



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation (MS-94)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(800) 252-7031 | F: (512) 804-4378 | TDI.texas.gov | @TexasTDI

DWC CLAIM #

CARRIER CLAIM #

EMPLOYER'S REPORT FOR REIMBURSEMENT OF VOLUNTARY PAYMENT (DWC Form-002)

1. Employer's Name			13. Employee's Name (Last, First, M.I.)		
2. Employer's Mailing Address (Street or P.O. Box)			14. Employee's Mailing Address (Street or P.O. Box)		
City	State	Zip Code	City	State	Zip Code
3. Federal Tax ID No.	4. Date of Injury	5. Date of this Notice	15. Name of Insurance Carrier		
6. Date Lost Time Began		7. Date of Initial Payment	16. Address of Insurance Carrier (Street or P.O. Box)		
8. Amount of Payment \$	9. Number of Weeks Paid		City	State	Zip Code
10. From	11. To		17. Address of Insurance Carrier Claims Office (Street or P.O. Box)		
12. This Payment: <input type="checkbox"/> Initiates Compensation <input type="checkbox"/> Supplements Injured Employee's Income <input type="checkbox"/> Covers Medical Expenses Incurred			City	State	Zip Code
			18. Insurance Carrier Representative		

The employer should notify Texas Department of Insurance, Division of Workers' Compensation and the insurance carrier within 7 days after the date of initial payment. An employer who fails to timely file the report of injury or occupational disease as required by Section 409.005, of the Texas Workers' Compensation Act waives the right to reimbursement of any voluntary payments and may be assessed an administrative penalty. If there is a dispute concerning reimbursement of any employer's payments of compensation or medical benefits, the employer may file a subclaim in accordance with Section 409.009, of the Texas Workers' Compensation Act.

The insurance carrier should reimburse the employer within 7 days after receiving the request and should notify the Texas Department of Insurance, Division of Workers' Compensation within 7 days of payment of the amount and date of the reimbursement.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.

