TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation (MS-94)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(800) 252-7031 | F: (512) 804-4378 | TDI.texas.gov | @TexasTDI

DWC CLAIM #

CARRIER CLAIM #

PREPAYMENT ACCOUNT #:

CARRIER'S REQUEST FOR SEASONAL EMPLOYEE WAGE INFORMATION FROM TEXAS EMPLOYMENT COMMISSION RECORDS (DWC Form-056)

A $15.00 fee must be paid for this request for seasonal employee wage information from the Texas Workforce Commission. No action will be taken on the request without payment. Send the request with payment to:

Field Services, MS-600, Texas Department of Insurance, Division of Workers' Compensation, 7551 Metro Center Drive, Suite 100, Austin, Texas 78744.

1. Employee's Name (Last, First M.I.)	**2. Telephone Number**	**3. Date of Injury**
4. Mailing Address (Street or P.O. Box)	**5. Employer's Business Name**	
City **State** **ZIP Code**	**6. Insurance Carrier's Name**	

On _____ the insurance carrier shown above filed notice with the injured seasonal employee of its
DATE
intention to request the Texas Department of Insurance, Division of Workers' Compensation's approval to adjust the employee's average weekly wage and temporary income benefit payment because of a seasonal change in the employee's wages. The seasonal employee did not provide wage information to the carrier within two (2) weeks from the date of notice according to a thorough search of the carrier's records.

The insurance carrier requests the Texas Department of Insurance, Division of Workers' Compensation to contact Texas Workforce Commission for the seasonal employee's wage history for the most recent five (5) quarters available.

ADJUSTER CERTIFICATION

I certify the wage information requested will be used solely to determine whether an injured seasonal employee's average weekly wage and temporary income benefit payment should be adjusted.

Adjuster's Name (PRINTED)	**Adjuster's Signature**
Adjuster's Business Mailing Address (Street or P. O. Box)	**City** **State** **ZIP Code**

DIVISION USE ONLY

Date Information Requested from DWC	**Date Information Provided to Carrier's Designated Austin Representative**

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-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.