about a contributing injury.

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.