

[Recommended: Insert letterhead here]

Notice of Eligibility for Lifetime Income Benefits

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], issued your lifetime income benefits check.

You will get these workers' compensation benefits for the rest of your life because of your work-related injury.

- Your payment will be [\$\$\$] each week. This is 75% of the average amount of money you got each week from your work, which was [\$\$\$].
- Each year on [Accrual anniversary date] the amount you get each week will go up 3%.
- The first payment covers [First day of period] to [Last day of period].
- If you haven't already gotten your first check, you should get it soon.
- You can ask to set up direct deposit into your bank account. You also can ask for payments once a month instead of every week.

[bar code]

You are a first responder receiving these benefits due to a serious bodily injury.

- You may lose these benefits if you are working in any capacity.
- You must send us a DWC Form-039, *First responder's annual certification for lifetime income benefits*, every year to show that you were not working during the certification period of [mm/dd to mm/dd].
- You must send your form no later than 30 days after your certification period has ended.

[Insurance carrier comments]

We [Name of carrier] denied your request for lifetime income benefits.

The reason for this is:

[Insurance carrier comments]

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

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.

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 or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

[bar code]

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:

[bar code]

DRAFT

Instructions to the insurance carrier:

Notice Regarding First Payment of Lifetime Income Benefits 28 Texas Administrative Code (TAC) §124.2

If the carrier **has approved** the injured employee's request for lifetime income benefits (LIBs), follow these instructions:

This notice must be used to report to the injured employee/representative the approval of LIBs).

The insurance carrier must:

- Provide this notice to the injured employee and the injured employee's representative (if applicable).
- Provide the following information as requested on the notice:
 - date lifetime income benefits began to accrue,
 - average weekly wage that income benefits are based on,
 - accrual anniversary date,
 - annual certification period, if applicable, and
 - any explanatory comments that are needed.

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

Do not send this notice to DWC.

Notice Regarding Denial of Lifetime Income Benefits Texas Labor Code Sections 408.161 and 408.1615 and 28 Texas Administrative Code (TAC) §131.1

If the carrier **has denied** the injured employee's request for LIBs, follow these instructions:

This notice must be used by an insurance carrier to notify an injured employee/representative and the Texas Department of Insurance, Division of Workers' Compensation (DWC) of the insurance carrier's denial of eligibility regarding LIBs. This notice does not constitute a request for a benefit review conference. The insurance carrier must provide a full and complete statement describing the insurance carrier's reasons for denial. Denials should be based on the information the insurance carrier has obtained or verified. The statement must contain sufficient claim-specific substantive information to enable the injured employee to understand the insurance carrier's position or action taken on the claim.

If the initial determination is that the entire claim is not compensable, use the PLN-1.

The insurance carrier must:

- Provide this notice to the injured employee, DWC and the injured employee's representative (if applicable).
- Provide a full and complete statement describing the factual basis and the reason(s) for the action taken. A generic statement such as "not part of the compensable injury," "not meeting criteria," "liability in question," "under investigation," "eligibility questioned" or similar phrases with no further description of the factual basis for the action taken does not satisfy the requirements of 28 (TAC) §131.1. Explain the reason(s) for disputing the issue(s) in plain language without unnecessary use of technical terms, acronyms, and/or abbreviations.

File the appropriate Electronic Data Interchange (EDI) transaction with DWC and send this notice to DWC.

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.