


**Division of Workers'
Compensation**

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

Complete if known:

DWC claim #

Insurance carrier claim #

Request to adjust average weekly wage for a seasonal employee

Este formulario está disponible en español en el sitio web de la División en
www.tdi.texas.gov/forms/dwc/dwc055s.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Claim information

1. Employee's name (first, middle, last)	2. Date of injury (mm/dd/yyyy)
3. Address (street or PO Box, city, state, ZIP code)	4. Phone number
5. Insurance carrier's name	6. Insurance carrier's mailing address (street or PO Box, city, state, ZIP code)
7. Adjuster's name	8. Adjuster's phone number
9. Adjuster's fax number	10. Adjuster's email address

Part 2: Notice of intent to adjust average weekly wage (AWW)

11. The insurance carrier plans to adjust your AWW from \$ _____ to \$ _____ because of a seasonal change in your wages.	
12. The proposed new temporary income benefit is \$ _____.	
13. Beginning date (mm/dd/yyyy)	14. Ending date (mm/dd/yyyy)

15. The insurance carrier sent this notice to you on (mm/dd/yyyy)

Notice to injured employee

- You must send the insurance carrier documents showing your wages in previous years during the corresponding time periods shown in boxes 13 and 14.
- If you can't get the required wage documents, you may contact the Texas Workforce Commission at 800-628-5115 to request your wage information.
- Failure to submit this information to the insurance carrier within 14 days after you receive this notice may result in an adjustment in your weekly benefit amount.
- You have the right to request a benefit review conference to resolve a dispute concerning an adjustment to your AWW.

Employee's name:	[bar code]	For DWC use only
DWC claim number:		

Part 3: Request to adjust AWW

16. The insurance carrier is requesting to adjust the injured employee's AWW from \$ to \$.	17. Beginning date (mm/dd/yyyy)	18. Ending date (mm/dd/yyyy)
19. The new temporary income benefit (TIBs) amount is \$.		
20. Date insurance carrier sent <i>Notice of intent to adjust AWW</i> (mm/dd/yyyy) .		
Note: Complete this section only when you have previously sent Part 2. Notice of intent to adjust average weekly wage (AWW) to the injured employee.		

Part 4: Requester information

21. Certify with your signature: <ul style="list-style-type: none"> The information provided in this form is true and correct. I have included all available wage information to support the request to adjust the AWW. 	
22. Requester's signature	
23. Requester's printed name	24. Date of signature
25. Requester's phone number	26. Requester's email address

Employee's name:	[bar code]	For DWC use only
DWC claim number:		

FAQ

Request to adjust average weekly wage for a seasonal employee

Insurance Carriers

When can I request an average weekly wage (AWW) adjustment?

The AWW used to calculate TIBs for seasonal employees may be adjusted as often as necessary. You must first notify the injured employee by completing Part 2. Notice of intent to adjust average weekly wage (AWW) of this form. To request an adjustment, you must complete Part 3. Request to adjust AWW of this form. You must receive approval from the Texas Department of Insurance, Division of Workers' Compensation (DWC) before making an adjustment.

Where do I send this form?

You must send this form to the injured employee and DWC.

- **Fax:** 512-804-4378
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
Claims and Customer Services, Mail Code CCS
PO Box 12050
Austin, TX 78711-2050

What does DWC do?

If an adjustment is requested, we will approve or deny the request and send an order with our decision. If you want to dispute our decision, you can ask for an expedited contested case hearing.

Employees

What is AWW and what will happen if it is adjusted?

Your Average Weekly Wage (AWW) is the average amount of money your employer paid you each week in the 13 weeks before your injury or illness. Your AWW determines how much your income benefit will be. Because you are a seasonal employee, your AWW can be increased or decreased based on what you could have expected to earn during specific periods.

What do I need to do once I receive this form?

You must send the insurance carrier documents showing your wages in previous years during the corresponding time periods shown in boxes 13 and 14. Documents may include copies of W2s, bank statements, affidavits from your employers, or payroll check stubs. If you can't get the required wage documents, you may contact the Texas Workforce Commission at 800-628-5115 to request your wage information.

If you don't respond to this request for wage information within 14 days after receiving the notice, the insurance carrier may request that DWC issue a subpoena. If you do not respond to a subpoena, **the insurance carrier may request DWC approval to adjust your AWW.**

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Also, go to www.tdi.texas.gov/wc to learn more about workers' compensation.

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).
- Have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.