[Recommended: Insert letterhead here]

**Notice of Lump Sum Payment of Income or Death Benefits**

Date: [Date]

To: [Name of injured employee or beneficiary]

 [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 #]

 Insurance carrier name/TPA name: [Insurance carrier name/TPA name]

 Insurance carrier claim #: [Insurance carrier claim #]

 Employer name: [Employer name]

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

**We,** **[Name of insurance carrier], will pay you a lump sum of workers’ compensation benefits.**

On [Effective date], we will pay you a lump sum of [The type of benefit]. The benefit amount will be [$$$].

**The reason for paying you the lump sum is:** [Provide full and complete statement explaining the action taken.]

**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.

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

 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 (DWC) 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 DWC. 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.**

We sent a copy of this letter to:

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**Instructions to the insurance carrier:**

**Notice of Lump Sum Payment of Income or Death Benefits** (PLN-10B) 28 Texas Administrative Code (TAC) §124.2

You must use this notice to report to the injured employee or representative and the beneficiaries/representatives (if applicable) when the insurance carrier is paying a lump sum of temporary, impairment, supplemental, or lifetime income benefits or death benefits.

Lump sum payment scenarios when you must use this notice (not an exhaustive list):

* benefit dispute agreement;
* DWC order (commissioner's order, interlocutory order, decision and order, Appeals Panel decision);
* advance of temporary, impairment, supplemental, or lifetime income benefits;
* commuted (lump sum) payment of impairment income benefits;
* payment of accelerated benefits; or
* payment of underpaid indemnity benefits with interest.

The insurance carrier must provide:

* this notice to the injured employee or representative and the beneficiaries or representatives (if applicable); and
* a full and complete statement explaining the action it took.

Examples:

* We are paying you a lump sum of temporary income benefits that everyone agreed to in a benefit dispute agreement.
* We are paying you a lump sum of supplemental income benefits as an advance as DWC ordered.
* We are paying your impairment income benefits in a lump sum.
* We are paying you a lump sum for an underpayment of benefits that DWC identified.

**Format requirements**

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

**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.
* **Minimize abbreviations:** Abbreviations create confusion. But if using abbreviations, spell out the full name or phrase the first time you use it and put the abbreviation in parentheses after it.
* **Letterhead:** Use the insurance carrier’s letterhead.

**File the appropriate electronic data interchange transaction with DWC.**

**Do not send this notice to DWC.**