

To: Texas Workers' Compensation System Participants

From: Kara Mace, Deputy Commissioner, Legal Services

Date: June 8, 2021

RE: Plan to Update Notices and Forms

On May 10, 2021, the Texas Department of Insurance, Division of Workers' Compensation (DWC) issued a proposed plan to update DWC notices and forms with a new letterhead and mailing address. In some cases, we will also modernize forms and notices for content, font size, and plain language.

DWC received three comments on the proposed plan, and they did not request a change to the scope. This final plan includes updates to notices and forms needed to implement legislative changes. During June, July, and August 2021, DWC plans to publish these updated notices and forms:

Updates needed to implement legislation:

These forms and notices will include a new form revision date and bar code changes.

- **New Sample Request and Plain Language Notice** - Needed to implement Senate Bill 22 (87th Legislature, Regular Session, 2021) pending governor action.
- **Benefit Review Conference Request Forms** (DWC Form-045 and DWC Form-045M) and **Plain Language Notices** (PLN1 - PLN14) - Needed to implement House Bill 1752, (87th Legislature, Regular Session, 2021).

Other forms and notices this summer:

- **Request to Get Reimbursed for Travel Costs** (DWC Form-048)
- **Prospective Employment Authorization** (DWC Form-156)
- **Joint Agreements** (DWC Forms 081 - 085)

Notices and forms in each group will be published throughout the year. We will provide quarterly updates on which notices and forms will be planned for publishing.

- **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. Notices and forms that require updates to implement legislative 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.

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

Group One: Significant Updates

New Sample Request and Plain Language Notice - Needed to implement Senate Bill 22, (87th Legislature, Regular Session, 2021) pending governor action.

- Sample Request, *Request to Reprocess a COVID-19 Claim*
- PLN-15, *Notice of Request to Reprocess COVID-19 Claim Subject to Texas Government Code §607.0545*

Plain Language Notices and Forms - Needed to implement House Bill 1752, (87th Legislature, Regular Session, 2021). These forms and notices will include a new form revision date and bar code changes. System participants must implement the new forms within 90 days of posting.

- 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*

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*

NonSubscribing Employers

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

Group Two: Limited Updates

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)*