



Texas Department of Insurance

Division of Workers' Compensation

Return-to-Work Services • MS-29
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1645
(512) 804-5000 phone • (512) 804-4682 fax
rtw.services@tdi.texas.gov

Complete if known:

DWC Claim #

Carrier Claim #

Send completed form to this address

Return-to-Work Reimbursement Program for Employers

Application for (check one): [] PREAUTHORIZATION [] REIMBURSEMENT [] ADVANCE

I. INJURED EMPLOYEE INFORMATION

Form section I containing fields 1-6: Injured Employee's Name, Social Security Number, Address, Phone Number, Employee's Date of Injury, and Actual/Expected Date of Return to Work.

II. EMPLOYER INFORMATION

Form section II containing fields 7-14: Company Name, Federal Tax ID or Social Security Number, Mailing Address, Employer Contact Name, Title, Contact's Phone #, Fax, and E-mail Address.

III. EMPLOYER ELIGIBILITY

Form section III containing fields 15-16: Number of employees during the preceding calendar year and Workers' compensation insurance coverage.

IV. RETURN-TO-WORK MODIFIED OR ALTERNATE DUTIES

Form section IV containing field 17: Describe the employee's post-injury job or attach job description.

V. ITEMIZED LIST OF ESTIMATED/ACTUAL COST OF PROPOSED WORKPLACE MODIFICATIONS

18. In the space below or in an attachment, itemize each of the estimated/actual costs of any of the following that your company will/has provide(d) to facilitate the injured employee's return to work. If necessary to describe the modification, attach sketches, diagrams, or other information.

- (1) **Physical Modifications** to the workplace or employee's workstation.
- (2) **Equipment, Devices, Furniture, or Tools** to enable the employee to perform modified or alternate duties.
- (3) **Other Costs** necessary to reasonably accommodate the employee's capabilities and doctor-identified restrictions.

Itemized List of Proposed/Actual Modifications	Estimated/Actual Cost
19. TOTAL ESTIMATED/ACTUAL COST OF MODIFICATIONS	
20. AMOUNT REQUESTED	

- Documentation of all expenses, including receipts, must be provided to the Division with this application.
- Disbursements are contingent upon the availability of funds and approval by the Texas Comptroller of Public Accounts.
- The maximum disbursement a single employer may receive is \$ 5,000 annually.

VI. EMPLOYER CERTIFICATION

I hereby certify the following:

- (1) The injured employee returned to work or will return to work in a modified or alternate duty capacity as a result of the workplace modifications
- (2) The company was able or will be able to sustain the employment of the injured employee as a result of the workplace modifications.
- (3) None of the workplace modifications referenced in Part V. above have been made as of the date of this application. The modifications will be completed within six months or the advance will be repaid. (applies to application for advances only)
- (4) All information provided in this application is correct.

I hereby authorize the Texas Department of Insurance, Division of Workers' Compensation to verify all information contained in this application, including on-site verification inspections.

21. Signature of Authorized Company Representative _____ 22. Date _____

VII. APPROVAL / DISAPPROVAL (For DWC Use Only)

<input type="checkbox"/> Approved	Signature _____
<input type="checkbox"/> Disapproved	Printed Name _____ Date _____

WHO IS ELIGIBLE FOR THIS PROGRAM?

Employers in Texas may be eligible for reimbursement or an advance under the Return-to-Work Reimbursement Program for the cost of providing workplace modifications to facilitate an injured employee's return to modified or alternative work following an injury. Complete details regarding the Return-to-Work Reimbursement Program may be found at the following website: <http://www.tdi.texas.gov/wc/rtw/index.html>

An employer in Texas is eligible to apply for reimbursement or an advance under the Return-to-Work Reimbursement Program if:

- (a) the employer employs at least two but not more than 50 employees on each business day of the preceding calendar year;
- (b) the employer's workers' compensation insurance is currently in effect and was in effect on the date of the injury; and
- (c) the employer is not an agency of the State of Texas or a political subdivision of the state.

It is a violation of the Workers' Compensation Act for an employer to willfully apply for or receive reimbursement or an advance under the Return-to-Work Reimbursement Program knowing that the employer is not eligible. It is also a violation for an employer to use a reimbursement or an advance for purposes other than those stated in the employer's application.

IS ANY OF THE REQUESTED INFORMATION OPTIONAL?

No, provide all of the requested information. An incomplete proposal/application will delay processing and may be rejected or returned for additional information.

QUESTIONS? Please contact Return-to-Work Services at 512-804-5000 or e-mail: rtw.services@tdi.texas.gov

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).