



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation (MS-35)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
 (512) 804-4010 | F: (512) 804-4011 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

Complete if known:

DWC Claim #

Carrier Claim #

**Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC),
 or to Proceed Directly to Contested Case Hearing (CCH)**

Type (or print in black ink) each item on this form

I. REQUEST SPECIFICATIONS

1. Check ONLY one box to indicate the purpose of your request: Schedule BRC Reschedule BRC Cancel BRC
 Proceed directly to CCH

2. Check applicable box(es) for services you are requesting: Expedited BRC (Provide reason)

Special Accommodations (Please specify) _____

II. INJURED EMPLOYEE CLAIM INFORMATION

3. Employee's Name (Last, First, Middle)		4. Employee's Physical Address (Street, City, State, ZIP Code)	
5. Insurance Carrier's Name	6. Date of Injury (mm-dd-yyyy)	7. Social Security Number (last four digits) XXX-XX-	
8. Employer's Business Name (at the time of the injury)		9. Employer's Business Address	

III. PARTY REQUESTING TO SCHEDULE, RESCHEDULE OR CANCEL A BRC, OR TO PROCEED DIRECTLY TO CCH

10. Check the Appropriate Box:
 Injured Employee Insurance Carrier Employer Sub-claimant Beneficiary Attorney for _____

11. Is the injured employee assisted by the Office of the Injured Employee Counsel (OIEC)? Yes No

12. Requester's Typed or Printed Name	13. Requester's Mailing Address (Street or P.O. Box, City, State, ZIP Code)	
14. Business/Firm Name (if applicable)	15. Phone Number	16. Alternate Phone Number

Request to SCHEDULE a BRC (Complete Sections IV and V) or CCH (Complete Sections IV, V, and VI)

IV. ISSUE(S) FOR BRC OR CCH

17. Check applicable box(es) to identify the disputed issue(s):

<input type="checkbox"/> Compensability of the claim*	<input type="checkbox"/> Designated doctor's certification of maximum medical improvement
<input type="checkbox"/> Extent of the compensable injury	<input type="checkbox"/> Designated doctor's assessment of whole body impairment rating
<input type="checkbox"/> Entitlement to temporary income benefits	<input type="checkbox"/> Entitlement to death benefits and/or burial benefits
<input type="checkbox"/> Entitlement to supplemental income benefits	<input type="checkbox"/> Failure of carrier or employer to provide employee required network information
<input type="checkbox"/> Average weekly wage determination	<input type="checkbox"/> Other

*An employer may check this box only if the insurance carrier has accepted liability.

18. Briefly describe each disputed issue (additional pages may be attached, if necessary).	For DWC Use Only
---	------------------



V. DOCUMENTATION OF YOUR EFFORTS TO RESOLVE THE ISSUE(S)

19. Provide the date the opposing party was notified of the disputed issues (mm-dd-yyyy):

20. Attach the following to this form:

- a description of all efforts you have made to resolve the disputed issue(s);
- if you were unable to confer with the other party or parties about the request, summarize your efforts to confer; and
- supporting documentation.

NOTE: If this information is not provided, a BRC may not be scheduled.

21. I certify that prior to this request I have made reasonable efforts to resolve the disputed issue(s) identified in Section IV above and that any pertinent information in my possession has been provided to the opposing party or parties. I certify that all the information provided on this form is true and correct. I certify that I will provide a copy of this request to the opposing party or parties.

Signature of Requester _____

Date _____

VI. PROCEED DIRECTLY TO CCH

22. If requesting to proceed directly to CCH, does the opposing party agree with this request? Yes No

23. Texas Department of Insurance, Division of Workers' Compensation (DWC) rules allow parties to proceed directly to a CCH if the DWC determines that mediation would not prove effective to resolve the dispute; necessary evidence cannot be obtained without a subpoena; or the situation of the parties or the nature of the facts or law of the case is such that the overall policy of the Workers' Compensation Act would be advanced by proceeding directly to a CCH. (28 Texas Administrative Code (TAC) § 142.5(b)). Please provide information regarding why your dispute should proceed directly to CCH, including whether you have exchanged pertinent information with the opposing party or parties and any efforts you may have made to resolve the disputed issues.

24. I certify that I will provide a copy of this request to the opposing party or parties.

Signature of Requestor _____

Date _____



Request to RESCHEDULE or CANCEL a BRC (Complete Section VII)

VII. DOCUMENTATION OF GOOD CAUSE FOR RESCHEDULING OR CANCELING A BRC

25. Check ONE box below to indicate the description applicable to your request:
 Cancel PRIOR to BRC (Complete 26 and 29)
 Reschedule PRIOR to BRC (Complete 26, 28, and 29)
 Reschedule AFTER failing to attend BRC (Complete 27, 28, and 29)

26. (a) Is this the first scheduled BRC on this dispute? Yes No

(b) Are you filing this request within 10 days of receipt of the notice of setting? Yes No
 * The date the notice of setting is received is deemed to be the 5th day after the date of the notice.

If the answers to both 26(a) and 26(b) are "Yes," then skip the remainder of this box and proceed to box 27.

If the answer to either 26(a) or 26(b) is "No," attach the indicated information and any supporting documentation to this form:

- a) a statement that you conferred or attempted to confer with the other party or parties, including:
 - a statement whether the other party or parties oppose the request;
 - a date and time the parties are available for the rescheduled proceeding that has been coordinated with the division's docketing section; and
 - if you were unable to confer with the other party or parties about the request, a summary of your efforts to confer; and
- b) a description of objective facts beyond your control, which reasonably:
 - prevent you from attending the BRC; or
 - prevent the BRC from accomplishing its purpose (This may include a description of your need for a reasonable amount of additional time to secure necessary evidence for the dispute); or
- c) a description of objective facts which make the BRC unnecessary.

