

To: Texas Workers' Compensation System Participants

From: Kara Mace, Deputy Commissioner, Legal Services

Date: May 10, 2021

RE: Opportunity to Review and Comment on a Plan to Update Notices and Forms

On April 19, 2021, the Texas Department of Insurance, Division of Workers' Compensation (DWC) issued Commissioner's Bulletin [#B-0012-21](#) to inform system participants that DWC Austin headquarters will move to the Capitol Complex in the summer of 2022. This move will require DWC to update most of its notices and forms to use a new letterhead and mailing address. In some cases, DWC will also modernize forms and notices for content, font size, and plain language.

We are accepting public comments on this **proposed plan** to update DWC notices and forms. The plan is designed to provide advance notice to system participants about changes to DWC notices and forms. The final plan will detail updates to notices and forms needed to implement legislative changes. We are **not** asking for comments on each form, only on the plan to update them.

The plan proposes to update DWC forms and notices in three groups:

- **Group One: Significant Updates.** We will modernize English and Spanish versions of forms in this group for plain language, font size, letterhead, DWC return address information, and other changes. We will update the form revision date in the lower left corner and barcode information. We will post drafts of changes for comment from system participants. On final adoption, we will post updated forms to use immediately, with at least a 90-day period before discontinuing the previous version.
- **Group Two: Limited Updates.** We will update English and Spanish versions of forms in this group with DWC's new letterhead and return address information only. There will be no updates to the form revision date in the lower left corner or to barcode information. We will post updated forms to use immediately with no comment period. Some notice and forms may require updates to implement potential legislative changes. Those changes may require version and bar code changes.
- **Group Three: No Updates.** We anticipate no change to English, Spanish, or Vietnamese versions of the forms and notices in this group before the summer of 2022.

Email your comments to RuleComments@tdi.texas.gov. We must receive your written comments by 5 p.m., Central time, on Monday, May 24, 2021. You may also mail or deliver your comments to:

Cynthia Guillen
Legal Services
Texas Department of Insurance, Division of Workers' Compensation
P.O. Box 12050
Austin, Texas 78711

Group One: Significant Updates

Wage Statements and Wage-Related and Benefit Adjustments

- DWC Form-002, *Employer's Report of Reimbursement*
- DWC Form-003, *Employer's Wage Statement*
- DWC Form-003ME, *Employee's Multiple Employment Wage Statements*
- DWC Form-003SD, *Employer's Wage Statement for School Districts*
- DWC Form-054, *Notice to Employee: Intention to Request Division Permission to Adjust Benefits*
- DWC Form-055, *Request to Adjust AWW for Seasonal Employees*
- DWC Form-056, *Carrier's Request for Seasonal Employee Wage Information from Texas Workforce Commission Records*

Injured Employee and Insurance Carrier Forms

- DWC Form-022, *Request for Required Medical Exam*
- DWC Form-031, *Application for Division Approval in Change of Payment Period and/or Purchase of an Annuity*
- DWC Form-032, *Request for Designated Doctor Examination*
- DWC Form-033, *Carrier's Request for Reduction of Income*
- DWC Form-035, *Application for DWC Approval of Purchase of LIBs Annuity*
- DWC Form-046, *Employee's Request for Acceleration of Impairment Income Benefits*
- DWC Form-047, *Employee's Request for Advance of Benefits*
- DWC Form-048, *Request to Get Reimbursed for Travel Costs*
- DWC Form-051, *Employee's Election for Lump Sum Impairment Income Benefits*
- DWC Form-052, *Application for Supplemental Income Benefits*

Health Care Provider Forms

- DWC Form-073, *Work Status Report*
- DWC Form-067, *Designated Doctor Certification Application*

Employer Coverage Agreements

- DWC Form-081, *Agreement Between General Contractor and Sub-Contractor to Provide Workers' Compensation Insurance*
- DWC Form-082, *Agreement for Motor Carriers and Owner Operators*
- DWC Form-083, *Agreement for Certain Building and Construction Workers*
- DWC Form-084, *Exception to Application of Joint Agreement for Certain Building and Construction Workers*
- DWC Form-085, *Agreement Between General Contractor and Subcontractor to Establish Independent Relationship*

Accident Prevention Services Forms

- DWC Form-101, *Program Review Report*
- DWC Form-102, *Accident Prevention Plan Cover Sheet*
- DWC Form-103, *Approved Professional Source Safety Consultant Application*
- DWC Form-104, *Employer Request for DWC Safety Consultation*
- DWC Form-105, *Accident Prevention Services Worksheet*
- DWC Form-109, *Accident Prevention Services Annual Report*

Self-Insurance Forms

- DWC Form-210, *Surety Bond for Certified Self-Insurance Liabilities*
- DWC Form-215, *Surety Bond Amount Rider*
- DWC Form-216, *Surety Bond Name Change Rider*
- DWC Form-223, *Documentary Irrevocable Standby Letter of Credit*
- DWC Form-224, *Documentary Irrevocable Standby Letter of Credit (Confirmation)*
- DWC Form-225, *Self-Insured's Agreement to Post Documentary Irrevocable Standby Letter of Credit*
- DWC Form-226, *Parental Guaranty*
- DWC Form-227, *Parental Guaranty for Less than Wholly Owned Subsidiary*
- DWC Form-228, *Power of Attorney*
- DWC Form-230, *Surety Bond for Assumed Certified Self-Insurance Liabilities*

