[Recommended: Insert letterhead here]

**Notice of First Temporary Income Benefit Payment**

Date: [Date]

To: [Name of injured employee]

[Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

Nature of injury: [Nature of injury]

Part of body injured: [Part of body injured]

DWC claim #: [DWC claim #]

Carrier name/TPA name: [Carrier name/TPA name]

Carrier claim #: [Carrier claim #]

Employer name: [Employer name]

Employer address, city, state, zip: [Employer address, city, state, zip]

**We,** **[Name of carrier], issued your first workers’ compensation benefits check.**

* You are able to get these income benefits, called temporary income benefits, because you lost money from a job for more than 7 days because of your injury. The date you were able to start getting income benefits is [Date of eighth day of disability] (eighth day of disability).
* Your payment will be [$$$] each week. This is based on the average amount of money your employer said you get each week from your work [$$$].
* The first payment covers [First day of period] to [Last day of period]. These are temporary income benefits that are paid weekly. The number of weeks you are paid depends on many things, such as your ability to work.
* If you haven’t already gotten your first check, you should get it soon.
* If you get these payments for 8 weeks or more, you can ask us to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.

**[Insurance carrier comments]**

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**Find out if you can return to work.**

Your employer might have work that your doctor allows. Contact your employer to find out if there is work you can do.

**You should contact me, the adjuster, if:**

* You start earning money from any work, including a new job.
* You are offered a job for any amount of money.
* The amount of money you get from your job changes.

**Contact me if you: (1) have questions, (2) need to give more facts about your claim, or (3) disagree with any of this information.**

# Adjuster’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Phone (toll-free): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax / email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to get letters by fax or email, send your fax number or email address to me.

**If we are not able to resolve an issue after you contact me:**

Call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from [Name of insurance carrier], and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers’ Compensation. To ask for a conference, fill out a “Request to Schedule, Reschedule, or Cancel a Benefit Review Conference” form (DWC045) - [www.tdi.texas.gov/forms/dwc/dwc045brc.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brc.pdf).

If you don’t have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to [www.OIEC.texas.gov](http://www.OIEC.texas.gov) or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

**Making a false workers’ compensation claim is a crime that may result in fines or going to prison.**

A copy of this notice was sent to:

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**Instructions for the insurance carrier:**

**Notice of First Temporary Income Benefit Payment** (PLN-2)28 Texas Administrative Code (TAC) §124.2

This is the notification of first payment for temporary income benefits (TIBs). This notice should only be used to report to the injured employee/representative the initial payment of TIBs on a claim.

* Include the start and end dates for the period being paid.
* Include the date income benefits began to accrue (8th day of disability).
* Include the TIBs rate.
* Include the Average Weekly Wage that payment of income benefits is based on.

**Format requirements**

* Must use font size of 12-point or larger (28 TAC §124.2(s)).

**Format recommendations**

Information sent to injured employees must be written in plain language. Along with clear writing, it is helpful to the reader when information is in a clean, easy-to-read format. Using easy-to-understand words and clean formatting might increase the length of your letter, but it also might greatly reduce customer service calls. Here are recommendations for formatting letters to injured employees:

* **Print only information that applies to the reader:** (1) Remove the section “Instructions to the insurance carrier,” and (2) if this letter has more than one option, remove the option that doesn’t apply to the injured employee.
* **Choose a clean font style:** Avoid highly stylized fonts. Fonts like Segoe, Verdana and Times New Roman are known to be the easiest to read.
* **Avoid italics and underlines:** If you want to emphasize text, it’s often better to use bold or a bigger font size.
* **Use sufficient and consistent spacing:** DWC suggests using 6 pts between paragraphs and bullets and 12 pts between sections.

**File the appropriate Electronic Data Interchange (EDI) transaction with DWC**

**and do not send this notice to DWC.**