

NOTIFICATION OF FIRST DEATH BENEFIT PAYMENT

**DATE:**

**TO:** [NAME OF BENEFICIARY]  
[ADDRESS]  
[CITY, STATE, ZIP]

**RE:** [DATE OF INJURY]  
[NATURE OF INJURY]  
[PART OF BODY INJURED]  
[NAME OF EMPLOYEE]  
[EMPLOYEE SSN]  
[CLAIM #]  
[CARRIER NAME/TPA NAME]  
[CARRIER CLAIM#]  
[EMPLOYER NAME]  
[EMPLOYER ADDRESS]  
[EMPLOYER CITY, STATE, ZIP]

Your first payment of workers' compensation benefits for the period of (\*\*first date of period being paid\*\*) is being issued. The benefit payment is called "Death Benefits" (DBs) and is paid weekly. Your DBs payment, in the amount of (\*\*\$\$\$\*\*), is based on 75% of the reported Average Weekly Wage of (\*\*\$\$\$\*\*). An explanation of your DBs payment is as follows:

(\*\*Provide full and complete statement explaining the action taken and explanation of distribution of benefits\*\*)

You may request that we make benefit payments by electronic funds transfer directly to your bank account. Also, you may request that we change your DBs from a weekly payment to a monthly payment.

**If you do not agree with the amount of weekly death benefits being paid, please contact me:**

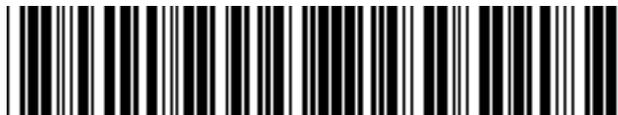
**Adjuster's Name:** \_\_\_\_\_  
**Toll Free Telephone #:** \_\_\_\_\_  
**Fax #/E-mail Address:** \_\_\_\_\_

**If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact the Division office handling your claim at 1-800-252-7031.**

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

**Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.**

Cc:



**INSTRUCTIONS:**

Notification of First Death Benefit Payment (DWC FORM PLN-5), Rule 124.2(e)(1) and (f): (MTC: IP)

This is the Notification of First Payment letter for benefit type 010 (DBs). This letter is only to be used to report the first indemnity benefit payment made on a claim. Only one notice of initial payment may be sent on a claim but the initial payment benefit type may be TIBs, IIBs, LIBs or DBs. This notice should only be used to report to the beneficiary(ies)/representative the payment of DBs when the payment is the initial payment of indemnity benefits on a claim. Each beneficiary that receives a payment of DBs must be provided a copy of this notice.

1. Include the date income benefits began to accrue.
2. Include the Average Weekly Wage that indemnity benefits are based on.
3. Provide a full and complete statement explaining the action taken. Include the distribution of payments of death benefits, and requirements to remain entitled.

**EXAMPLES**

Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Spouse 100% (\$400 week).

Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Spouse 50% (\$200 week), Son 25% (\$100 week), Daughter 25% (\$100 week).

Death benefits are being paid due to the death of Joe Employee. Benefits are being paid as follows: Son 50% (\$200 week), Daughter 50% (\$200 week).

**DO NOT SEND THIS LETTER TO THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION**