Employer and Insurance Carrier Forms

- DWC Form-027, *Designation of Insurance Carrier's Austin Representative*
- DWC Form-029, *Request for Standard Detail Data Reports*
- DWC Form-120, *Designation of Administrative Services Company*
- DWC Form-156, *Prospective Employment Authorization and Certification*
- EDI-01, *EDI Trading Partner Profile*
- EDI-02, *Insurance Carrier or Trading Partner Medical Electronic Data Interchange (EDI) Profile*
- EDI-03, *Medical EDI Compliance Coordinator and Trading Partner Notification*

Non-subscribing Employers

- DWC Form-007, *Employer's Report of Non-Covered Employee's Occupational Injury or Disease*

Group Two: Limited Updates

Plain Language Notices and Forms - Possible updates needed to implement potential legislative changes. May require version and bar code changes

- PLN01, *Notice of Denial of Compensability/Liability and Refusal to Pay Benefits*
- PLN02, *Notice of First Temporary Income Benefit Payment*
- PLN03A, *Notice of Maximum Medical Improvement and No Permanent Impairment*
- PLN03B, *Notice of Maximum Medical Improvement and Permanent Impairment*
- PLN03C, *Notice of Maximum Medical Improvement and Estimated Permanent Impairment*
- PLN04, *Notice of Eligibility for Lifetime Income Benefits*
- PLN05, *Notice of First Death Benefit Payment*
- PLN06, *Notice of Employer Full Salary Payment*
- PLN07, *Notice of Change of Indemnity Benefit Type*
- PLN08, *Notice of Change in Amount of Indemnity Benefit Payment*
- PLN09, *Notice of Suspension of Indemnity Benefits*
- PLN10, *Notice of Reinstatement of Indemnity Benefits*
- PLN11, *Notice of Disputed Issue(s) and Refusal to Pay Benefits*
- PLN12, *Notice of Potential Entitlement to Workers' Compensation Death Benefits*
- PLN14, *Notice of Continuing Investigation*
- DWC Form-045, *Request to Schedule, Reschedule or Cancel a BRC*
- DWC Form-045M, *Request to Schedule, Reschedule or Cancel a MFDR-BRC*

Other Group Two Forms - No anticipated version or bar code changes

- DWC Form-001, *Employer's Report of Injury*
- DWC Form-004, *Employers' Contest of Compensability*
- DWC Form-005, *Employer Notice of No Coverage or Termination of Coverage*
- DWC Form-006, *Supplemental Report of Injury*
- DWC Form-008, *Return-to-Work Reimbursement Program for Employers*
- DWC Form-20SI, *Self-Insured Governmental Entity Coverage Information*
- DWC Form-024, *Benefit Dispute Agreement*
- DWC Form-025, *Benefit Dispute Settlement*
- DWC Form-026, *Request for Reimbursement of Payment Made by Health Care Insurer*

- DWC Form-030, *Austin Representative's Authorized Designees*
- DWC Form-041, *Employee's Claim for Compensation*
- DWC Form-042, *Beneficiary Claim for Death Benefits*
- DWC Form-044, *Election to Engage in Arbitration*
- DWC Form-045A, *Request for a Medical Contested Case or SOAH Hearing*
- DWC Form-049, *Request to Schedule a Medical Contested Case Hearing (MCCH)*
- DWC Form-053, *Employee Request to Change Treating Doctor*
- DWC Form-057, *Request for Extension of Maximum Medical Improvement Date for Spinal Surgery*
- DWC Form-058, *Request for Interlocutory Order*
- DWC Form-060, *Medical Fee Dispute Resolution Request*
- DWC Form-064, *Medical Interlocutory Order Request*
- DWC Form-066, *Statement of Pharmacy Services*
- DWC Form-068, *Designated Doctor Examination Data Report*
- DWC Form-069, *Report of Medical Evaluation*
- DWC Form-070, *Instructions for Completing the ADA J515 Dental*
- DWC Form-072, *MQRP Application*
- DWC Form-074, *Description of Injured Employee's Employment*
- DWC Form-095, *SIF Reimbursement Form- Overturned Order or Designated Doctor Opinion*
- DWC Form-096, *SIF Reimbursement Form- Refund of Death Benefits*
- DWC Form-097, *SIF Reimbursement Form- Multiple Employment*
- DWC Form-098, *SIF Reimbursement Form- Pharmaceutical*
- DWC Form-121, *Claim Administration Contact Form*
- DWC Form-150, *Notice of Representation*
- DWC Form-150A, *Notice of Withdrawal of Representation*
- DWC Form-152, *Application for Attorney Fees*
- DWC Form-153, *Request for Record Check or Copies of Confidential Claim Information*
- DWC Form-154, *Workers' Compensation Complaint Form*
- DWC Form-205, *Locations of Employer Business*

Group Three: No Updates

Employer Notices

- New Employee Notice
- Notice 5, *Notice to Employees Concerning Workers' Compensation in Texas*
- Notice 6, *Notice to Employees Concerning Workers' Compensation in Texas*
- Notice 7, *Notice to Employees Concerning Workers' Compensation in Texas*
- Notice 8, *Required Workers' Compensation Coverage*

- Notice 9, *Notice Regarding Certain Work-Related Communicable Diseases and Eligibility for Workers' Compensation Benefits*
- Notice 10, *Notice to Employees Concerning Workers' Compensation in Texas*
- Sample Notice, *Notice of Underpayment of Income Benefits*

Other DWC Forms

- DWC Form-001S, *Employer's First Report of Injury or Illness (for state employees)*