

APPEAL NO. 050855  
FILED JUNE 6, 2005

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on April 1, 2005. With regard to the issues before him, the hearing officer determined that the "[p]arties agree that [respondent's (Claimant)] [average weekly wage (AWW)] should include the value of meals and uniforms," "[p]arties agree that the value of meals and uniforms provided to the Claimant is \$12.33 a week, which represents \$3.93 a week for uniforms and \$8.40 a week for meals" and that the "[p]arties agree that the Claimant's [AWW] is \$607.61."

The parties signed and filed an "Agreed [appellant (Carrier)] and Claimant Request for Review and Argument in Support" document, contending that when the parties entered into the agreement they inadvertently failed to include "the value of health insurance which should have been included in the [AWW]." The parties request that we reverse the hearing officer's decision that the AWW is \$607.61 and render a new decision "that the correct AWW is \$710.12."

DECISION

Reversed and a new decision is rendered as requested.

The hearing officer recites that the parties had reached an agreement; that the agreement only decides the issues at the CCH; and that the agreement does not resolve all the issues regarding the claim and is not a settlement.

The parties in reaching their agreement and submitting the agreement to the hearing officer apparently made a mutual mistake regarding the inclusion, or non-inclusion, of health insurance which is no longer being provided to the claimant, in calculating the AWW. The parties jointly request that we reverse the hearing officer's decision on the agreed upon AWW and render a new decision on a newly agreed upon AWW.

We reverse the hearing officer's decision that the claimant's AWW is \$607.61 and render a new decision that the parties agree that "the correct [AWW] should include the value of meals, uniforms, and health insurance which are no longer being provided to the claimant, and find that the correct AWW is \$710.12."

The true corporate name of the insurance carrier is **STATE OFFICE OF RISK MANAGEMENT (a self-insured governmental entity)** and the name and address of its registered agent for service of process is

For service in person the address is:

**JONATHAN BOW, EXECUTIVE DIRECTOR  
STATE OFFICE OF RISK MANAGEMENT  
300 W. 15TH STREET  
WILLIAM P. CLEMENTS, JR. STATE OFFICE BUILDING, 6TH FLOOR  
AUSTIN, TEXAS 78701.**

For service by mail the address is:

**JONATHAN BOW, EXECUTIVE DIRECTOR  
STATE OFFICE OF RISK MANAGEMENT  
P.O. BOX 13777  
AUSTIN, TEXAS 78711-3777.**

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Thomas A. Knapp  
Appeals Judge

CONCUR:

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Robert W. Potts  
Appeals Judge

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Margaret L. Turner  
Appeals Judge