

DWC CLAIM #

CARRIER CLAIM #

Send the completed form to the address above or fax to 512-804-4378.

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, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html

