[Recommended: Insert letterhead here]

**Notice of Maximum Medical Improvement and Estimated Permanent Impairment**

Date: [Date]

To: [Name of injured employee]

 [Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

 Nature of injury: [Nature of injury]

 Part of body injured: [Part of body injured]

 DWC claim #: [DWC claim #]

 Carrier name/TPA name: [Carrier name/TPA name]

 Carrier claim #: [Carrier claim #]

 Employer name: [Employer name]

 Employer address, city, state, zip: [Employer address, city, state, zip]

**We, [Name of carrier], are letting you know that your workers’ compensation benefits are changing.**

**Your income benefits are changing from temporary income benefits to impairment income benefits.**

This change is happening because: (1) you were paid temporary income benefits for as long as the law allows (maximum medical improvement), and (2) you did not get an impairment rating from a doctor.

With the facts we have, we believe your work-related injury has a rating of [Rating number] %. This rating shows to what percent we believe the injury affects your body as a whole.

You will get impairment income benefits of $[Weekly amount of IIBs] each week for [Number of weeks] weeks. This amount is based on 70% of the average amount of money you got from work each week, which was [$$$].

* If you got a rating of 0%, no benefits are paid.
* If you get an impairment rating from a doctor, the amount of time you get benefits may change.

This does not change the medical benefits you get because of your injury.

 

**[Insurance carrier comments]**

**Contact me if you: (1) have questions, (2) need to give more facts about your claim, or (3) disagree with this decision.**

 Adjuster’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Phone (toll-free): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax / email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to get letters by fax or email, send your fax number or email address to me.

**If we are not able to resolve an issue after you contact me:**

Call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from [Name of insurance carrier], and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers’ Compensation. To ask for a conference, fill out a “Request to Schedule, Reschedule, or Cancel a Benefit Review Conference” form (DWC045) - [www.tdi.texas.gov/forms/dwc/dwc045brc.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brc.pdf).

If you don’t have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to [www.OIEC.texas.gov](http://www.OIEC.texas.gov) or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

**Making a false workers’ compensation claim is a crime that may result in fines or going to prison.**

A copy of this letter was sent to:

****

**Instructions to the insurance carrier:**

**Notice of Maximum Medical Improvement and Estimated Permanent Impairment** (PLN-3c)28 Texas Administrative Code (TAC) §124.2

This is the notification of first payment notice for impairment income benefits (IIBs). This notice is to be used to report to the injured employee/representative that they have reached statutory maximum medical improvement (MMI) and the insurance carrier has estimated the injured employee’s permanent impairment, which will result in:

* the payment of IIBs on a claim, when the payment of IIBs benefits is the initial payment of income benefits;
* the conversion of temporary income benefits (TIBs) to IIBs, the change from TIBs to IIBs, or the reinstatement of IIBs after the payment of TIBs has been suspended; or
* the insurance carrier estimated the amount of permanent impairment to be 0% so the injured employee will receive no IIBs.

This notice is not to be used as a notice to the employee that:

* They have reached MMI and a doctor has assigned either a 0% impairment rating (IR) or no permanent impairment.
	+ Instead, use the PLN-3a, Notice of Maximum Medical Improvement and No Permanent Impairment.
* They have reached MMI and have been assigned an IR by a doctor.
	+ Instead, use the PLN-3b, Notice of Maximum Medical Improvement and Permanent Impairment.

The insurance carrier should fill in all the required blanks.

**Format requirements**

* Must use font size of 12-point or larger (28 TAC §124.2(s)).

**Format recommendations**

Information sent to injured employees must be written in plain language. Along with clear writing, it is helpful to the reader when information is in a clean, easy-to-read format. Using easy-to-understand words and clean formatting might increase the length of your letter, but it also might greatly reduce customer service calls. Here are recommendations for formatting letters to injured employees:

* **Print only information that applies to the reader:** (1) Remove the section “Instructions to the insurance carrier,” and (2) if this letter has more than one option, remove the option that doesn’t apply to the injured employee.
* **Choose a clean font style:** Avoid highly stylized fonts. Fonts like Segoe, Verdana and Times New Roman are known to be the easiest to read.
* **Avoid italics and underlines:** If you want to emphasize text, it’s often better to use bold or a bigger font size.
* **Use sufficient and consistent spacing:** DWC suggests using 6 pts between paragraphs and bullets and 12 pts between sections.

**File the appropriate Electronic Data Interchange (EDI) transaction with DWC**

**and do not send this notice to DWC.**