[Recommended: Insert letterhead here]

**Notice of Change in Amount of Indemnity Benefit Payment**

Date: [Date]

To: [Name of injured employee or beneficiary]

[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 #]

Insurance carrier name/TPA name: [Insurance carrier name/TPA name]

Insurance carrier claim #: [Insurance carrier claim #]

Employer name: [Employer name]

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

**We,** **[Name of insurance carrier], are changing the amount of your workers’ compensation benefits.**

The amount of [Type of benefits being paid] you get will go [Up/down] starting [Effective date].

|  |  |
| --- | --- |
| **The amount you were getting each week** | **The new amount you will get each week** |
| $[Amount of current payment] a week | $[Amount of new payment] a week |

**The reason for the change in amount is:** [Provide full and complete statement explaining the action taken.]

* If you get these payments for eight weeks or more, you can ask us to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.
* This will not change the medical benefits you get because of your injury.

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

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

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

Fax/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A picture containing background pattern

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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 (DWC) 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 DWC. 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.**

We sent a copy of this notice to:

**Background pattern

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**Instructions to the insurance carrier:**

**Notice of Change in Amount of Indemnity Benefit Payment** (PLN-8) 28 Texas Administrative Code (TAC) §124.2

You must use this notice to report to the injured employee/representative and the beneficiaries/representatives (if applicable) when the insurance carrier is changing the net indemnity benefit payment (increase or decrease).

Scenarios when you must use this notice (not an exhaustive list):

* change/recalculation of average weekly wage;
* change in post-injury earnings;
* refusal of a bona fide job offer at less than pre-injury wages;
* return to work at less than pre-injury wages;
* statutory reduction of benefits from 75% to 70% after 26 weeks of benefit payments;
* recovery of advanced benefits initiated or completed;
* payment of attorney fees or payment of attorney fees completed;
* redistribution of death benefits (beneficiaries eligibility change);
* court ordered child support lien;
* full payment of underpaid indemnity benefits with interest completed and recovery of overpayment initiated or completed contribution (weekly payment amount may be adjusted to $0 if necessary);
* subrogation/third-party settlement (weekly payment amount may be adjusted to $0 if necessary); or
* school or seasonal employee adjustment.

The insurance carrier must:

* Provide this notice to the injured employee or representative and the beneficiaries or representatives (if applicable).
* Provide a full and complete statement explaining the action it took.

Examples:

* We have been notified that you returned to work with restrictions on April 1, 2016, earning $250/week. Your temporary income benefits will be reduced to $100/week.
* We have received an order from DWC for you to receive $1,500 of income benefits now. We will reduce your weekly benefits $25 per week for 60 weeks.
* You are entitled to supplemental income benefits (SIBs) for the fourth quarter. Your monthly SIBs payments for the fourth quarter have been reduced to [Monthly payment amount]. This payment is based on the amount of money you are earning after your injury.
* Your doctor released you to return to work with modified duty. The employer sent you a bona fide offer of employment of 20 hours a week at $8 per hour. You refused this job offer, so your benefits are reduced by $98 per week.

**Format requirements**

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

**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.
* **Minimize abbreviations:** Abbreviations create confusion. But if using abbreviations, spell out the full name or phrase the first time you use it and put the abbreviation in parentheses after it.
* **Letterhead:** Use the insurance carrier’s letterhead.

**File the appropriate electronic data interchange transaction with DWC.**

**Do not send this notice to DWC.**