[Recommended: Insert letterhead here]

**Notice of Maximum Medical Improvement and Permanent Impairment**

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], are letting you know that you will get workers’ compensation impairment income benefits.**

**You will get impairment income benefits starting [Date after MMI].**

* You will get income benefits of $[Weekly amount of IIBs] each week for [Number of weeks] weeks.
  + This amount is based on 70% of the average amount of money you got from work each week, which was [$$$].
  + If this amount is lowered for any reason you will get a letter letting you know.
* 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.
* This does not change the medical benefits you get because of your injury.

Background pattern

Description automatically generated with medium confidence

**Dr. [First and last name of doctor] sent your report (copy attached) and it shows:**

* You have reached “maximum medical improvement,” which is when either: (1) no further healing or recovery from your injury can be expected, or (2) you were paid temporary income benefits for as long as the law allows.
* The doctor gave you an impairment rating of [Rating number] %. This rating shows to what percent the work-related injury affects your body as a whole.

**☐** If this box is checked:We don’t agree with the doctor’s impairment rating. We gave you an impairment rating of [Rating number] %. Your benefit amount is based on the rating we gave you.

[Insurance carrier comments]

**If you do not agree with this decision:**

Contact me first if you do not agree with this decision. If you still do not agree after working with me, you have 90 days from the date the doctor’s report was given to you to file a dispute. To file a dispute, call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031.

**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.

Background pattern

Description automatically generated with low confidence

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

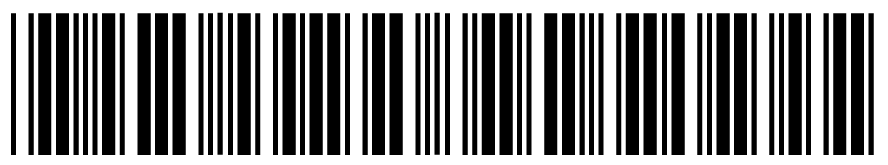
Call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

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 letter was sent to:

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**Instructions to the insurance carrier:**

**Notice of Maximum Medical Improvement and Permanent Impairment** (PLN-3b)28 Texas Administrative Code (TAC) §124.2

This is the notification of first payment notice for impairment income benefits (IIBs). This notice is to be used to report to the injured employee/representative

* the payment of IIBs on a claim, when the payment of IIBs benefits is the initial payment of income benefits; or
* the conversion of temporary income benefits (TIBs) to IIBs, the change from TIBs to IIBs, or when IIBs are being reinstated after the payment of TIBs has been suspended.

Do not use this notice to notify the employee that:

* They have reached maximum medical improvement (MMI) and a doctor has assigned either a 0% impairment rating (IR) or no permanent impairment.
  + Instead, use the PLN-3a, Notice of Maximum Medical Improvement and No Permanent Impairment.
* They have reached statutory MMI and the insurance carrier has estimated the IR.
  + Instead, use the PLN-3c, Notice of Maximum Medical Improvement and Estimated Permanent Impairment.

The insurance carrier should:

* Fill in all required blank fields.
* Attach a copy of the referenced report certifying MMI and IR.

**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.**