

To: Texas Workers' Compensation System Participants

From: Kara Mace, Deputy Commissioner, Legal Services

Date: November 23, 2021

RE: DWC Forms Updated for Letterhead and Mailing Address

On June 8, 2021, the Texas Department of Insurance, Division of Workers' Compensation (DWC) issued [a plan](#) to update DWC notices and forms with a new letterhead and mailing address.

The plan included updates to the English and Spanish versions of some forms with DWC's new letterhead and return address only (Group Two Forms). There are no updates to the form revision date in the lower left corner or to barcode information.

The forms listed below are ready for immediate use. We will post updated forms to use immediately with no comment period.

- DWC Form-001, *Employer's First Report of Injury or Illness*
- DWC Form-002, *Employer's Report for Reimbursement of Voluntary Payment*
- DWC Form-004, *Employers' Contest of Compensability*
- DWC Form-006, *Supplemental Report of Injury*
- DWC Form-008, *Return-to-Work Reimbursement Program for Employers*
- 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 for a Work-Related Injury or Occupational Disease*
- DWC Form-042, *Claim for Workers' Compensation Death Benefits*
- DWC Form-044, *Election to Engage in Arbitration*
- DWC Form-045A, *Request for a Medical Contested Case or SOAH Hearing*
- DWC Form-053, *Employee Request to Change Treating Doctor*
- 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-069, *Report of Medical Evaluation*
- DWC Form-070, *Dental Claim Form for Workers' Compensation Claims*
- DWC Form-072, *Medical Quality Review Panel Application*
- DWC Form-074, *Description of Injured Employee's Employment*
- DWC Form-095, *Subsequent Injury Fund Reimbursement Request Form - Overturned Order or Designated Doctor Opinion*
- DWC Form-096, *Subsequent Injury Fund Reimbursement Request Form - Refund of Death Benefits*
- DWC Form-097, *Subsequent Injury Fund Reimbursement Request Form - Multiple Employment*
- DWC Form-098, *Subsequent Injury Fund Reimbursement Request Form - Pharmaceutical*
- DWC Form-121, *Claim Administration Contact Information*
- DWC Form-150, *Notice of Representation*
- DWC Form-150A, *Notice of Withdrawal of Representation*
- DWC Form-152, *Application for Attorney Fees*
- DWC Form-154, *Workers' Compensation Complaint Form*
- DWC Form-205, *Locations of Employer Business(es)*

For questions or other information, contact Jeff Nelson, director of External Relations, at 512-804-4405 or jeff.nelson@tdi.texas.gov.