

1 **To the Claimant:**

2 Read these instructions carefully before you begin. This form contains interrogatories
3 (questions) for you to send to the insurance carrier to answer. As described under Rule
4 142.13, you should send these questions after the exchange of information following a
5 benefit review conference and no later than 25 days before a contested case hearing. **These**
6 **interrogatories may also be sent to other insurance carriers**

7
8 On Page 4, write or type the "date of claimed injury" in the space provided.

9
10 Questions 1 through 5 are prepared. There is a line next to each number. Mark an "X" next
11 to each question you wish the insurance carrier to answer. Do not mark questions that the
12 insurance carrier has already answered, or that you do not need them to answer.

13
14 Questions 6 through 10 are blank for you to add up to five of your own questions to get
15 information from the insurance carrier about the issues currently in dispute. Write or type
16 each question in the space provided.

17
18 **Certification**

19 This section is for the insurance carrier to use after answering the questions. Please leave it
20 attached when you send the questions to the insurance carrier. **The certification may be**
21 **signed electronically.**

22
23 **Certificate of Service**

24 Fill in all information in this section and sign before sending to the insurance carrier. **The**
25 **certificate of service may be signed electronically.** As described under Rules 140.9 and 142.4,
26 copies of these questions must be sent to all other parties.

27

1 **To the Insurance Carrier:**

2 Answer these questions to the best of your knowledge. You may need to provide more
3 information to fully answer these questions as time goes on. You must correct or
4 forward to the claimant anything that changes an answer you have already provided
5 (for example, a newly-discovered witness, new medical information, etc.) within a
6 reasonable time before the contested case hearing. If that is not possible, you must
7 introduce the new information at the hearing.

8
9 You may electronically sign your certification.

10
11 A party who fails to disclose known information or documents in their possession, custody,
12 or control at the time disclosure is required may not introduce the evidence at any future
13 proceeding before the division or in court, unless they show good cause for not disclosing
14 the information or documents (Texas Labor Code Section 410.161).

15
16 Questions 1 through 5 are standard interrogatories that the division has approved. They
17 must be answered fully without any objection if asked.

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19
20 **Definitions:**

21 The following definitions apply:

22
23 Act - the Texas Workers' Compensation Act, Texas Labor Code, Title 5, Subtitle A.

24
25 Claimant - the person claiming workers' compensation benefits from the insurance carrier.

26
27 Claimed injury - the injury, occupational disease, or occupational illness for which the
28 claimant is currently claiming workers' compensation benefits from the insurance carrier. A
29 claimed injury includes any injury you believe should be covered by the insurance company
30 as part of your work-related injury. A claimed injury does not include any injury,
31 occupational disease, or occupational illness that is not part of the compensable injury
32 under an approved DWC-24, *Benefit Dispute Agreement* or a prior decision.

33
34 Division - the Texas Department of Insurance, Division of Workers' Compensation.

35
36 Expert witness - a person who, because of education, training, or experience, has specialized
37 knowledge of a subject not generally within the understanding of the average person.

1 Health care facility - a hospital, emergency clinic, outpatient clinic, or other facility providing
2 health care.

3
4 Health care practitioner - an individual who is licensed to provide or render and provides
5 or renders health care, or a non-licensed individual who provides or renders health care
6 under the direction or supervision of a doctor.

7
8 Health care provider - a health care facility or health care practitioner.

9
10 Insurance carrier - an insurance company, a certified self-insurer for workers' compensation
11 insurance, a certified self-insurance group under Texas Labor Code Chapter 407A, or a
12 governmental entity that self-insures either individually or collectively.

13
14 Interrogatories - formal sets of questions that are used during discovery before a hearing
15 to obtain written responses from an opposing party.

16
17 Person - an individual, corporation, organization, business trust, estate, trust, partnership,
18 association, or other legal entity.

19
20 Rule - a rule of the division codified under Texas Administrative Code, Title 28, Part 2.

21
22 Statement - written, typed, or printed documents signed or approved by the person making
23 it, as well as electronically recorded oral messages.

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1 The alleged date of the claimed injury is:_____.

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Claimant’s Interrogatories to Insurance Carrier

Instructions: Answer only the questions with an “X” marked before the question number.
Use more pages if needed.

_____ 1. Please identify the person answering these questions by providing:

- a. their full name;
- b. business address;
- c. business phone number;
- d. business email address; and
- e. relationship to the insurance carrier.

_____ 2. If the case involves a dispute of a certification of maximum medical improvement or impairment rating, for each condition rated in any certification in the claim, please indicate if the insurance carrier accepts or disputes the rated condition for purposes of maximum medical improvement or impairment rating.

You do not need to list rated conditions that are part of an active extent of injury issue dispute in this case or that have been resolved by an approved DWC-24, Benefit Dispute Agreement or a prior decision.

1 _____3. Has any person acting at the request of, or on behalf of, the insurance carrier
2 obtained from any person, including the claimant, any statement about the
3 issues currently in dispute?

4
5 If yes, what is the name, address, and email address of each person the
6 insurance carrier or its representative obtained a statement from?

7
8 What is the name, address, and email address of the person who has
9 custody of each statement?

10
11
12 _____4. Has any person, acting at the request of, or on behalf of, the insurance
13 carrier taken any recordings, photographs, videotapes, or other types of
14 surveillance of the claimant since the date of injury?

15
16 If yes, what is the name, address, and email address of each person who took
17 recordings, photographs, videotapes, or other types of surveillance?

18
19 What is the name, address, and email address of each person who has
20 custody of the recordings, photographs, videotapes, or other types of
21 surveillance?

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23

- 1 _____ 5. For each expert witness you expect to testify at the contested case hearing on
2 the insurance carrier's behalf:
3
4 a. What is the expert witness' name, address, email address, and telephone
5 number?
6
7 b. What is the subject matter the expert witness may or will testify on?
8
9 c. What is the general substance of the expert witness' opinions? Provide a
10 brief summary of the basis for them.
11

12 *You do not need to provide opinions or summaries if you have exchanged a*
13 *written report or health care records from the expert witness with the*
14 *claimant that contains this information in an identifiable and legible*
15 *manner.*
16

DRAFT

Additional Questions

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To the insurance carrier: Answer all questions marked by the claimant.

_____6. Question:

Answer:

_____7. Question:

Answer:

_____8. Question:

Answer:

_____9. Question:

Answer:

_____10. Question:

Answer:

Certification

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I hereby certify under penalty of perjury that the insurance carrier's answers to these interrogatories are true, correct, and complete.

Signature of insurance carrier's
representative

Date: _____

Certificate of Service

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I hereby certify that a true and correct copy of the claimant's interrogatories to the insurance carrier has been forwarded on this ____ day of _____, 20__, to each of the following as indicated:

Respectfully submitted,

Signature of claimant or representative

Printed name of claimant or representative

Mailing address

City, state, ZIP code

Telephone number

Email address

State Bar number (if attorney)