

[Recommended: Insert letterhead here]

Notice of Reinstatement of Indemnity Benefits

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], will start paying workers' compensation benefits again.

On [Effective date], we will start paying [The type of benefit] again. The benefit amount will be [\$\$\$], and it will be paid [each week/each month].

The reason for starting benefits again 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.

Find out if you can return to work.

Your employer might have work that your doctor allows. Contact your employer to find out if there is work you can do.

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: _____

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 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.

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.

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

We sent a copy of this letter to:

Instructions to the insurance carrier:

Notice of Reinstatement of Indemnity Benefits (PLN-10A) 28 Texas Administrative Code (TAC) §124.2

You must use this notice to report to the injured employee/representative and the beneficiaries or representatives (if applicable) when the insurance carrier is reinstating temporary, supplemental, or lifetime income benefits or death benefits. You may also use this notice to report the reinstatement of impairment income benefits (IIBs) after the payment of IIBs has previously been suspended.

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

- additional disability exists;
- DWC issues an interlocutory order, decision and order, or an Appeals Panel decision reinstating benefits; or
- a third-party settlement is exhausted.

The insurance carrier must:

- provide this notice to the injured employee or representative and the beneficiaries or representative (if applicable); and
- provide a full and complete statement explaining the action it took.

Examples:

- We are reinstating your temporary income benefits. Your treating doctor has taken you off work starting April 1, 2015, until further notice.
- You are entitled to the third quarter of supplemental income benefits, and we are reinstating the payment.
- We are reinstating your supplemental income benefits as DWC ordered.
- We are reinstating your lifetime income benefits as DWC ordered.
- We are reinstating your death benefits as DWC ordered.

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.
- **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.**