NOTE: If this information is not provided, the BRC may not be rescheduled or canceled. Canceling a BRC without simultaneously rescheduling is considered a withdrawal of the dispute on the issue and must comply with 28 TAC §130.12, if applicable.

27. If you are requesting to reschedule after failing to attend a BRC, you must attach a description of objective facts beyond your control, which reasonably prevented you from attending the BRC and from notifying DWC to cancel or reschedule in advance of the BRC.

If you do not submit the request by close of business on the third business day after the BRC was held, you must also attach a description of objective facts beyond your control, which reasonably prevented you from doing so and which justify the subsequent delay in filing the request.

Attach any supporting documentation.

NOTE: If this information is not provided, the BRC may not be rescheduled.

<p>28. Check the appropriate box below:</p> <p><input type="checkbox"/> The information provided in the initial request for this BRC has <u>not</u> changed.</p> <p><input type="checkbox"/> Information provided in the initial request for this BRC has changed. (If this box is checked, you must complete Sections IV and V of this form.)</p>	<p>For DWC Use Only</p>
--	-------------------------

<p>29. I certify that I will provide a copy of this request to the opposing party or parties.</p> <p>Signature of Requester _____ Date _____</p>	
---	--

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information DWC collects about you; receive and review the information (Government Code §§552.021 and 552.023); and have DWC correct information that is incorrect (Government Code §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the Corrections Procedure section at www.tdi.texas.gov.



Frequently Asked Questions
Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC),
or to Proceed Directly to Contested Case Hearing (CCH)

NOTE: This form may only be used to request the scheduling, rescheduling, or cancelation of a BRC, or to proceed directly to a CCH. Do not submit this form to schedule a BRC unless you are prepared to proceed. This form should not be used to request other actions by the Texas Department of Insurance, Division of Workers' Compensation (DWC), such as a letter of clarification.

Where will the BRC or CCH be held? DWC will schedule the BRC or CCH at a location not more than 75 miles from the injured employee's residence at the time of the injury or the address on this form, unless good cause exists for the selection of a different location. You may request another location, but must provide an acceptable reason to relocate the proceeding. DWC will determine whether a change in location is appropriate. In addition, injured employees may request the BRC be held through a telephone conference.

What type of special accommodations will DWC provide? DWC will provide accommodations to parties who qualify under the Americans with Disabilities Act (ADA), and other reasonable accommodations at the discretion of the presiding officer.

Who determines whether a BRC is expedited? If an expedited BRC is requested, DWC will determine whether scheduling the BRC more quickly is appropriate. For example, an expedited BRC may be granted in the following circumstances:

- no income benefits have been paid because of the issue in dispute; or
- the issue in dispute is an official action taken by DWC.

How do I document my efforts to resolve the disputed issues before requesting a BRC? Attach copies of correspondence, e-mails, facsimiles, records of telephone contacts, summaries of meetings, or telephone conversations.

How do I document my efforts to confer with the opposing party before requesting 1) to proceed directly to CCH, or 2) reschedule or cancel a BRC? Attach copies of correspondence, e-mails, facsimiles, records of telephone contacts, summaries of meetings, or telephone conversations.

What is pertinent information documentation? It is documentation that is related to the disputed issue and will be used at the BRC to help resolve the dispute. Examples of pertinent information are: medical records, requests for a designated doctor exam; letters of clarification to a designated doctor; required medical examination reports; or a treating doctor's response to a designated doctor report. You are required to provide pertinent information to the opposing party before requesting a BRC. You are also required to provide pertinent information to DWC not later than 14 days before the scheduled BRC, but you should **not** attach this information to this request.

Who determines whether to reschedule or cancel a BRC? The determination of whether there is good cause to reschedule or cancel a BRC is made at the discretion of DWC benefit review officer on a case-by-case basis. Even if good cause exists, the benefit review officer may deny the request based on other considerations.

Where do I send the form? You can fax, mail, or personally deliver the completed form to the field office handling the claim. For field office addresses, call DWC at 1-800-252-7031 or visit the agency's website at <http://www.tdi.texas.gov/wc/dwccontacts.html>. You are also required to send a copy to the opposing party or parties. If an injured employee is assisted by the Office of Injured Employee Counsel (OIEC), submit the form to the injured employee and to OIEC.

Am I required to attend the BRC or CCH? Failure to attend a BRC or CCH could result in a recommendation of a penalty or fine unless you can show good cause for your absence. An injured employee should attend any proceeding related to a dispute about his or her claim, even if the injured employee did not request the proceeding.

Does the filing of this form meet the requirements for disputing the certification of MMI/IR? The filing of this form constitutes a dispute for purposes of Texas Labor Code §408.123(e) only if DWC determines that the form is complete in accordance with DWC rules and a proceeding is scheduled. In such cases, the dispute will be considered effective the date the party filed the request. Canceling a BRC without simultaneously rescheduling is considered a withdrawal of the dispute on the issue and must comply with 28 TAC §130.12.

Who do I contact if I have questions? Contact DWC by calling 1-800-252-7031. An injured employee who is not represented by an attorney may also receive assistance by contacting OIEC at 1-866-393-6432.

What happens after DWC receives my DWC Form-045? If your request to schedule, reschedule, or cancel a BRC is approved, you and the opposing party or parties will be notified, including the time, date and location of the BRC, if applicable. If you are notified your request to schedule a BRC is denied because the request is incomplete, you may resubmit the request with additional information or request an expedited CCH to determine if your request should be approved. If your request to proceed directly to CCH is granted, DWC will set a CCH and you and the opposing party or parties will be notified. If your request to proceed directly to CCH is denied, DWC will notify you and the opposing party or parties and may set a BRC.