



Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete, if known:

DWC Claim #:

Carrier Claim #:

Election to Engage in Arbitration
Type (or print in black ink) each item on this form

I. CLAIM DISPUTE INFORMATION

1. DWC Claim Number	2. Medical Fee Dispute Decision Number (if applicable)
3. Claimant's Name	4. Insurance Carrier's Name
5. Field Office	
6. Date Benefit Review Conference Ended , if applicable (mm/dd/yyyy)	
7. Check ONLY one box to indicate the type of dispute for which arbitration is elected: <input type="checkbox"/> Medical fee dispute <input type="checkbox"/> Indemnity dispute Specify benefit issues remaining in dispute:	
NOTE: Arbitration may be elected only for disputes that remain unresolved after a Benefit Review Conference.	
8. Is the injured employee a first responder, as defined in Texas Labor Code §504.055, who sustained a serious bodily injury*? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ</small>	

II. ELECTION OF ARBITRATION

By signing below, the parties to the above referenced claim pending before the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC), elect, pursuant to Texas Labor Code, Chapters 410 and 413, to engage in arbitration concerning the issues identified in Box 7.

The parties understand that this arbitration election requires the consent of the parties affected by the dispute, and that once the arbitration election is filed with the TDI-DWC, the parties are no longer entitled to a TDI-DWC Contested Case Hearing, or review by the TDI-DWC Appeals Panel or the State Office of Administrative Hearings (SOAH) and that judicial review is strictly limited. Further, the parties understand that the election for arbitration is binding and irrevocable on the parties signing below for the resolution of the above referenced disputes. The decision of the arbitrator is final unless vacated by a court of competent jurisdiction, based on the provisions of §410.121 of the Texas Labor Code. The parties also acknowledge that they are familiar with the arbitration provisions of the Texas Labor Code §410.101-410.121, and §410.024, and the TDI-DWC Arbitration Rules in 28 Texas Administrative Code §§144.1-144.16, and agree to abide by them.

Insurance Carrier	
9. Insurance Carrier's Name	10. Phone Number
11. Insurance Carrier Representative's Printed Name	12. Alternate Phone Number
13. Insurance Carrier Representative's Signature	14. Date of Signature (mm/dd/yyyy)

For TDI-DWC Use Only



Check the appropriate box: <input type="checkbox"/> Injured Employee <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Subclaimant <input type="checkbox"/> Pharmacy Processing Agent		
15. If injured employee is checked above, is the employee assisted by the Office of Injured Employee Counsel (OIEC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Requester's Printed Name	17. Phone Number	18. Alternate Phone Number
19. Requester's Signature		20. Date of Signature (mm/dd/yyyy)
21. Representative's Printed Name (if applicable)		
22. Phone Number		23. Alternate Phone Number
24. Representative's Signature		25. Date of Signature (mm/dd/yyyy)

Frequently Asked Questions

What is the purpose of electing arbitration?

Arbitration may be used only to resolve disputed benefit issues. It is an alternative to a Contested Case Hearing and requires mutual agreement of the parties. Arbitration may be elected, in accordance with 28 TAC, Chapter 144, for any disputes arising out of claim(s) that are under the jurisdiction of the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC).

Can I change my mind after electing to engage in arbitration?

No, an election to engage in arbitration is binding and irrevocable on all parties.

Can I appeal the arbitrator's decision?

There is no right to appeal except as provided in the Texas Labor Code, Section 410.121. The final award rendered by the arbitrator cannot be appealed to the TDI-DWC's Contested Case Hearing, TDI-DWC's Appeals Panel, or to the State Office of Administrative Hearings (SOAH).

What is the deadline for filing the DWC Form-044?

This form must be signed by all parties and filed with the TDI-DWC not later than the 20th day after the conclusion of the Benefit Review Conference as shown in Box 6 on the form.

Where do I file the DWC Form-044?

To file the parties' request for arbitration, mail or fax DWC Form-044 to:
 Texas Department of Insurance, Division of Workers' Compensation
 Chief Clerk of Proceedings
 Hearings, Mail Code HRG
 PO Box 12050
 Austin, TX 78711-2050
 or 512-804-4011 (fax number)

What happens after I file the DWC Form-044?

The TDI-DWC will assign an arbitrator not later than 30 days after the date on which the election is filed and will notify the parties. Each party is entitled to one rejection of an assigned arbitrator. The arbitrator will schedule an arbitration proceeding to be held within 30 days of being assigned the case and shall notify the parties, the employer, and the TDI-DWC of the date and time.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.

Claimant's Name:
DWC Claim Number:



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